

LENNOX & ADDINGTON COUNTY GENERAL HOSPITAL



BOARD OF DIRECTORS MEETING MINUTES April 6, 2021 Zoom Videoconference

A meeting of the Board of Directors of the Lennox & Addington County General Hospital was held via Zoom at 6:30 p.m. on April 6, 2021.

	PRESENT:	
Board:	Allan MacGregor (Chair)	Geoff Griffin
	Deb Lowry	Robert Paul
	Wayne Coveyduck	Dr. Kim Morrison
	Lori Francis	Dr. Sonal Patel
	Norm Clark	Tracy Kent-Hillis
	Bob Clancey	Adrienne Harris-Hale
	Chris Seeley	Susan Jack
	REGRETS:	
	Michelle Smith	Ric Bresee
	Jamie Uson	Alice Carlson
Staff in Attendance:	Darlene Moore	Erin Brown
	Tracy Ringrose	Sheila Mabee (recorder)
	Colin Catt	

1. Call to Order/Opening Remarks

The meeting was called to order at 6:30 p.m., by Allan MacGregor. Allan welcomed Dr. Sonal Patel to the meeting as President of the Medical Staff Association.

2. Approval of the Agenda

The agenda was approved as circulated.

Motion #1

Rationale: Normal Practice

Motion: That the Board of Directors hereby approves the agenda dated April 6, 2021.

Moved by: Bob Clancey

Seconded by: Deb Lowry

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. 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: That the Board of Directors hereby approves the minutes of the previous meeting dated March 2, 2021.

Moved by: Chris Seeley

Seconded by: Susan Jack

The motion was carried.

5. Business Arising

5.1 Regional Updates

Allan MacGregor made note of the major development since the last Board meeting with the March 18, 2021 announcement of the Ministry of Long-Term Care allocating us with 128 LTC beds. This long awaited news stirred up a round of applause from the Board and congratulations to the management team for their hard work in making this come to fruition.

Allan reminded the elected Board members to submit their Board Skills Matrix survey, as they are being collated Wednesday morning.

FLA-OHT Update

Dr. Morrison highlighted that all of the FLA-OHT project groups have held their first meeting with most working towards their second. Towards the end of May, beginning of June a larger town hall (virtual) meeting will take place to update the broader group of FLA-OHT partners on events which have occurred in the first quarter.

Regional HIS Project

Wayne Coveyduck highlighted that the CEOs had approved the HIS structure and, in essence, the HIS motion which was circulated with the Board meeting package, was agreed upon. The CEO group did not feel that another regional meeting would be required to weigh in on the final negotiation numbers. The sales contract with the vendor was close to being signed. It was understood that this item would come to our next Board meeting for review and potential approval of the motion to move forward.

6. Reports

6.1 Quality Committee

Chris Seeley highlighted the following from the March 16, 2021 Quality Committee meeting:

- The 2021-22 QIP was included with the Quality minutes for approval. This year was optional as the provincial program is paused at the moment while pandemic activity remains high in some areas of the province. Erin Brown noted that, although this year is optional, the teams felt it prudent to keep moving forward with this important work and continue on with the same framework as last year. This was not considered unnecessary work; some are tied to employee safety and the work would eventually be picked back up post-COVID.

There were no questions or concerns; therefore the 2021-22 QIP was approved.

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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). Our 2021/2022 QIP sets out key strategies to enhance our quality of care, improve safety, increase satisfaction and achieve better clinical outcomes for patients and residents.

Motion: The Board of Directors hereby approves the 2021-22 Quality Improvement Plan, as recommended by the Quality Committee.

Moved by: Lori Francis
Seconded by: Bob Clancey

The motion was carried.

