LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

November 4, 2025

Zoom | ACR

A meeting of the Board of Directors of the Lennox and Addington County General Hospital (LACGH) was held in the Airhart Conference Room and via Zoom at 6:30 p.m. on November 4, 2025.

	PRESENT:	
Board:	Laurie French (Chair)	Mike Bell
	Rosaleen Cutler	Kristen Rochon
	Jamie Uson	Dr. Kim Morrison
	Bob Clancey	Dr. Zack Warren
	Geoff Griffin	Dr. Heather Khey Beldman
	Rebecca Murphy	
	Al Little	
	Lori Morris	
	Robin Thompson McAvoy	
	Darrell Sewell	
	Sue Walden	
	Tera Osborne	
	REGRETS:	
	Jeff Cuthill	
	Denice Forbes	
Staff in attendance:	Erin Brown	AK Sharma
	Kyah Dillon	Andrea Nussberger
	Caroline Reid	(Recorder)

1. <u>Meeting Opening</u>

1.1 Call to Order/Opening Remarks

The meeting was called to order at 6:37 p.m., by Laurie French. Prior to the formal business of the meeting, Christine Wilkinson delivered a presentation regarding Accreditation Canada preparations in advance of Accreditation Week commencing November 17.

Laurie noted that the November 1st Foundation Gala was a successful event.

1.2 Land Acknowledgement

Laurie French started the meeting with the following Land Acknowledgment:

> *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 with the following addition:

3.1 Articles of Amendment

Laurie noted that a revised format for the Board of Directors meeting agenda is being piloted to more clearly highlight motions presented for approval. She invited directors to provide feedback on the new format over the coming months.

Motion #1 *Rationale: Normal Practice*
Motion: That the Board of Directors hereby approves the amended agenda dated November 4, 2025. Moved by: Robin Thompson-McAvoy Seconded by: Sue Walden The motion was carried.

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 with the following minor edits:

Motion #3 should read *Moved by: Lori Morris* ~~Lori French~~

Motion #10 should read *The Board of Directors hereby approves ~~achieving~~ archiving the Chair of the Board Honorarium policy, as recommended by the Governance Committee.*

Motion #2
Rationale: Normal Practice
Motion: That the Board of Directors hereby approves the amended minutes of the previous meeting dated October 7, 2025.   Moved by: Bob Clancey   Seconded by: Rosaleen Cutler   The motion was carried.

2. Business Arising

2.1 Regional Updates

There were no regional updates to report.

2.2 Capital Projects Update

Mike Bell reported on the following LTC Home items:

- AK, Kyah, and their teams are working diligently to complete all remaining components of the LTC Home in advance of the anticipated Ministry inspection on November 24. Two outstanding items that may impact the inspection timeline are the TSSA approval of the elevator and the nursing call bell system.
- The target date for the first resident move-in remains December 15. Should this date change, the Board will be notified by email.

Mike expressed his appreciation to all individuals involved in the LTC Home project for their ongoing efforts.

A tour of the LTC Home will be offered to Board members prior to the December Board meeting, and the meeting will, potentially, be held in the Board Room at the LTC Home.

3. Reports

3.1 Articles of Amendment

Mike stated that BLG has advised LACGH to amend the objects in the LACGH Letter Patent, dated May 8, 1959, to expressly add LTC services as a purpose of the hospital in advance of the new LTC Home opening.

BLG has suggested the following:

Delete in their entirety the objects set out in the Letters Patent dated May 8, 1959 and replace them with the following:

a) to promote health by establishing, equipping, staffing, maintaining, operating, conducting, and managing, on one or more sites, a hospital or hospitals or health facilities for the public with health care programs and services that may include, without limitation, active treatment programs and services, chronic care, complex continuing care, community health, emergency services, out-patient services, rehabilitation services, and therapy services;

b) to promote health by establishing, operating, and maintaining, for the public, laboratories, diagnostic imaging services, research facilities, therapeutic and rehabilitation facilities, pharmacies, dispensaries, and/or other facilities incidental to a hospital;

c) to advance education by teaching or training health care providers;

d) to promote health by collaborating with government, governmental agencies, and other health service providers and participate in activities carried on to promote and improve the general health of the community;

e) to promote health by providing other health care related programs and services to the public that may include, without limitation, long-term care, in-home health care, public health, community health, and mental health and addictions services; and

f) to do all things as are incidental or ancillary to the attainment of the above charitable purposes.

