



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

MINUTES BOARD OF DIRECTORS January 9, 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 January 9, 2018.

PRESENT:

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

REGRETS:

Diane Airhart	Norm Clark
Tony Brazda	

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

1. Call to Order/Opening Remarks

The meeting was called to order at 6:30 p.m., by Allan MacGregor. Eric Smith was welcomed back as the Hospital Board's County Council Representative.

2. Approval of the Agenda

The agenda was approved with the addition of:

- 5.2 - 2018 Board Development Retreat
- 6.6 - Foundation Report

Motion #1

Rationale: Normal Practice

Motion: The Board of Directors hereby approves the amended agenda of January 9, 2018.

Moved by: Michelle Smith
 Seconded by: Chris Seeley

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.

Chris Seeley has declared a conflict of interest in that he is the Chair of the Board of Directors for Seniors Outreach Services (SOS). No other conflicts of interest were declared.



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4. Minutes of the Previous Meeting

The minutes of the previous meeting were approved as circulated.

Motion #2

Rationale: Normal Practice

Motion: The Board of Directors hereby approves the minutes of the previous meeting dated December 5, 2017.

Moved by: Michelle Smith

Seconded by: Chris Seeley

The motion was carried.

5. Business Arising

5.1 Health Care Tomorrow

Allan MacGregor reported on the following items from the December Chair/Vice Chair Forum (CVCF) meeting:

- The main focus of the meeting was on the Health Information Systems (HIS) motion. There was a general agreement to move forward with the project. It was discussed whether funding would be negatively impacted should a hospital need to carry a deficit while working through paying for the HIS upgrades. Paul Huras noted a letter from Bob Bell which indicates funding will not be affected if a deficit is carried by a hospital due to the HIS project.
- Allan noted he was able to voice the Board of Directors concern about being held back on advancing to the achievement of HIMSS Level 7. He has been assured that LACGH would not be held back in terms of maintaining full functionality of our system from “day 1” while the remainder of the hospitals work through system and process upgrades.
- There is currently not a governance structure in place. Troy Jones told the CVCF that this will be in place prior to the RFP being sent out. Based on the feedback provided, it is reasonable to think that our Board membership would be supportive of signing off on the proposed HIS motion.
- The HIS motion is to go back to SECHEF to be reworked and it is expected that it will be ready to come back to the Hospital Boards in February or March.

Wayne Coveyduck reported the following from the December 2017 South East LHIN Hospital CEO Forum (SHCF):

- The group is now formally disconnected from the larger group (SECHEF) and is made up of SE LHIN and Hospital CEOs who meet alone. Presenters will come to the meetings on an invitational basis.
- Lorilain Gamalinda has been tasked with capturing Health Care Tomorrow (HCT) initiatives in a summary report format for the group. This information can be distributed to our Board, once it becomes available.
- Governance structure for the HIS project has yet to be struck (i.e. number of votes per hospital)
- It has been assumed that a contractual commitment will be generated for each of the hospitals financial obligations to fund the project.



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5.2 Board Development Retreat - 2018

The group discussed costs of the Board Development Retreat and decided to explore additional options to report back to the next Governance Committee meeting.

6. Reports

6.1 Quality Committee

Elaine Stillwell highlighted the following from the December 19, 2017 Quality Committee meeting:

The Committee was presented with the annual Laboratory Quality Report.

The Balanced Scorecard, was pre-circulated in the Board package. Elaine noted that in fiscal 2018-19 the CTAS levels for the ER will be changing. This will mean that we will have no historical/comparator data for the coming years.

6.2 Patient and Family Advisory Council

Wendy Brockmeyer reported the following highlights from the December 5, 2017 Patient and Family Advisory Council meeting:

- The Council has a new Chair, Alice Carlson
- Karen Muncey, has volunteered to be a representative on the Hospital's Quality Committee
- Respiratory Therapist, Annette Stuart, attended the December meeting to share information about the Breathe Program. LACGH is the first hospital in the SE LHIN to pilot this program for COPD patients. PFAC reviewed the patient information and forms and was given the opportunity to provide feedback.
- The restraint policy, which is pretty straight forward, has been discussed.
- The role of the Patient Navigator and the Family Presence During Resuscitation (FPDR) process are both being reviewed at PFAC with more discussion planned in the coming months.
- Dr. Morrison has attended the most recent meeting to present to the group on the topic of LHIN Sub-regions.
- Nancy Manion has provided an overview of the Quality Improvement Plan (QIP)
- Results of the patient satisfaction surveys are reviewed at every meeting as well as comments of the post-discharge phone calls and patient compliments/complaints.

6.3 Ethics Committee

Elaine Stillwell highlighted the following from the December 13, 2017 Ethics Committee meeting:

The Committee continues to work through the process/protocol for FPDR. This is a potential topic for the education session which is being planned during National Health Ethics Week in April.

The End of Life policy B-29 has been reviewed and approved by the Committee. No concerns were noted by the Committee or the Board.