Allan read the proposed indicator suggested to be tied to next year's executive compensation for the 2021-22 QIP. The third indicator, related to the increased number of reported workplace violence incidents and near-misses, was clarified. This indicator was hoping to see an increase in staff reporting workplace violence situations in order to get a better picture of what is going on. For instance, since adding 24/7 security, there was four times the number of reported incidents (throwing garbage cans, repeatedly swearing, etc.). These incidents were not reported by staff, they are being reported by security. Staff might typically report an incident once and be done. For repeated incidents by the same individual, security is capturing this for us. There was an inquiry about whether the 30% increase would be achievable and it was felt that it would be.

There were no concerns noted by the Board; therefore the indicators chosen which would be tied to executive compensation, were approved.

Motion #4

Rationale: It is mandatory, under the Excellent Care for All Act (ECFAA) to link compensation for the Chief Executive Officer (CEO) and other executives reporting to the CEO to the achievement of performance targets in our organizations Quality Improvement Plan (QIP). Performance-based executive compensation is linked to achieving specific QIP targets, as well as achieving success on selected corporate goals and objectives. The amount of compensation that is performance-based for the executive team has been set at 3% for 2021-22.

Motion: The Board of Directors hereby approves the proposed indicators linked to the 3% executive compensation for the 2021-22 Quality Improvement Plan, as recommended by the Quality Committee and tied to the achievement of the following selected corporate goals and objectives:

- 23% reduction in total number of alternate level of care (ALC) days contributed by ALC patients (Rate per 100 inpatient days / all inpatients).
- 15% increase in the percentage of IPU survey respondents who responded "completely" to the following question: *Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?*
- 30% increase in the number of reported workplace violence incidents and near-misses.

Moved by: Geoff Griffin
Seconded by: Deb Lowry

The motion was carried.

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6.2 Pastoral Care Committee

Allan MacGregor highlighted the following from the March 3, 2021 Pastoral Care Committee meeting:

- The Committee discussed the annual Memorial Service, typically held in April, for the family/loved ones of those who had died in the previous calendar year and made the decision to pause this event due to the ongoing pandemic activity. Another meeting will be held in early August to determine if an October Memorial Service would occur.

6.3 Patient & Family Advisory Council

The minutes of the March 9, 2021 PFAC meeting were briefly reviewed as circulated in the meeting package.

6.4 Medical Advisory Committee

Dr. Morrison highlighted the following from the March 11, 2021 Medical Advisory Committee meeting:

The Medical Advisory Committee reviewed the Transfusion reports and welcomed Dr. Jeannie Callum, transfusion specialist, to the meeting as a guest. Dr. Callum will be working on regional transfusion policies and protocols for giving blood. Since the recent decision to become a Choosing Wisely Hospital (targeting Level 3 with standards we want to achieve), this blends nicely with the work Dr. Callum will be doing and a path forward for use of blood and transfusions in our Hospital.

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

- Marie Eve Sophie Gibson – Consulting (Gynaecology)
- Marie-Andree Harvey – Consulting (Gynaecology with Urology)
- Bryden Magee – 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)
- Nazik Hammad – Consulting (Oncology)
- Janarthanan Kankesan – Consulting (Oncology)
- Cindy Lawlor – Consulting (Oncology)
- Roger Levesque – Consulting (Oncology)
- Clementine Janet Lui – Consulting (Oncology)
- Mihaela Mates – Consulting (Oncology)
- Heather Ostic – Consulting (Oncology)
- Wendy Parulekar – Consulting (Oncology)
- Andrew Robinson – Consulting (Oncology)
- Anna Tomiak – Consulting (Oncology)
- Francisco Vera Badillo – Consulting (Oncology)

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

- Marie Eve Sophie Gibson – Consulting (Gynaecology)
- Marie-Andree Harvey – Consulting (Gynaecology with Urology)
- Bryden Magee – 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)
- Nazik Hammad – Consulting (Oncology)
- Janarthanan Kankesan – Consulting (Oncology)
- Cindy Lawlor – Consulting (Oncology)
- Roger Levesque – Consulting (Oncology)
- Clementine Janet Lui – Consulting (Oncology)
- Mihaela 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: Lori Francis

Seconded by: Deb Lowry

The motion was carried.