Mike noted that, following Board approval, the next step will be to submit the Articles of Amendment to the Ministry, after which the proposed changes will be presented at a Special Meeting of the Members prior to the December Board Meeting at the LTC Home.

No concerns were raised by the Board.

Motion #3

*Rationale: It is in the best interests of the Corporation to amend its charter documents to [reflect the current activities of the Corporation] by filing articles of amendment in the form presented to the members (the "**Articles of Amendment**").*

Motion: The Board of Directors hereby approves the following:

1. the Articles of Amendment;

2. such Articles of Amendment be submitted to the members of the Corporation (the "Members") for approval by special resolution; and

3. following approval of the Articles of Amendment by special resolution of the Members, any two (2) directors or officers of the Corporation are hereby authorized and directed to sign all documents, including the Articles of Amendment, with such further amendments as they may determine to be necessary or desirable to comply with the requirements of any governmental authority having jurisdiction, without the need for further approval of the directors or the members of the Corporation, and to do on behalf of the Corporation all things necessary or desirable to carry out and give to effect to this resolution, including the filing of the Articles of Amendment with the Director appointed under the Ontario Not-for-Profit Corporations Act, 2010."

Moved by: Geoff Griffin
Seconded by: Robin Thompson-McAvoy

The motion was carried.

3.2 Quality Committee

Lori Morris highlighted the following from the October 21, 2025, Quality Committee meeting:

- Anna Huisman, Pharmacy Director presented the Medication Management Report featuring an overview of key areas of focus and progress.
- After discussion at various Board committee meetings, it was determined that oversight of quality measures related to Human Resources and People Services will be incorporated into the responsibilities of the Quality Committee. An updated draft Terms of Reference and workplan will be brought forward to the next committee meeting for review and approval.
- The biannual critical incident report was reviewed, noting that no critical incidents have been reported since the previous report to the Quality Committee in April 2025.
- The Committee reviewed and approved the following policies:
    - Statement on Risk Management, Patient Safety and Quality Improvement
    - Feedback Management System

  - Critical Incident Reporting and Management
  - Patients' Rights and Responsibilities.

A brief discussion took place regarding the positive downward trend in Emergency Department "left without being seen" (LWBS) rates, as reflected on the Balanced Scorecard. The 33% increase in physician coverage in the ED, along with the implementation of hourly nursing walkthroughs of the waiting room, have contributed to this improvement and a reduction in patient complaints related to wait times.

A brief discussion took place regarding the Patients' Rights and Responsibilities policy, specifically the addition outlining *a patient's right to receive information about their health care in a language they understand, with access to an interpreter if desired and within reasonable limits*. It was noted that the hospital utilizes a universal interpretive services device rather than in-person interpreters, as this approach offers enhanced privacy for patients.

Motion #4

Rationale: Normal Practice

Motion: The Board of Directors hereby approves the following amended policies, as recommended by the Quality Committee:

- ***Statement on Risk Management, Patient Safety and Quality Improvement policy B-21;***
- ***Feedback Management System Policy B-22;***
- ***Critical Incident Reporting and Management Policy CPR-129; and***
- ***Patients' Rights and Responsibilities Policy B-08***

Moved by: Lori Morris
Seconded by: Bob Clancey

The motion was carried.

3.3 Medical Advisory Committee

Dr. Kim Morrison highlighted the following from the October 9, 2025, Medical Advisory Committee meeting:

- Justine Feeney presented the Laboratory Services & transfusion Committee report which outlined several examples of ongoing monitoring activities related to patient safety and patient risk within laboratory and transfusion services.
- The committee discussed updates related to Lumeo.

A brief discussion also took place regarding the Diagnostic Imaging Clinical Team update included in the minutes. The update highlighted significant MRT staffing shortages, which have resulted in reduced CT hours of operation beginning the last week of October. Medical Directors expressed concern about the potential impacts on patient flow, wait times, quality of care, and increased transportation costs.