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Motion #3

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 End of Life policy B-29, as recommended by the Ethics Committee.

Moved by: Deb Lowry
Seconded by: Robert Paul

The motion was carried.

The Consent and Capacity policy CPR-91 has been reviewed and approved by the Committee. No concerns were noted by the Committee or the Board.

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 Consent and Capacity policy CPR-91, as recommended by the Ethics Committee.

Moved by: Elaine Stillwell
Seconded by: Wendy Brockmeyer

The motion was carried.

6.4 Medical Advisory Committee

Dr. Morrison highlighted the following from the December 14, 2017 Medical Advisory Committee meeting:

Work has been progressing rapidly though the SCU Working Group under the leadership of Dr. Chen and Tracy Kent-Hillis. Medical Directors from many of the clinical groups have been engaged to assist in the revitalization of the Unit. As of January 1, 2018, the unit will be referred to as the "Donald Angus ICU". There is 24/7 Internist coverage, coding will now be done as per a level 2 ICU, we are now on the CritiCall list to send and receive patients in the region, and have been recognized by Dr. Drover in our program and process improvement initiatives.

There is work underway to bring a Regional Bladder Centre to fruition. Among the initial list of procedures to be done will be incontinence correction (male population to start). The Centre will be a joint venture with gynaecology, urology and LACGH. Following the MAC meeting, the funding did come through. This service will be a great addition to not only the community, but to the region as well.

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

- Dr. Darren Beiko – Consulting (Urology)
- Dr. Jason Izard – Consulting (Urology)



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- Dr. Michael Leveridge – Consulting (Urology)
- Dr. Thomas McGregor – Consulting (Urology)
- Dr. Curtis Nickel – Consulting (Urology)
- Dr. Robert Siemens – Consulting (Urology)
- Dr. Stephen Steele – Consulting (Urology)
- Dr. Najj Touma – Consulting (Urology)
- Dr. Keith Gregoire – Consulting (Paediatrics)
- Dr. Rebecca Woolnough – Consulting (Paediatrics)
- Dr. Zachary Warren – Locum Tenens (Emergency)

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 #5

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. Darren Beiko – Consulting (Urology)
- Dr. Jason Izard – Consulting (Urology)
- Dr. Michael Leveridge – Consulting (Urology)
- Dr. Thomas McGregor – Consulting (Urology)
- Dr. Curtis Nickel – Consulting (Urology)
- Dr. Robert Siemens – Consulting (Urology)
- Dr. Stephen Steele – Consulting (Urology)
- Dr. Najj Touma – Consulting (Urology)
- Dr. Keith Gregoire – Consulting (Paediatrics)
- Dr. Rebecca Woolnough – Consulting (Paediatrics)
- Dr. Zachary Warren – Locum Tenens (Emergency)

Moved by: Deb Lowry
Seconded by: Robert Paul

The motion was carried.

After 37 years of service, Dr. Kenny officially retired from active staff duties in December. Dr. Kenny would like to stay on through 2018 to work on a number of projects for the Anesthesia department. For this reason, in order to maintain access to the IT systems, Dr. Kenny has requested a status change to Courtesy without Admitting privileges. The Medical Advisory Committee reviewed the re-appointment application with the noted change to the LACGH Medical Staff for:

- Dr. Paul Kenney – Courtesy without Admitting (Anesthesia) *change from Active staff to Courtesy without Admitting*



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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 #6

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 to the LACGH Medical Staff, with the noted change, as recommended by the Medical Advisory Committee:

- *Dr. Paul Kenny – Courtesy without Admitting (Anesthesia) change from Active to Courtesy without Admitting*

Moved by: Wendy Brockmeyer

Seconded by: Elaine Stillwell

The motion was carried.

With the acquisition of the new C-Arm, the new PICC & Pain Program was introduced in the Diagnostic Imaging department. To reflect this change, the list of procedures for the Radiologists has been amended and the Radiology group was asked to submit updated procedures lists. The Medical Advisory Committee reviewed the re-appointment applications to the LACGH Medical Staff for the following:

- Dr. Sasha Bhan – Active (Radiology) *
- Dr. Jessica Biederman – Active (Radiology) *
- Dr. Mathew Downey – Active (Radiology) *
- Dr. Nicola Gambarotta – Active (Radiology) *
- Dr. Nadia Gammal – Consulting (Radiology) *
- Dr. Susan James – Active (Radiology) *
- Dr. Apurva Patel – Active (Radiology) *
- Dr. Annette Polanski – Active (Radiology) *
- Dr. Emma Robinson – Active (Radiology) *
- Dr. Binyamin (Ben) Rokach – Active (Radiology) *
- Dr. Brandy Sessford – Consulting (Radiology) *
- Dr. Kenneth Sutherland – Consulting (Radiology) *

* Denotes a change in procedures list

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.



