



MINUTES
BOARD OF DIRECTORS
May 5, 2020

Motion #2

Rationale: Normal Practice

Motion: That the Board of Directors hereby approves the minutes of the previous meeting dated March 3, 2020.

Moved by: Bob Clancey

Seconded by: Michelle Smith

The motion was carried.

5. Business Arising

5.1 Regional Updates

Allan MacGregor reported that the Chair/Vice Chair Forum had not recently met and things have been relatively quiet over the last few weeks on that front.

Allan took a moment to thank all of the staff who have done a tremendous amount of work over the last several weeks. The Board and the community thinks the Hospital has done a great job during the COVID-19 pandemic. It was hoped that everybody has been receiving the Executive Committee minutes to keep up to date on what has been taking place over the last several weeks.

COVID-19 Update

Wayne noted that most of the recent weeks' activities have been focused on COVID-19 activity. It appears that we are getting settled in to the new normal with relatively low COVID-19 positive cases in our KFL&A catchment. Brockville General Hospital and Perth and Smiths Falls District Hospital are really busy with active COVID-19 cases.

The regional CEOs are meeting weekly. There are also a number of administrative meetings at regional tables who are meeting 1-2 times a week. The meeting minutes come out immediately following the meeting with directions to move forward. Then at the central table, direction is changed. This is creating a number of false starts and confusion. We have become more cautious as the weeks have progressed and now await firm direction from the Provincial Ontario Health Table or our Regional Table (LHIN).

Dr. Morrison reported that she sits at multiple Primary Care tables. She noted that we are both fortunate and unfortunate in some respects. We have not had any reported positive COVID-19 cases in a while, which is good, however it means that we have not really been tested. Our hospital is small and nimble so we are able to react quickly to evolving situations.

The group discussed bed usage. At the beginning of the pandemic, all hospitals in the region had historically low volumes. What we are seeing now is that some people have waited to come to the ER. Acuity is higher and we are seeing ER visits go up. The plan to move all of our ALC patients over to the CVC unit was discussed. The government is wanting to see capacity in acute care beds and the ability to decant to create capacity, when and if it is needed.

Deseronto Medical Clinic Update

Norm inquired about the opening date status for the Deseronto Medical Centre. Dr. Morrison noted that the opening was planned for the beginning of March, however that was the beginning of COVID-19 and Primary Care went almost entirely virtual at that time with phone or video encounters. The Deseronto Medical Clinic is planned to open, once there are Ministry guidelines released for Primary Care. The guidelines were due out last week, but they have yet to arrive.



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Norm relayed that there have been comments floating around his community that Dr. Reynolds is retiring and his replacement has been selected. Dr. Morrison noted that she is in weekly contact with Dr. Reynolds and knew nothing of the sort, noting that she was assisting with the search for his replacement.

6. Reports

6.1 Quality Committee

Chris Seeley highlighted the following from the March 10, 2020 Quality Committee meeting:

- There was no meeting held in April.
- The next meeting will be held on May 19, 2020, presumably via Zoom.
- The Committee reviewed the 2020-21 Quality Improvement Plan with a recommendation that the Board approve. No concerns were noted by the Board.

Motion #3

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 2020-21 Quality Improvement Plan, as recommended by the Quality Committee.

Moved by: Deb Lowry
Seconded by: Jamie Uson

The motion was carried.

6.2 Patient & Family Advisory Council

Erin highlighted the following from the March 10, 2020 PFAC meeting:

- The majority of the last meeting was consumed with going over the Quality Improvement Plan.
- PFAC members discussed the PODS project progress.
- The ASSIST Ethical Framework was reviewed and provided the full support by the PFAC.
- There was discussion around the recruitment of PFAC members. One barrier has been identified regarding the meeting time, so the PFAC is looking to implement that change next year.

6.3 Volunteer Services

Mary Mayo provided the following update from the Volunteer Services:

- At the request of the Hospital on March 10, volunteers were removed from the Triage and Emergency areas and on March 12, all volunteers were removed from the Hospital for their health and safety.
- Since it is obvious that the Coffee/Gift Shop will not reopen in the near future, with the help of Tracy Kent-Hillis and Tracy Ringrose, food items from the coffee shop will be removed and donated to the Food Bank / Morningstar Mission.
- Volunteer Services is once again donating a \$500 bursary to each of the three high schools in the area for a graduate who plans to continue their education in the field of health care. These awards, due to the pandemic, won't be presented in person this year.



