LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

December 2, 2025

Zoom | LTC Boardroom 171M

A meeting of the Board of Directors of the Lennox and Addington County General Hospital (LACGH) was held in the LTC Boardroom Room 171M and via Zoom at 6:30 p.m. on December 2, 2025.

PRESENT:

Board: Laurie French (Chair), Rosaleen Cutler, Bob Clancey, Geoff Griffin, Rebecca Murphy, Al Little, Lori Morris, Robin Thompson McAvoy, Darrell Sewell, Sue Walden, Mike Bell, Kristen Rochon, Dr. Kim Morrison, Dr. Zack Warren, Denice Forbes, Dr. Heather Khey Beldman

REGRETS:

Jamie Uson
Tera Osborne
Jeff Cuthill

Staff in attendance: Kyah Dillon, AK Sharma, Andrea Nussberger (Recorder)

1. <u>Meeting Opening</u>

1.1 Call to Order/Opening Remarks

The meeting was called to order at 6:40 p.m. by Laurie French. Laurie acknowledged that this was the first Board meeting held at the new LTC Home and expressed how impressive the new facility is. She noted how proud she and the Board are of the exceptional work completed by all those involved in bringing the project to life. Laurie emphasized that the opening of the LTC Home represents a significant and positive step forward for LACGH and for the future residents who will call it home.

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 as circulated

Motion #1

Rationale: Normal Practice

Motion: That the Board of Directors hereby approves the agenda dated December 2, 2025.

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

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.

Motion #2

Rationale: Normal Practice

Motion: That the Board of Directors hereby approves the minutes of the previous meeting dated November 4, 2025.

Moved by: Bob Clancey
Seconded by: Lori Morris

The motion was carried.

2. Business Arising

2.1 Regional Updates

Mike Bell reported on the following item:

- The OHA continues to advocate for Ontario Hospitals as the sector projects a deficit of more than $1B for this fiscal year.

Dr. Kim Morrison reported on the following OHT items:

- The OHT recently hosted Ontario's first forum developed by OHTs for OHTs and their partners. The Summit brought together all 58 OHTs, Primary Care Networks, PFACs, and system partners to share learnings, highlight strengths, and advance integrated healthcare. Jodeme Goldhar, Co-Director of the North American Centre for Integrated Care, delivered a keynote focused on accelerating integrated care. In addition, four hospital CEOs led a session on Leadership in Action, emphasizing how hospital partnerships strengthen integrated care and underscoring the critical role of OHTs across the province.
- Rebecca Murphy has joined an OHT workgroup focused on collaboration between OHTs and municipalities, with physician recruitment identified as the primary objective of the group.

2.2 Capital Projects Update

Mike Bell reported on the following LTC items:

- Mike Bell reported that the updated projected date for admissions to the LTC Home to begin is now January 26, 2026, as outlined in the CEO Report. This change follows delays in receiving TSSA approval for the elevators and the Ministry's holiday shutdown period. AK noted that the TSSA approval letter was received today, and the occupancy permit is expected shortly. The Ministry of Long-Term Care is scheduled to complete an in-person inspection during the week of December 8.
- AK also expressed concerns regarding the quality of certain finishing work on the project, specifically recent asphalt and landscaping work. As a result, the General Contractor payment is being held back until these issues are resolved.
- Kyah expressed pride in the significant efforts made by all involved in preparing the LTC Home for opening. Current administrative work is focused on ensuring that policies and procedures related to resident safety are finalized ahead of the move-in date.
- It was noted that 8–10 newly hired staff members have full-time contracts aligned with the original projected opening date and have already provided notice to their current employers. Their start dates will be honored, and they will begin training as practice champions. Training for the remaining new LTC staff members will begin on January 9.

- There are currently 160 residents accepted to the waitlist for the new LTC Home.

3. Reports

3.1 Quality Committee

Lori Morris highlighted the following from the November 24, 2025, Quality Committee meeting:

- Oversight of quality measures related to Human Resources and People Services has been incorporated into the Quality Committee's responsibility. As a result, the Committee's Terms of Reference and workplan have been updated.
- The Committee received and accepted the first workforce report, representing a positive step forward in the availability and monitoring of HR and People Services data.
- Justin proposed presenting a consolidated and comprehensive updated Business Continuity Plan to the Committee in January as part of the annual Emergency Preparedness Report. The Committee expressed no concerns with this approach.