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Motion #7

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. Sasha Bhan – Active (Radiology) **
- *Dr. Jessica Biederman – Active (Radiology) **
- *Dr. Mathew Downey – Active (Radiology) **
- *Dr. Nicola Gambarotta – Active (Radiology) **
- *Dr. Nadia Gammal – Consulting (Radiology) **
- *Dr. Susan James – Active (Radiology) **
- *Dr. Apurva Patel – Active (Radiology) **
- *Dr. Annette Polanski – Active (Radiology) **
- *Dr. Emma Robinson – Active (Radiology) **
- *Dr. Binyamin (Ben) Rokach – Active (Radiology) **
- *Dr. Brandy Sessford – Consulting (Radiology) **
- *Dr. Kenneth Sutherland – Consulting (Radiology) **

** Denotes a change in procedure list*

Moved by: Elaine Stillwell

Seconded by: Wendy Brockmeyer

The motion was carried.

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

- Dr. Olga Bougie – Consulting (Gynaecology)
- Dr. Bryden Magee – Consulting (Gynaecology)

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.



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

- *Dr. Olga Bougie – Consulting (Gynaecology)*
- *Dr. Bryden Magee – Consulting (Gynaecology)*

Moved by: Chris Seeley

Seconded by: Michelle Smith

The motion was carried.

The Medical Advisory Committee discussed moving forward with the regional bladder program. Although the LHIN has indicated that we have approval to move forward with the service addition, there has been no flow of funding yet. The MAC felt that with capital purchases taking a number of weeks, getting staffing prepped and schedules organized it was felt that moving forward, as opposed to waiting for the funding flow through, would be advantageous. The challenge in starting a program so close to end of the fiscal year is getting cases matched to funding.

Motion #9

Rationale: Changes to clinical practice require the review and approval of the Medical Advisory Committee prior to implementation.

Motion: In the interest of the community and regional responsibility, the Board of Directors hereby approves moving forward with the regional bladder program once a week in the third OR, with the appropriate capital equipment and staffing, as recommended by the Medical Advisory Committee.

Moved by: Chris Seeley

Seconded by: Michelle Smith

The motion was carried.

6.5 Foundation Report

Bob Vrooman noted that the Foundation’s Winter Campaign has been successful in raising an astounding \$93,696. The community support for our hospital continues to be amazing!

6.6 Chief Executive Officer’s Report

At 7:01 p.m., Chris Seeley was excused from the meeting due to his conflict of interest.

Further to the written report provided in the Board package, Wayne Coveyduck shared the following information related to his recent meeting with Cynthia Martineau, SE LHIN.

Assisted Living

Wayne met with the SE LHIN to discuss the business plan that was submitted to them for opening an assisted living facility. Further clarity was sought to determine whether our plans align with the LHINs objectives. Wayne reiterated that we were not looking for LHIN support in the form of capital, but more in the form of manpower costs.



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Ms. Martineau inquired about the likelihood of removing the 24/7 support from the business plan as this would need to be the case for the LHIN to consider the proposal in qualifying for LHIN staffing support in the form of day programming.

Wayne noted that if we chose not to provide 24/7 nursing/PSW support and meals this would mean the rental income would need to be reduced.

After discussing these changes the Board agreed to concede in order to become closer to alignment with the LHIN. The Board maintained their position that opportunities for residents to have social interactions in communal space(s) was an important piece to the plan.

Chronic Disease Management Program

The concept of a Chronic Disease Management Program at the Westdale Complex with Ms. Martineau was discussed as well.

One of the missing elements, to which we see a potential opportunity, is a dementia program and integrating this item in some fashion with a chronic disease management program. From discussion with Cynthia Martineau, she expressed a region wide need for dementia services and encouraged us to seek opportunity in this area. There may be funding available if such a program were to be established.

The Board was in agreement with exploring the utilization of the main floor and the area above the Dialysis Suite at the Westdale Complex to support a chronic disease management program.

At 7:33 p.m., Chris Seeley rejoined the meeting.

Motion #9

Rationale: Normal Practice

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

Moved by: Robert Paul

Seconded by: Deb Lowry

The motion was carried.

7. Correspondence Received up to December 20, 2017

There was nothing further to report for correspondence.

8. New Business

There was no new business to discuss.

9. Closed Session

At 7:35 p.m., the Board moved into closed session.



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Motion #10

Rationale: Normal Practice

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

Moved by: Elaine Stillwell
Seconded by: Wendy Brockmeyer

The motion was carried.

At 8:03 p.m., the Board rose from closed session.

Motion #11

Rationale: Normal Practice

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

Moved by: Robert Paul
Seconded by: Deb Lowry

The motion was carried.

10. Next Meeting

The next regular meeting of the Board is scheduled for February 6, 2018 at 6:30 p.m., in the Airhart Conference Room. At 6:00 p.m., the SE LHIN will be providing an education session on the topic of Sub-LHINs.

11. Adjournment

The meeting was adjourned at 8:03 p.m.

Motion #12

Rationale: Normal Practice

Motion: The Board of Directors hereby adjourns their meeting at 8:03 p.m. on January 9, 2018.

Moved by: Chris Seeley
Seconded by: Eric Smith

The motion was carried.