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- The volunteers continue to ensure that the television feed from Cogeco remains active and we are still committed to purchasing the blanket warmer for Diagnostic Imaging.
- Some volunteers have asked if there is anything they can do from home to help such as contact tracing.
- The Volunteer Services meetings for April and May have been cancelled and they are waiting to hear how the Hospital's Board of Directors plans to handle the AGM and will follow the Hospitals lead in planning theirs.

6.4 Medical Advisory Committee

Dr. Morrison highlighted the following from the March 12, 2020 Medical Advisory Committee meeting:

The Medical Advisory Committee meeting had a focus on COVID-19 planning with details included in the minutes.

Dr. Morrison welcomed Dr. Gonu back as President of the Medical Staff following her maternity leave. Dr. Patel was thanked for stepping in to the President's role temporarily.

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

- Andre Tan - Consulting (ENT)
- Jessica Biederman - Active (Radiology)
- Nicola Gambarotta – Active (Radiology)
- Susan James – Active (Radiology)
- Annette Polanski – Active (Radiology)
- Binyamin Rokach – Active (Radiology)
- Mamdouh Andrawis - Active (Family Medicine with Dermatology)
- Daniel Curran – Active (Family Medicine with Emergency)
- Daniel Glatt – Associate (Family Medicine)
- Crystal Gonu - Active (Family Medicine)
- Catherine Koester - Courtesy without Admitting (Family Medicine)
- Carl Lee – Active (Family Medicine)
- Kim Morrison - Active (Family Medicine)
- Sonal Patel - Active (Family Medicine)
- Pierre-Marc Robichaud – Active (Family Medicine with Emergency)
- Olga Bougie – Consulting (Gynaecology)
- Bryden Magee – Consulting (Gynaecology)
- Brigid Nee – Consulting (Gynaecology)
- Romy Nitsch – Consulting (Gynaecology)
- Ashley Waddington – Consulting (Gynaecology)
- Tara Baetz – Consulting (Oncology)
- Scott Berry – Consulting (Oncology)
- James Biagi – Consulting (Oncology)
- Christopher Booth – Consulting (Oncology)
- Negar Chooback – Consulting (Oncology)
- Jill Dudebout - Consulting (Oncology)
- Josee-Lyne Ethier – Consulting (Oncology)
- Richard Gregg – Consulting (Oncology)



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- Nazik Hammad – Consulting (Oncology)
- Janarthanan Kankesan – Consulting (Oncology)
- Cindy Lawlor - Consulting (Oncology)
- Roger Levesque – Consulting (Oncology)
- Michaela Mates – Consulting (Oncology)
- Heather Ostic – Consulting (Oncology)
- Wendy Parulekar – Consulting (Oncology)
- Andrew Robinson – Consulting (Oncology)
- Anna Tomiak - Consulting (Oncology)
- Francisco Vera Badillo – Consulting (Oncology)

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 #4

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 following re-appointments to the LACGH Medical Staff, as recommended by the Medical Advisory Committee:

- Andre Tan - Consulting (ENT)
- Jessica Biederman - Active (Radiology)
- Nicola Gambarotta – Active (Radiology)
- Susan James – Active (Radiology)
- Annette Polanski – Active (Radiology)
- Binyamin Rokach – Active (Radiology)
- Mamdouh Andrawis - Active (Family Medicine with Dermatology)
- Daniel Curran – Active (Family Medicine with Emergency)
- Daniel Glatt – Associate (Family Medicine)
- Crystal Gonu - Active (Family Medicine)
- Catherine Koester - Courtesy without Admitting (Family Medicine)
- Carl Lee – Active (Family Medicine)
- Kim Morrison - Active (Family Medicine)
- Sonal Patel - Active (Family Medicine)
- Pierre-Marc Robichaud – Active (Family Medicine with Emergency)
- Olga Bougie – Consulting (Gynaecology)
- Bryden Magee – Consulting (Gynaecology)
- Brigid Nee – Consulting (Gynaecology)
- Romy Nitsch – Consulting (Gynaecology)
- Ashley Waddington – Consulting (Gynaecology)
- Tara Baetz – Consulting (Oncology)
- Scott Berry – Consulting (Oncology)
- James Biagi – Consulting (Oncology)
- Christopher Booth – Consulting (Oncology)
- Negar Chooback – Consulting (Oncology)
- Jill Dudebout - Consulting (Oncology)
- Josee-Lyne Ethier – Consulting (Oncology)