It was noted that HR and the clinical team are working diligently to develop a Diagnostic Imaging schedule that supports both departmental needs and staff requirements, including cross-training strategies. Concerns raised at the MAC meeting regarding CT service prompted Diagnostic Imaging staffing to be added as a standing item at the weekly SLT meeting. In addition, the DI department has developed a live calendar to communicate current services and any outages while longer-term solutions are explored.

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

- Julia Chow – Consulting (Anesthesia)
- Sasha Kheyson - Active (Anesthesia with FM)
- Cameron MacLean – Active (Anesthesia with FM)
- Brian Mahoney – Active (Anesthesia)
- Valerie McLeod – Active (Anesthesia)
- Kristina Polsinelli - Locum Tenens (Anesthesia)
- Timothy Roche – Active (Anesthesia)
- Madeline Taylor - Locum Tenens (Anesthesia)
- Rachel Holden – Consulting (Nephrology)
- Eduard Iliescu – Consulting (Nephrology)
- John Puxty – Consulting (Geriatrics)
- Christopher Davis – Consulting (Respirology)
- Madelaine Gordon - Active (Internal Medicine)
- Andrew Moses - Active (Internal Medicine)
- David Holland – Consulting (Nephrology)
- Craig McGann – Consulting (Respirology)
- Mohammad Shamseddin – Consulting (Nephrology)
- Samuel Silver – Consulting (Nephrology)
- Christine White – Consulting (Nephrology)
- Ruobing Yang – Consulting (Respirology)
- Karen Yeates - Consulting (Nephrology)
- Peter Hollett – Consulting (Cardiology)
- Joseph Campbell – Consulting (Cardiology)

- Michael Hale - Consulting (General Surgery)
- David Robertson - Active (General Surgery)
- Logan Seaman – Active (Emergency Medicine)
- Doug Barton - Active (Emergency Medicine)
- Jeffrey Dawson – Active (Emergency Medicine)
- Jennifer Hacking - Active (Emergency Medicine)
- Matthew Martin – Active (Emergency Medicine)
- John Raleigh - Active (Emergency Medicine)

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:

- *Julia Chow – Consulting (Anesthesia)*
- *Sasha Kheyson - Active (Anesthesia with FM)*
- *Cameron MacLean – Active (Anesthesia with FM)*
- *Brian Mahoney – Active (Anesthesia)*
- *Valerie McLeod – Active (Anesthesia)*
- *Kristina Polsinelli - Locum Tenens (Anesthesia)*
- *Timothy Roche – Active (Anesthesia)*
- *Madeline Taylor - Locum Tenens (Anesthesia)*
- *Rachel Holden – Consulting (Nephrology)*
- *Eduard Iliescu – Consulting (Nephrology)*
- *John Puxty – Consulting (Geriatrics)*
- *Christopher Davis – Consulting (Respirology)*
- *Madelaine Gordon - Active (Internal Medicine)*
- *Andrew Moses - Active (Internal Medicine)*
- *David Holland – Consulting (Nephrology)*
- *Craig McGann – Consulting (Respirology)*
- *Mohammad Shamseddin – Consulting (Nephrology)*
- *Samuel Silver – Consulting (Nephrology)*
- *Christine White – Consulting (Nephrology)*
- *Ruobing Yang – Consulting (Respirology)*
- *Karen Yeates - Consulting (Nephrology)*
- *Peter Hollett – Consulting (Cardiology)*

- *Joseph Campbell – Consulting (Cardiology)*
- *Michael Hale - Consulting (General Surgery)*
- *David Robertson - Active (General Surgery)*
- *Logan Seaman – Active (Emergency Medicine)*
- *Doug Barton - Active (Emergency Medicine)*
- *Jeffrey Dawson – Active (Emergency Medicine)*
- *Jennifer Hacking - Active (Emergency Medicine)*
- *Matthew Martin – Active (Emergency Medicine)*
- *John Raleigh - Active (Emergency Medicine)*

Moved by: Geoff Griffin
Seconded by: Lori Morris

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:

- Charlotte Bowes - Active (Emergency Medicine) change from Associate to Active
- Anastasiya Lezhanska- Associate (Emergency Medicine) change from Locum to Associate

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

- *Charlotte Bowes - Active (Emergency Medicine) change from Associate to Active*
- *Anastasiya Lezhanska- Associate (Emergency Medicine) change from Locum to Associate*

Moved by: Tera Osborne
Seconded by: Jamie Uson

The motion was carried.