6.5 Finance Committee

Allan MacGregor reviewed the following from the March 29, 2021 Finance Committee meeting:

6.5.1 Investment Mandate Statement

The Finance Committee reviewed draft changes to the Investment Mandate Statement, following consultation with the Investment Manager. Among the changes was some additional clarity under Section #4 Permitted Investments to align wording in other areas of the document. The Schedule 1 was also included as an amendment. No concerns were noted by the Board.

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Motion #6

Rationale: As part of the annual work plan, the Finance Committee reviews the Investment Mandate Statement and recommends changes to the Board of Directors.

Motion: The Board of Directors approves the following wording amendment to the Investment Mandate Statement, and the addition of Schedule 1, as recommended by the Finance Committee. This change aligns with wording in other areas of the Investment Mandate:

4. Permitted Investments

- Canadian ~~stocks~~ and Global equities contained within the S&P/TSX ~~Index~~ and MSCI World and S&P 500 Indices with a preference to large capitalization stocks.

Moved by: Chris Seeley

Seconded by: Geoff Griffin

The motion was carried.

6.5.2 February Financial Statements and Cheque List

The Finance Committee reviewed the February 2021 Financial Statements and Cheque List which totaled \$3,349,310.54. 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 2021 Cheque List totaling \$3,349,310.54;
- February 2021 Financial Statements.

Moved by: Lori Francis

Seconded by: Norm Clark

The motion was carried.

6.6 Volunteer Services Report

Susan Jack noted, in addition to her report included in the Board meeting package, that the Volunteer Services had purchased two chemo chairs for the Hospital.

6.7 Foundation Report

Adrienne Harris-Hale provided congratulations to the Hospital and the Board of Directors for the approval of the 128-bed LTC facility. The Foundation is planning to hold the golf tournament on August 4, 2021. The Foundation received an anonymous donation, in the amount of \$100,000, from a couple in the community, for the chemotherapy suite expansion.

6.8 Chief Executive Officer's Report

As part of the written report provided in the Board package, Wayne Coveyduck felt it worthy to note the sequence of events to be expected for the LTC bed development project. Anticipated timeline from start to finish was anticipated at 4-5 years. Wayne noted that we have not yet been provided an opportunity to have a meaningful conversation with our Project Manager. It was hoped that would occur within the next week or so, once she gets things organized from their end at the Ministry.



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There were a few other items put forward under new business to allow for open Board discussion.

Motion #8

Rationale: Normal Practice

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

Moved by: Bob Clancey
 Seconded by: Norm Clark

The motion was carried.

7. Correspondence Received up to March 25, 2021

There was nothing further to report for correspondence.

8. New Business

8.1 2020-21 QIP Presentation

Erin provided a 2020-21 QIP end of year recap presentation. The first few are not tied to executive compensation; most were noted to be priority indicators.

Quality Dimension: Patient Centered

LTC Satisfaction Survey Results

- The LTC satisfaction survey was changed over in mid-January (from CVC to LTC) to reflect our current population.
- Measure two questions for positive responses on the satisfaction survey to a stretch target of 4/4, with 4 indicating “always”.
 - “What number would you use to rate how well the staff listen to you?” (overall rated **3.6** out of 4)
 - “Were you and your family encouraged to participate in decision making about your care?” (**4** out of 4)

Quality Dimension: Equitable

Indicator: increase the accessibility for patients and caregivers to connect to the Hospital from home.

Goal: increase the number of patients who access diabetes care remotely from 1 to 10 and explore virtual care to other care streams.

- COVID helped us in large part for reaching this lofty goal. Not only were virtual visits used for DEP, but also for vCRR, Urgent Care, Post-discharge follow-ups, with caregivers, COVID Assessment follow-ups.
- The year rounded out with over **1,600** virtual visits being logged.

Quality Dimension: Efficient

Indicator: decreased total number of ALC days; decreased YTD average of patients receiving care in unconventional space.