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- Richard Gregg – Consulting (Oncology)
- Nazik Hammad – Consulting (Oncology)
- Janarathanan Kankesan – Consulting (Oncology)
- Cindy Lawlor - Consulting (Oncology)
- Roger Levesque – Consulting (Oncology)
- Michaela Mates – Consulting (Oncology)
- Heather Ostic – Consulting (Oncology)
- Wendy Parulekar – Consulting (Oncology)
- Andrew Robinson – Consulting (Oncology)
- Anna Tomiak - Consulting (Oncology)
- Francisco Vera Badillo – Consulting (Oncology)

Moved by: Geoff Griffin

Seconded by: Lori Francis

The motion was carried.

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

- Andrei Garcia Popov - Active (Family Medicine with Emergency) *Change from Associate to Active staff*
- C. Nathaniel Hart - Active (Family Medicine with Emergency) *Change from Associate to Active staff*
- Heather Khey Beldman - Active (Family Medicine) *Change from Associate to Active staff*
- Derek Moynes - Active (Family Medicine) *Change from Associate to Active staff*
- Courtney Thompson – Courtesy with Admitting (Family Medicine with Emergency) *Change from Locum Tenens to Courtesy with Admitting*

No concerns were noted by the MAC; therefore, the re-appointment applications, 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 #5

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

- Andrei Garcia Popov - Active (Family Medicine with Emergency) *Change from Associate to Active staff*
- C. Nathaniel Hart - Active (Family Medicine with Emergency) *Change from Associate to Active staff*
- Heather Khey Beldman - Active (Family Medicine) *Change from Associate to Active staff*
- Derek Moynes - Active (Family Medicine) *Change from Associate to Active staff*
- Courtney Thompson – Courtesy with Admitting (Family Medicine with Emergency) *Change from Locum Tenens to Courtesy with Admitting*

Moved by: Chris Seeley

Seconded by: Robert Paul

The motion was carried.



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

- Wiley Chung – Consulting (General Surgery)

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 #6

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

- Wiley Chung – Consulting (General Surgery)

Moved by: Norm Clark

Seconded by: Lori Francis

The motion was carried.

6.5 Finance Committee

Michelle Smith reviewed the following from the April 27, 2020 Finance Committee meeting held via Zoom:

6.5.1 LTD Premium Increase

The Finance Committee reviewed the long-term disability (LTD) renewal with Desjardins. The renewal was less than budgeted. No concerns were noted.

Motion #7

Rationale: Changes to the hospital benefit providers and cost implications are reviewed and/or approved by the Finance Committee and the Board of Directors.

Motion: The Board of Directors hereby approves the Long Term Disability renewal with Desjardins, at an increase of 4.9% (or \$25,900 annually), as recommended by the Finance Committee.

Moved by: Geoff Griffin

Seconded by: Jamie Uson

The motion was carried.

6.5.2 Board, CEO and Senior Manager Expenses

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for February 2020 which totaled \$65.00. The Finance Committee recommends to the Board, that the following expenses be approved:



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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 \$65.00, as recommended by the Finance Committee.

February 2020

| Name | Meals | Hospitality | Accommodation | Vehicle Rental/Own Used Mileage | Incidentals (Parking, tolls, etc.) | Fares | Total |
|----------------|--------------|-------------|---------------|---------------------------------|------------------------------------|-------|----------------|
| Gert Switzer | 22.49 | | | | | | 22.49 |
| Tracy Ringrose | 9.19 | | | | 10.82 | | 20.01 |
| Darlene Moore | 22.50 | | | | | | 22.50 |
| TOTAL | 54.18 | - | - | | 10.82 | | \$65.00 |

Moved by: Bob Clancey

Seconded by: Michelle Smith

The motion was carried.

6.5.3 February Financial Statements and Cheque List

The Finance Committee reviewed the February 2020 Financial Statements and Cheque List which totaled \$2,636,745.33. No concerns were noted by the Finance Committee or the Board.

Motion #9

Rationale: Normal Practice.