A discussion followed regarding diagnostic wait times, specifically CT P4 at 22 months and echocardiography at 15 months, as outlined in the Clinical Quality Report included in the Committee minutes. It was explained that while these long wait times are not new to either LACGH or the province, Diagnostic Imaging has been identified as the next focus area for improving efficiency. The primary cause of the extended wait times at LACGH is staffing shortages in both CT and Echo services, and recruitment efforts are ongoing. It was also noted that Ontario Health does not fund CT technical fees, which further contributes to prolonged wait times.

3.2 Medical Advisory Committee

Dr. Kim Morrison highlighted the following from the November 13, 2025 Medical Advisory Committee meeting:

- The meeting focused on preparation for the upcoming Accreditation survey, with particular attention to pharmacy readiness. It was noted that the MAC and physicians feel well supported by staff in advance of the survey.
- The Antimicrobial Stewardship Program was discussed, with recognition of the extensive work completed since the implementation of Lumeo. This includes an updated antibiogram, which supports clinicians in selecting the most appropriate antibiotics for patients. Dr. Stephanie Pipe has generously volunteered to serve as the physician lead for the program.

3.2.1 Credentials

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

- Matthew Mercier – Consulting (Neurology)

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:

- *Matthew Mercier – Consulting (Neurology)*

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:

- Julia Young – Clinical Assistant (Family Medicine with Emergency Medicine) change from Emergency only

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.

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

- Julia Young – Clinical Assistant (Family Medicine with Emergency Medicine) change from Emergency only

Moved by: Al Little
Seconded by: Darrell Sewell

The motion was carried.

3.2.2 Policy Review – Reporting of Gunshot Wounds

The Medical Advisory Committee reviewed the Reporting of Gunshot Wounds policy. The policy underwent no changes and there have been no changes to legislation.

Motion #5 *Rationale: Normal Practice*
Motion: The Board of Directors hereby approves the following policy as recommended by the Medical Advisory Committee: • *Reporting of Gunshot Wounds* Moved by: Geoff Griffin Seconded by: Lori Morris The motion was carried.

3.3 Finance Committee

The November 24, 2025, Finance Committee meeting minutes were included in the meeting package; Mike Bell highlighted the following:

3.3.1 <u>September Financial Statements</u>

The Finance Committee reviewed the September 2025 Financial Statements. No concerns were noted by the Finance Committee or the Board.

Motion #6 *Rationale: Normal Practice.*
Motion: The Board of Directors hereby approves the following, as recommended by the Finance Committee: • *September 2025 Financial Statements.* Moved by: Rebecca Murphy Seconded by: Lori Morris The motion was carried.

3.3.2 <u>Q2 Forecast</u>

Mike highighlted that the Q2 financial forecast is trending differently than what was expected during the September budget refresh. Interest revenue (investment income), drug expenses and patient transport costs were highlighted as driving the forecasted deficit. It was noted that the forecast has been developed conservatively and may change.

It was highlighted that investment income has decreased when compared to prior years, primarily due to the capital project investments associated with the LTC Home and the Lumeo implementation. Mike noted that all this considering the investment portfolio remains in a healthy position.

3.3.3 Policy Review – Insurance Coverage – Board Members and Administration

The amended *Insurance Coverage – Board Members and Administration* policy included in the meeting package was reviewed. It was noted that the policy states that the Board of Directors and the CEO are insured for up to $100,000 for accidental death or disability while carrying out Board duties. A question was raised as to whether the policy should instead reference accidental death or dismemberment rather than disability. This oversight was acknowledged, and staff will confirm the correct terminology with the HIROC insurance policy.

The Board approved *the Insurance Coverage – Board Members and Administration* policy, with the caveat that the phrase "accidental death and disability" will be revised to "accidental death and dismemberment," pending confirmation that this aligns with the HIROC policy.