Goal: meet the identified HSAA target of 35%.

- Baseline measured from last year (40.08%)

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- There were many contributing factors, including the Ministry directive to halt on LTC admissions / transfers, as well as the requirement for us to maintain 15% for surge occupancy (due to the pandemic). This created significant changes in the flow within the health system.
- We have been trending downwards since August for just over 38%. The cumulative ALC rate as of February 2021 was **58.18%**.
- The YTD average for patients receiving care in unconventional space was **1.29**.

Quality Dimension: Safety

Indicator: Percentage of unscheduled repeat emergency visits following an emergency visit for a mental health condition.

Goal: reduction of 10% repeat ER visits for mental health.

- Mental health and addiction resources are available in the ER to ensure that each patient is being cared for and getting the resources they need.
- Case level root analysis is completed with ongoing communication between the hospital and mental health and addiction services.
- We saw sustained improvement, particularly after June 2020.

Executive Compensation

Erin highlighted that it is mandatory under the ECFAA to link compensation for the CEO and other executives reporting to the CEO to the achievement of performance targets in our organizations quality improvement plan (QIP). Performance-based executive compensation is linked to achieving specific QIP targets, as well as achieving success on selected corporate goals and objectives. The amount of compensation that is performance-based for the executive team has been set at 3% for the 2020-21 year.

Indicator #1 – Health System Efficiency

Support health system flow by improving the timeliness of patients transitioning from the ER to inpatient units.

- Gains were achieved through increased communication between departments.
- ICU working group added as a standing ACER agenda item.
- Increased collaboration and awareness in terms of capacity planning, optimizing discharge planning, surge planning
- The YTD 90th percentile disposition time as of February 2021 was **4.58 hours**. There was optimism March would round out the year to be the same.

RESULT: Accomplished ✓

Indicator #2 – Effective Transitions Home

Make discharge information available to patients (and families) in a way that helps them understand what to do if they are worried about symptoms at home.

- Implementation of the PODS work was paused with pandemic work.
- Implementation and reeducation with staff took place in December 2020.
- Work is needed to evaluate PODS use and modify process.
- To date, we are receiving some really good feedback from patients and their families. We have recently added questions to the post discharge phone surveys specific to this topic.
- YTD satisfaction results as of Feb 2021 was 65.2% (an increase of **4.3%** from the baseline)



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RESULT: Partially Implemented

Indicator #3 – Safe Workplace

Implement changes to increase security measures and keep the people who work here safe.

- Additional video surveillance were installed.
- Security now on-site 24/7
- There was a sharp rise in March 2021 with the introduction of security reporting workplace violence incidents/near-misses (8 versus 1 or 2).

RESULTS: Implemented✓

In summary two of the three indicators were achieved with the third partially implemented. The Board thanked Erin for all of the quality work as part of the QIP. Allan noted that the Finance Committee had reviewed and made the decision to allocate the 3% pay for performance to the executives for the majority of the targets being met.

Motion #9

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: The Board of Directors hereby approves the 3% pay for performance compensation for the achievement of the 2020/21 Quality Improvement Plan for the following, as recommended by the Finance 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*
- *Chief Diagnostics & Therapeutic Services Officer*

Moved by: Geoff Griffin

Seconded by: Robert Paul

The motion was carried.

8.2 Mission, Vision and Values + Strategic Direction

Wayne Coveyduck introduced the proposed Mission, Vision and Values Statement. He shared that it would have been nice to have held the planning session back in the fall to be able to speak to this topic at length. The proposed changes are all about the system of health care that is in the midst of change to regional modeling and regional governance.

The following is the current, and the proposed Mission, Vision and Values open to discussion and suggested changes:

MISSION

Current: To be a progressive hospital meeting the needs of our local communities through our people.

Proposed: LACGH is a not for profit rural health system, dedicated to improving the health of our patients and our communities.

