



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

February 1, 2022

Zoom Video

A meeting of the Board of Directors of the Lennox and Addington County General Hospital (LACGH) was held via Zoom at 6:30 p.m. on February 1, 2022.

PRESENT:

Board:	Deb Lowry (Chair)	Wayne Coveyduck
	Allan MacGregor	Tracy Kent-Hillis
	Michelle Smith	Dr. Kim Morrison
	Bob Clancey	Dr. Sonal Patel
	Norm Clark	Adrienne Harris-Hale
	Geoff Griffin	Susan Jack
	Robert Paul	

REGRETS:

	Lori Francis	Alice Carlson
	Jamie Uson	
Staff in attendance:	Erin Brown	Sheila Mabee (Recorder)
	Tracy Ringrose	

1. Meeting Opening

1.1 Call to Order/Opening Remarks

The meeting was called to order at 6:32 p.m., by Deb Lowry.

1.2 Land Acknowledgment

Deb Lowry started the meeting with the following Land Acknowledgment:

A Land Acknowledgment recognizes the traditional territories of the Indigenous peoples, before the arrival of settlers, and their unique and continuing relationship with these lands. In particular, we acknowledge that Lennox and Addington County General Hospital is built on the ancestral and traditional territory of the Anishinaabeg and Haudenosaunee Peoples, including the Mohawks of the Bay of Quinte, and on the land of the Huron-Wendat Nation. As the LACGH Board of Directors, we are dedicated to honouring Indigenous history and culture, and are committed to moving forward in the spirit of reconciliation and respect.

1.3 Approval of the Agenda

The agenda was approved as circulated

Motion #1
<i>Rationale: Normal Practice</i>
Motion: That the Board of Directors hereby approves the agenda dated February 1, 2022.
Moved by: Bob Clancey
Seconded by: Susan Jack
The motion was carried.



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1.4 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.

1.5 Approval of Previous Board Meeting Minutes

The minutes of the previous meeting were approved as circulated.

Motion #2

Rationale: Normal Practice

Motion: That the Board of Directors hereby approves the minutes of the previous meeting dated January 11, 2022.

Moved by: Robert Paul

Seconded by: Geoff Griffin

The motion was carried.

2. Business Arising

2.1 Regional Updates

Deb Lowry reported on the following items:

- The Chairs/Vice Chairs Forum (CVCF) continues to not meet;
- The OHA Board Chair's report for January 2022 will be circulated via Sheila Mabee post-meeting;
- Elected Board members were thanked for submitting their eligibility forms for recruitment planning. All elected Directors, with the exception of Lori Francis who will complete her term at the end of June, are planning to continue on into next year;
- A lovely thank you card was received from Chris Seeley thanking the Board for his 9-year term and gift upon his departure.

Wayne Coveyduck had no regional updates to note at this time.

Dr. Morrison had no regional updates to note at this time.

2.2 LTC Updates

Wayne Coveyduck highlighted a couple of significant developments in relation to the LTC Project:

- Everything sits with the MLTC office right now.
- The Cost Consultant's Report is expected imminently, it was hoped by Friday February 4, 2022. Once this Report is in hand, we will be following up with our MLTC Project Manager to see if we are now able to move forward with the Development Agreement.
- We are hopeful that we can collaborate with our MLTC Project Manager on licensing approval, being mindful to keep things ahead of the pending June 2022 provincial election.

2.3 Accreditation Update

Erin Brown highlighted that included within the meeting package was the action plan addressing what we need to do prior to submission of evidence to Accreditation Canada in May 2022. One thing is notably clear, which is our need to submit evidence that an additional change has been implemented to address the unmet ROP.



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ROP: Transitions in Care – a Transitions in Care working group has been initiated and will be tasked with creating a new policy, modifying the HIS templates, and standardizing change across the organization. Peer hospitals are being consulted with to determine how they capture transitions in care in an electronic environment. When we submit our evidence in May we want it to be crystal clear, by providing appropriate evidence, to portray that we are compliant with the *Transitions in Care ROP*.

High Priority Criteria: Medical Device Reprocessing – the reprocessing area associated with Diagnostic Imaging, will be isolated and equipped with a separate clean/dirty and decontamination work area, as well as dedicated plumbing and drains, and proper air ventilation and humidity levels. An action plan for this work has been developed with an initial space review already completed.

3. Reports

3.1 Quality Committee

Allan MacGregor highlighted the following from the January 18, 2022 Quality Committee meeting:

- Simone Walters, interim CIO provided the annual IS presentation with a focus on cyber security;
- Erin Brown outlined a letter, a patient experience related to an ED visit which was very positive, so much so that the author asked that the experience be shared with the Board of Directors;
- Tracy Ringrose shared the annual Accessibility Report and the annual Workplace Violence Report. There was a notable increase to the Workplace Violence incidents from previous years, which was mainly attributed to a shift to a reporting culture, as well as a process change which enables security staff to populate reports for calls they assist with.