Motion #7

Rationale: Normal Practice.

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

- *Insurance Coverage – Board Members and Administration*

With the caveat that the phrase "accident death and disability" will be revised to "accident death and dismemberment" pending confirmation that this aligns with the HIROC policy.

Moved by: Bob Clancey
Seconded by: Geoff Griffin

The motion was carried.

3.4 Volunteer Services Report

Denice Forbes reported that she recently met with Mike Bell to discuss Volunteer Services and how the program aligns with the organization's new Strategic Plan. She noted that two representatives from Volunteer Services met with the surveyors during the Accreditation process. During the meeting, several strategies were discussed to enhance volunteer engagement, attract new members, and better align Volunteer Services with other hospital volunteer associations in the region, including opportunities for increased hospital support with administrative processes.

A brief discussion also took place regarding the potential involvement of high school students in Volunteer Services. As previously identified, volunteers are required to complete a vulnerable sector check, which is not available for individuals under the age of 18. It was emphasized, however, that any participating students would be fully supervised and could assist with volunteer recruitment efforts. Further exploration of this idea will continue outside the meeting.

3.5 Foundation Report

There was nothing to report in addition to the written report in the meeting package.

3.6 Chief Executive Officer's Report

Mike Bell reviewed key items from the written report provided in the Board package:

- Progress continues in scheduling and payroll, although work remains in both areas.
- Accreditation was reported as a major success. The preliminary report was highly positive, and LACGH met 100% of the Required Organizational Practices (ROPs). The surveyors commended LACGH for:
    - A culture of compassion and collaboration
    - Workforce growth and stability
    - Advancing patient-centred care
    - Major system improvements, noting strong investment in quality improvement structures
    - Outstanding safety and clinical excellence
- Surveyors identified a few minor opportunities for improvement, including expanding patient and family advisor involvement across all clinical programs.
- The Accreditation cycle is expected to shift to a model of continuous readiness, requiring an annual report to Accreditation Canada. LACGH will integrate policy development and review into standard operating practices to maintain readiness at all times. The revised model will continue to include an on-site survey every four years.

3.7 Acceptance of Reports

Following review and discussion, the Board accepted the reports from the Quality Committee, Medical Advisory Committee, Finance Committee, Volunteer Services, Foundation and the CEO.

Motion #8 *Rationale: Normal Practice*
Motion: The Board of Directors hereby accepts the reports from the Quality Committee, Medical Advisory Committee, Finance Committee, Volunteer Services, Foundation and the CEO. Moved by: Sue Walden Seconded by: Rebecca Murphy

The motion was carried.

4. <u>Other</u>

4.1 Correspondence Received up to December 1, 2025.

There was nothing further to report for correspondence.

5. <u>Closed Session</u>

At 7:31 p.m., the Board moved into closed session. Before doing so, Laurie French acknowledged that this meeting marks Dr. Kim Morrison's final Board meeting and expressed appreciation for her leadership as Chief of Staff over the past 15 years. Laurie, on behalf of the Board and the entire organization, thanked Dr. Morrison for her exceptional service, noting that her impact has been profound and that her leadership has created a lasting legacy on which the organization will continue to build.

Motion #8 *Rationale: Normal Practice*
Motion: That the Board of Directors hereby moves into closed session. Moved by: Darrell Sewell Seconded by: Rebecca Murphy The motion was carried.

At 7:34 p.m., the Board rose from closed session.

Motion #9 *Rationale: Normal Practice*
Motion: That the Board of Directors hereby rises from closed session. Moved by: Geoff Griffin Seconded by: Robin Thompson-McAvoy The motion was carried.

6. <u>Meeting Closing</u>

6.1 Next Meeting

The next regular meeting of the Board is scheduled for 6:30 p.m., on Tuesday, January 8, 2025.

6.2 Adjournment

The meeting was adjourned at 7:34 p.m.

Motion #10 *Rationale: Normal Practice*
Motion: That the Board of Directors hereby adjourns their meeting at 7:34 p.m. on December 2, 2025. Moved by: Rebecca Murphy Seconded by: Rosaleen Cutler The motion was carried.