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A fruitful discussion ensued about why we would want to include “not for profit” in our mission statement. It was a presumed assumption that Ontario Hospitals operate as not for profit organizations. The Board decided upon the following as an amendment to the proposed mission statement: *“To be a progressive rural health system, dedicated to improving the health of our patients and our communities.”*

VISION

Current: To be a recognized healthcare provider of choice, a respected employer and a valued community partner. *Proposed: Working together to create (build?) a healthy community.*

The Board discussed the interchange between create and build with a preference to “build”.

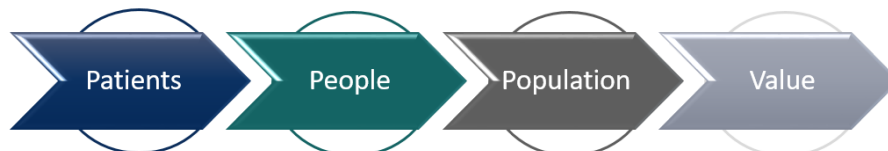
VALUES

Current: Teamwork, Respect and Communication *Proposed: Integrity - Respect - Excellence - Patient Centeredness - Innovation*

There was agreement on the five values. It was suggested that teamwork or collaboration might also be a nice fit to dovetail some of the work underway with the OHT and building towards a system of care. The “collaboration” value was the preferred addition.

STRATEGIC PRIORITIES

The following four strategic priorities form the foundation for our efforts over the next 3 years and determine our strategic direction. In essence, these proprieties are our interpretation of the Quadruple Aim, as set forth by Ontario Health:



Quadruple Aim

- (1) Enhance the patient experience (including quality, safety and service);
- (2) Improve care team well-being;
- (3) Improve population health; and
- (4) Help make care affordable.

Dr. Morrison discussed coining the term “patient” as something else. In some instances the term “patient” can misconstrued as someone who is unwell. Upon further consideration, it was felt that the mission stating *“health of our patients and our communities”* covered this in a way which was effective.

8.3 Property Taxes – Deseronto Medical Clinic

Wayne Coveyduck shared an update related to correspondence we had received about property taxes for the Deseronto Medical Clinic.

Originally we set out to build a medical clinic in the Town of Deseronto to have primary care in the community. In the midst of negotiating with the Town about the land and snow clearing/lawn maintenance we ended up purchasing the land and building the facility ourselves. We were under the

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impression that we would not be paying taxes on the property and that the town would be taking care of the utilities, snow removal and cutting the grass. The building is generating very little revenue (from the CHC who shares occupancy with primary care) to we need to be able to maintain the property without delving into the Hospital's money.

Unbeknownst to us, at the time of negotiating with the Town, the CAO had gotten a legal opinion, which was not shared with us. Perhaps, in order to clear all of this up, a Memorandum of Understanding (MOU) was needed.

Norm Clark asked for clarity on what the Town would not pay so he could bring this up at Town Council. He was also under the impression that the Hospital would not be charged taxes, utility costs (water/sewer) and that snow clearing and grass cutting would be taken care of. He asked that he be provided the opportunity to address this with Town Council.

8.4 Accreditation Refresh

Allan MacGregor highlighted that on March 16, 2021, a brief Accreditation refresh was provided in advance of the Quality Committee meeting. Erin Brown shared some of the different components of the Accreditation Standards and provided a brief summary of some of the steps the surveyors would go through (tracers, etc.) in order to give the Board a better understanding of what the week will entail. Erin shared that this will be the last Qmentum journey. There will be a new, ongoing format for future Accreditations which will be spaced across the four years. Not too much more is known about what that will look like yet.

9. Next Meeting

The next regular meeting of the Board is scheduled for 6:30 p.m., on Tuesday May 4, 2021.

10. Adjournment

The meeting was adjourned at 8:19 p.m.

Motion #10

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 8:19 p.m. on April 6, 2021.

Moved by: Robert Paul

Seconded by: Deb Lowry

The motion was carried.