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

- February 2020 Cheque List totaling \$2,636,745.33;
- February 2020 Financial Statements.

Moved by: Deb Lowry

Seconded by: Lori Francis

The motion was carried.

6.5.4 Board, CEO and Senior Manager Expenses

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for March 2020 which totaled \$53.47. The Finance Committee recommends to the Board, that the following expenses be approved:



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Motion #10

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 \$53.47, as recommended by the Finance Committee.

March 2020

| Name | Meals | Hospitality | Accommodation | Vehicle Rental/Own Used Mileage | Incidentals (Parking, tolls, etc.) | Fares | Total |
|-----------------|--------------|-------------|---------------|---------------------------------|------------------------------------|-------|----------------|
| Wayne Coveyduck | | | | 33.19 | | | 33.19 |
| Tracy Ringrose | 20.28 | | | | | | 20.28 |
| TOTAL | 20.28 | - | - | 33.19 | - | - | \$53.47 |

Moved by: Geoff Griffin

Seconded by: Robert Paul

The motion was carried.

6.5.5 March Financial Statements and Cheque List

The Finance Committee reviewed the March 2020 Financial Statements and Cheque List which totaled \$3,084,117.54. No concerns were noted by the Finance Committee or the Board.

Motion #11

Rationale: Normal Practice.

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

- March 2020 Cheque List totaling \$3,084,117.54;
- March 2020 Financial Statements.

Moved by: Chris Seeley

Seconded by: Robert Paul

The motion was carried.

6.5.6 Broader Public Sector Accountability Act (BPSAA) Attestations

The Finance Committee reviewed and approved the BPSAA attestations. No concerns were noted by the Finance Committee or the Board.



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Motion #12

Rationale: The Under the Broader Public Sector Accountability Act (BPSAA), the hospital is required to review and prepare attestations with respect to compliance with the requirements of the BPSAA confirming:

- completion and accuracy of reports on the use of consultants;
- compliance with the prohibition on engaging lobbyists using public funds;
- compliance with the expense claim directives issued by the government;
- compliance with the perquisites directive issued by the government;
- compliance with procurement directives issued by the government;
- compliance with preparation and publication of business plans and other business or financial documents.

Motion: The Board of Directors hereby approves the BPSAA Attestation Compliance Report, as recommended by the Finance Committee:

Moved by: Lori Francis
Seconded by: Michelle Smith

The motion was carried.

6.6 Chief Executive Officer’s Report

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

- Late today, Wayne received information that an allocation of 57 beds would be coming to our region. There was little detail provided with further discussion to take place on the CEO call Wednesday. Kingston thought the best use of the beds would be at Providence Continuing Care, however BGH weighed in assuming that the beds were related to the COVID situation, to which they have been heavily impacted. It was hoped that the CEOs would be provided with a sense of what the beds would be funded for and length of time the funding would last on their teleconference.
- The region is still looking at HR planning with the expectation to have resources available to redeploy elsewhere, should the need arise. Home & Community Care staff are found to have a repository of staff with ability to redeploy as first responders to a call for help.
- There is no indication on a timeline for elective surgeries to resume. We are anticipating Ontario Health will release a plan on May 6.

Motion #13

Rationale: Normal Practice

Motion: The Board of Directors hereby accepts the reports from the Quality Committee, Patient & Family Advisory Council, Volunteer Services, Medical Advisory Committee, Finance Committee, and the CEO.

Moved by: Norm Clark
Seconded by: Deb Lowry

The motion was carried.

7. Correspondence Received up to April 29, 2020

There was nothing further to report for correspondence.



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8. **New Business**

8.1 2019/20 Quality Improvement Plan

Erin Brown noted that the Quality Committee had met in March and reviewed the 2019-20 QIP spreadsheet. Ordinarily, this is the time of year where Erin would provide a presentation on the achievements of the year with lots of hand clapping and cheering, however that was not possible given the COVID-19 limitations.

As circulated in the meeting package, Erin summarized the 2019-20 QIP in dashboard format with green, yellow and red highlights. Areas which are not highlighted we were collecting information as baseline data to inform on next year's data.

Erin noted that there were some changes to the numbers as data and responses from surveys were still being tabulated to year-end retroactively.

Also included were the four indicators tied to executive compensation.