3.2 Medical Advisory Committee

Dr. Morrison highlighted the following from the January 13, 2022 Medical Advisory Committee meeting:

- Anna Huisman attended the meeting to provide a *Medication Safety, Pharmacy & Therapeutics Report*. Treatment for Covid has already changed in the couple weeks since the MAC met, with a province-wide strategy having now been rolled out for outpatient treatment through primary care.
- Some intentional time has been set aside on the agenda the last few meetings to discuss pains and gains, as an important team work and team building opportunity. This time is spent discovering what the departments are currently experiencing and ways in which other departments can pitch in to assist the departments who are being hit the hardest (with increased volumes, staff shortages, etc.).

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

- Vladislav Khokhotva – Consulting (General Surgery)
- Robert Chris Doiron – Consulting (Urology)
- Jason IZard – Consulting (Urology)
- Stephen Steele – Consulting (Urology)
- Jeannie Callum – Consulting (Pathology and Molecular Medicine)
- Yanping Gong – Consulting (Pathology and Molecular Medicine)
- David Good – Consulting (Pathology and Molecular Medicine)
- Andre Tan – Consulting (ENT)



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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 #3

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:

- Vladislav Khokhotva – Consulting (General Surgery)
- Robert Chris Doiron – Consulting (Urology)
- Jason Izard – Consulting (Urology)
- Stephen Steele – Consulting (Urology)
- Jeannie Callum – Consulting (Pathology and Molecular Medicine)
- Yanping Gong – Consulting (Pathology and Molecular Medicine)
- David Good – Consulting (Pathology and Molecular Medicine)
- Andre Tan – Consulting (ENT)

Moved by: Geoff Griffin
 Seconded by: Allan MacGregor

The motion was carried.

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

- Lindsay Anderson – Locum Tenens (Internal Medicine)

No concerns were noted by the MAC; therefore, the appointment application was recommended to the Board of Directors for approval. The Board reviewed the credentialing application 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 appointment to the LACGH Medical Staff, as recommended by the Medical Advisory Committee:

- Lindsay Anderson – Locum Tenens (Internal Medicine)

Moved by: Robert Paul
 Seconded by: Bob Clancey

The motion was carried.

3.3 Audit Committee

Michelle Smith reviewed the following from the January 24, 2022 Audit Committee meeting:

3.3.1 Audit Planning Report 2022-23



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KPMG Auditors attended the Audit Committee meeting to provide the Audit Planning Report (APR) for fiscal year ending March 31, 2022. The KPMG APR had a significant amount of resources and background reading material of interest. No concerns noted by the Audit Committee, therefore the APR was recommended for Board approval.

Motion #5

Rationale: Normal Practice.

Motion: The Board of Directors hereby approves the Audit Planning Report for fiscal year ending March 31, 2022, as recommended by the Audit Committee.

Moved by: Geoff Griffin

Seconded by: Allan MacGregor

The motion was carried.

3.4 Finance Committee

Michelle Smith reviewed the following from the January 24, 2022 Finance Committee meeting:

3.4.1 Additional Security Cameras

The Finance Committee reviewed the request to add more security cameras to the LACGH Lenadco Complex to address security concerns and an increase of incidents. Equipment and installation will be \$8726.58. The Finance Committee recommended Board approval of the additional cameras.

Motion #6

Rationale: Normal Practice.

Motion: The Board of Directors hereby approves purchase and installation of additional security cameras for the Lenadco Complex, at a cost of \$8,726.58, as recommended by the Finance Committee.

Moved by: Robert Paul

Seconded by: Bob Clancey

The motion was carried.

3.4.2 November 2021 Financial Statements and Cheque

The Finance Committee reviewed the November 2021 Financial Statements and Cheque List which totaled \$4,661,589.62. 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:

- *November 2021 Cheque List totaling \$4,661,589.62;*
- *November 2021 Financial Statements.*

Moved by: Allan MacGregor

Seconded by: Geoff Griffin

The motion was carried.



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3.4.3 December Financial Statements and Cheque List

The Finance Committee reviewed the December 2021 Financial Statements and Cheque List which totaled \$3,870,239.59. No concerns were noted by the Finance Committee or the Board.

Motion #8

Rationale: Normal Practice.

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

- December 2021 Cheque List totaling \$3,870,239.59;
- December 2021 Financial Statements.

Moved by: Robert Paul

Seconded by: Michelle Smith

The motion was carried.

3.4.4 2022-23 Draft Operating Budget

The Finance Committee reviewed the 2022-23 draft operating budget, which was circulated with the Board meeting package. No concerns were noted by the Finance Committee or the Board.

Motion #9

Rationale: Annually, the hospital is required to submit a Hospital Annual Planning Submission (HAPS), which includes a budget for the hospital and formulates part of our Hospital Sector Accountability Agreement (HSAA).

Motion: The Board of Directors hereby approves the 2022-23 operating budget, as recommended by the Finance Committee.

Moved by: Robert Paul

Seconded by: Allan MacGregor

The motion was carried.