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

- George Payne - Locum Tenens (Internal Medicine)
- Oksana Motalo – Consulting (Oncology)
- Julia Young - Clinical Assistant (Emergency Medicine)

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 #7

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:

- *George Payne - Locum Tenens (Internal Medicine)*
- *Oksana Motalo – Consulting (Oncology)*
- *Julia Young - Clinical Assistant (Emergency Medicine)*

Moved by: Sue Walden
Seconded by: Lori Morris

The motion was carried.

3.4 Governance Committee

Rosaleen Cutler reviewed the following from the October 15, 2025, Governance Committee meeting:

- The Committee discussed the historical structure of the annual Board Retreat and considered whether future retreats should remain overnight events or transition to single-day sessions. It was noted that the final decision rests with the Board.

- The amended Statement of Roles and Responsibilities was reviewed and approved. A key update included the addition of Human Resources oversight under the Board's responsibilities related to Risk Identification and Oversight.
- The Board and Officer position descriptions were reviewed and approved with minor amendments.
- The Committee reviewed the Board Goals and Objectives document and agreed to sunset it, given that the Board's priorities and priorities are now sufficiently reflected in the Strategic Plan and the Statement of Roles and Responsibilities of the Board.

The Board subsequently discussed the Governance Committee's recommendations regarding the Board Retreat format. It was noted that, although venue options within Lennox & Addington County had been explored last summer, there are currently no local venues large enough to accommodate the group while also providing lodging and catering services. Through discussion, Board members agreed that the overnight component remains valuable—particularly in supporting new members in building relationships with fellow directors and staff. It was suggested that the agenda begin earlier on the Thursday to allow for a less compressed schedule. The Board confirmed that the Delta Kingston Waterfront continues to be the preferred venue for the annual retreat.

Motion #8

Rationale: The Governance Committee is required to review the Statement of Roles and Responsibilities of the Board.

Motion: The Board of Directors hereby approves the amended Statement of Roles and Responsibilities document, as recommended by the Governance Committee.

Moved by: Tera Osborne
Seconded by: Rebecca Murphy

The motion was carried.

Motion #9

Rationale: The Governance Committee, as part of their work plan, is required to review the Board and Officer position descriptions.

Motion: The Board of Directors hereby approves the following amended position descriptions:

- *Board Director*
- *Chair*
- *Vice Chair*
- *Treasurer*
- *President and CEO*
- *Chief of Staff*

Moved by: Lori Morris
Seconded by: Sue Walden

The motion was carried.

Motion #10

Rationale: Sunsetting the Board Goals and Objectives document will reduce redundancy, streamline governance documentation, and align with best practices by ensuring that the Board's focus remains anchored in the organization's Strategic Plan and defined roles and responsibilities, which already meet governance and oversight requirements.

Motion: The Board of Directors hereby approves sunsetting the Board Goals and Objectives document, confirming that the Board's goals and priorities are sufficiently captured within the Strategic Plan and the Statement of Roles and Responsibilities of the Board, pending confirmation of compliance with ONCA and any other applicable legislation.

Moved by: Darrell Sewell
Seconded by: Robin Thompson-McAvoy

The motion was carried.

3.5 Finance Committee

The following was highlighted from the October 27, 2025 Finance Committee meeting:

- A deficit continues, primarily driven by unrealized losses within the investment portfolio.

Caroline Reid noted that the Q2 forecast will reflect a minor deficit relative to the overall size of the budget, with the unrealized loss clearly identified in the forecast. She added that work is underway to finalize capital requirements before year-end to better understand cash flow implications for capital investments prior to the recognition of any gains on the Statement of Operations.

Caroline reported that the LTC budget is nearing completion and is in its final stages of development.