Deb Lowry highlighted that, at the Quality Committee closed session, there was a fulsome discussion related to the achievement of the performance indicators that were tied to executive compensation, particularly the ALC numbers and high percentage. This is not a new issue to our hospital and many other hospitals as there are systemic problem. It was felt that the target was a real stretch to begin with and was felt to be a metric beyond our control. The motion at Quality was to approve the 3% pay for performance compensation for the achievement of the 2019/20 QIP. No concerns were noted by the Board and all were in agreement that the ALC was a stretch target beyond the Hospital's control.

Motion #14

Rationale: The Excellent Care for All Act (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.

Motion: That the Board of Directors hereby approves the 3% pay for performance compensation for the achievement of the 2019/20 Quality Improvement Plan for the following, as recommended by the Quality Committee:

- *President & CEO/Long Term Care Administrator*
- *Chief of Medical Staff*
- *Chief Nursing Officer/Director of Care*
- *Chief Financial Officer*
- *Chief Human Resources Officer*
- *Chief Information Officer*

Moved by: Deb Lowry
Seconded by: Geoff Griffin

The motion was carried.

8.2 Accreditation Assessment – Governance Functioning Tool

Erin Brown highlighted that back in October, the Board started discussion about completing the Governance Function Tool (GFT) as part of the Accreditation 4-year cycle. Along with that, was the assessment that the Governance Committee is leading.

The Board members, in December, completed the OHA Board Self-Assessment survey. In an effort to minimize survey fatigue, Erin compiled the OHA Self-Assessment survey results with correlated



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GFT questions. Approximately 90% of the responses matched up in some fashion. There were some questions in red that required Board responses.

The group was asked to advise on which of the following 2 options were preferred for GFT survey completion:

- (1) Have Erin send out a link for members to complete individual responses to the GFT survey; or
- (2) Use the work already done to complete a group consensus response for Sheila Mabee and Erin Brown to submit on behalf of the Board.

The Board decided they would prefer to use the work already done. A number of people said they had reviewed the responses in detail and agreed with them.

Erin brought the groups attention to #28 which likely should be amended to “neutral” to reflect the recent recommendation to change the Corporate By-laws from a maximum term of 12 years to 15 years to maintain continuity. The neutral response would allow for that work to continue and can be reflected in the Governance action plan. The Board agreed.

There were a number of responses that did not align with the OHA survey and therefore required input from the Board:

| <i>Accreditation Canada Survey Question</i> | <i>Group Feedback</i> | <i>Group Response</i> |
|--|---|-----------------------|
| 1. We regularly review and ensure compliance with applicable laws, legislation, and regulations. | OHA bulletins, Communications Briefs, Wayne Coveyduck sends along updates in the CEO Report. This is also supported by the Governance Work Plan. | Strongly Agree |
| 2. Governance policies and procedures that define our role and responsibilities are well documented and consistently followed. | Statement of Roles & Responsibilities. This is also supported by the Governance Work Plan. | Strongly Agree |
| 7. Individual members understand and carry out their legal duties, roles, and responsibilities, including subcommittee work (as applicable). | Support of the minutes of all committee meetings. Committee evaluations are conducted annually with an opportunity to provide process improvements. | Strongly Agree |
| 13. Working relationships among individual members are positive. | All Board members engage well. | Strongly Agree |
| 21. As individual members, we need better feedback about our contribution to the governing body. | | Disagree |
| 33. Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to: <i>Patient safety</i> | A large portion of time is allocated to patient safety. | Very Good |
| 34. Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to: <i>Quality of care</i> | A large portion of time is allocated to quality of care. The Quality Committee is very engaged. | Very Good |

Erin thanked the group for their responses and will endeavor to get the survey completed and the Accreditation Report back to the Board.

9. Next Meeting

The next regular meeting of the Board is scheduled for June 2, 2020 at 6:30 p.m.



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The Annual General Meeting (AGM) was discussed. The AGM was planned for June 9, 2020, however that is still up in the air as we await further guidance from the government about limitations to public gatherings. A virtual meeting was also discussed as an option. Wayne noted the team would do a little bit of investigating on what other Hospitals are doing for their AGMs.

10. Adjournment

The meeting was adjourned at 7:46 p.m.

Motion #15

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 7:46 p.m. on May 5, 2020.

Moved by: Bob Clancey

Seconded by: Robert Paul

The motion was carried.