3.5 Patient Family Advisory Council

In absence of Alice Carlson, Erin Brown highlighted the following from the January 18, 2022 PFAC meeting:

- Dr. Robichaud attended the meeting to discuss a fairly new geriatrics program which is hoped will be offered here and in partnership with the Queen's Geriatric Department. This program would be a one stop shop for geriatric patients to optimize their health while in our care and transitioning out.
- The patient satisfaction survey is transitioning to a new standard provincial reporting, which has been delayed. The PFAC discussed whether the hospital should wait for the new format's release, or invest in a brief internal survey to keep on the existing schedule.
- The PFAC had their own lunch meeting to discuss different recruitment strategies to get the right people to the table as people near the end of their terms on the PFAC. They have identified some people and have asked them to apply through the website.

3.6 Volunteer Services Report

Susan Jack noted a few volunteers have resigned within the last week. The Volunteer Services are hoping to get BMD, courtesy desk, HELLPP, and the coffee shop back up and running soon. It was noted that getting new



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volunteers right now has been difficult as Beryl is unable to come in to interview. The Volunteer Services Executive are working with Administration to try to streamline the process to make it less cumbersome.

3.7 Foundation Report

Adrienne Harris-Hale noted the total for the Winter Campaign and Tribute Tree was almost \$145,000, slightly down from the prior year, but still a really good year. The Foundation is anticipating a cheque from the sale of a local church which is in or around \$23,000. Adrienne provided a reminder for the hospital to submit receipts to be allocated to the \$1.5 million the Foundation provided in December 2021.

3.8 Chief Executive Officer's Report

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

- Yesterday, during a regular test of the hospital's generator, there was a system failure after 15 minutes, while on load. Our internal engineer's did some troubleshooting and traced the failure back to a logic board. The manufacturer was unable to get us answers, so we resorted to sourcing a backup generator while the manufacturer sorted out a fix. One unit was found which was going to cost \$25,000 to ship and set up for a week. Wayne put a call in to Mayor Isbester, who was able to connect us with a local construction company. Hank Doornekamp came through for us in a huge way by loaning us a generator which was large enough to carry the load of the hospital if and when needed, as an interim fix, delivered the same day – and at no cost. Wayne noted he would be providing some form of acknowledgment in the local paper for Mr. Doornekamp's company helping out the hospital so generously and in such quick form. Our generator will have a tech on site later in the week to fix the logic board issue.
- Each year the hospital is required to submit a Declaration of Compliance in relation to the LTC Service Accountability Agreement, which requires discussion and resolution by the board. Wayne noted there were no known exceptions.

Motion #10

Rationale: Annually, the hospital is required to submit a declaration of compliance, as part of our Long-Term Care Service Accountability Agreement (LSAA).

Motion: The Board of Directors by resolution dated February 1, 2022 authorizes the President & CEO to declare that, to the best of the Board's knowledge and belief, LACGH has fulfilled its obligations under the LTC Service Accountability Agreement during the applicable period with no known exceptions.

Without limiting the generality of the foregoing, the LACGH confirms that

(i) it has complied with the provisions of:

- a. the Local Health System Integration Act, 2006, for the period of January 1, 2021 to March 31, 2021;***
- b. the Connecting Care Act, 2019, for the period of April 1, 2021 to December 31, 2021; and***
- c. any compensation restraint legislation which applies to the HSP; and***

(ii) every Report submitted by the HSP is accurate in all respects and in full compliance with the terms of the Agreement.



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Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement between the Ontario Health and the HSP effective April 1, 2021.

Moved by: Allan MacGregor

Seconded by: Geoff Griffin

The motion was carried.

Motion #11

Rationale: Normal Practice

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

Moved by: Bob Clancey

Seconded by: Michelle Smith

The motion was carried.

4. Other

4.1 Correspondence Received up to January 26, 2022

There was nothing further to report for correspondence.

5. Closed Session

At 7:23 p.m., the Board moved into closed session, with elected board members, Wayne Coveyduck and Sheila Mabee.

Motion #12

Rationale: Normal Practice

Motion: That the Board of Directors hereby moves into closed session.

Moved by: Geoff Griffin

Seconded by: Robert Paul

The motion was carried.

At 7:37 p.m., the Board rose from closed session.

Motion #13

Rationale: Normal Practice

Motion: That the Board of Directors hereby rises from closed session at 7:37 p.m.

Moved by: Geoff Griffin

Seconded by: Robert Paul

The motion was carried.



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6. **Meeting Closing**

6.1 Other Business

Deb Lowry shared the hope that a 6:00 p.m. education session start time would work with the Board member's schedules. This thirty minute time period would be used for the senior team and or managers to provide education sessions on various topics of interest in the coming months.

6.2 Next Meeting

The next regular meeting of the Board is scheduled for 6:30 p.m., on Tuesday March 1, 2022.

6.3 Adjournment

The meeting was adjourned at 7:41 p.m.

Motion #14

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 7:41 p.m. on February 1, 2022.

Moved by: Allan MacGregor

Seconded by: Robert Paul

The motion was carried.