Mike noted that the newly hired Finance Director will be joining the organization soon and will participate in a comprehensive internal financial review, supported by KHSC and Mike Bell. This review will examine financial data from the past several years and include forward-looking analysis. It is being undertaken in light of the significant recent changes at LACGH, including Lumeo, LTC, the addition of the MRI machine, and other developments.

3.5.1 *<u>August Financial Statements</u>*

The Finance Committee reviewed the August 2025 Financial Statements.

Motion #11

Rationale: Normal Practice.

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

- *August 2025 Financial Statements.*

Moved by: Jamie Uson
Seconded by: Al Little

The motion was carried.

3.5.2 *<u>Emergency Capital Equipment Requests</u>*

The Finance Committee reviewed a request for the allocation of $22,424 towards the purchase of: Policy Writing Software ($22,424). No concerns were noted by the Finance Committee or the Board.

Motion #12

Rationale: The Board of Directors is required to review and approve capital requests.

Motion: The Board of Directors hereby approves the following capital requests totaling $22,424, as recommended by the Finance Committee for:

- *Policy Writing Software ($22,424) Replacement for the current Policy and Procedure Manual Software.*

Moved by: Geoff Griffin
Seconded by: Lori Morris

The motion was carried.

3.6 Ethics Committee

Robin Thompson-McAvoy reviewed the following from the October 8, 2025 Ethics Committee meeting:

- The committee appointed Robin Thompson-McAvoy as their Chair and Tera Osborne as their Vice Chair.
- The committee approved some administrative changes to their terms of reference. Work will be done to make the committee work plan more standard to what other committee workplans formats look like and brought back to the next meeting.
- Expectation for the upcoming Accreditation cycle were discussed and the recently developed ethical decision making handbook was highlighted as a key resource for the ethics accreditation meeting in which all committee members were invited to.
- Dr. Campbell presented an informative, very relative, presentation on *Generational Justice and Demographic Decline.*

3.7 Pastoral Care Committee

Mike Bell reviewed the following from the October 9, 2025 Pastoral Care Committee meeting:

- The committee reviewed feedback from the April 2025 Annual Memorial Service noting that the service was well received. No major changes were recommended for next years' service.
- The committee discussed the new LTC home, specifically the chapel space and its potential to serve as a venue for hosting the memorial service, as an alternative to the Westdale Free Methodist Church. The committee agreed that hosting the service bi-annually rather than annually would provide a more timely remembrance opportunity.
- The committee agreed that the existing on-call chaplain list will be used for the LTC Home, and that the community ministerial will be informed that additional chaplains are being sought for inclusion on the list.

3.8 Volunteer Services Report

Nothing further to the report in the meeting package.

3.9 Chief Executive Officer's Report

Mike Bell highlighted the following information from the CEO Report included in the meeting package:

- The HR metrics included in the package are currently prepared manually. Once the new UKG software system is fully implemented, it will generate accurate metrics automatically.
- The most significant operational pressure at this time is the reduced CT service capacity resulting from staffing challenges. Recruitment efforts are underway, with the team exploring creative strategies to fill the vacancies in a competitive labor market.
- Quality improvement initiatives are ongoing. A strategy room will be established in Room 217, providing clinical staff and SLT with a dedicated space to view A3 data, which is directly aligned with the Strategic Plan, in a clear and transparent manner.

4. Other

4.1 Correspondence Received up to, 2024.

There was nothing further to report for correspondence.

5. Closed Session

At 7:24 p.m., the Board moved into closed session.

Motion #13 *Rationale: Normal Practice*
Motion: That the Board of Directors hereby moves into closed session. Moved by: Jamie Uson Seconded by: Bob Clancey The motion was carried.

At 7:26 p.m., the Board rose from closed session.

Motion #14 *Rationale: Normal Practice*
Motion: That the Board of Directors hereby rises from closed session. Moved by: Bob Clancey Seconded by: Robin Thompson-McAvoy The motion was carried.

6. Meeting Closing

6.1 Next Meeting

The next regular meeting of the Board is scheduled for 6:30 p.m., on Tuesday December 2, 2025.

6.2 Adjournment

The meeting was adjourned at 7:27 p.m.

Motion #15

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 7:27 p.m. on November 4, 2025.

Moved by: Geoff Griffin
Seconded by: Bob Clancey

The motion was carried.