LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

February 3, 2026

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 February 3, 2026.

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

1. Meeting Opening

1.1 Call to Order/Opening Remarks

The meeting was called to order at 6:34 p.m., by Laurie French after an informative education session presented by Dr. Kim Morrison on the FLA-OHT.

Laurie shared that she had the opportunity to attend an OHA Chair and CEO call, which was largely information-sharing in nature and included participation from over 300 attendees. The primary focus of the discussion was sector advocacy efforts related to hospital funding. Mike and the SLT are actively monitoring and planning accordingly at LACGH.

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 February 3, 2026.

Moved by: Lori Morris
Seconded by: Darrell Sewell

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 December 2, 2025.

Moved by: Bob Clancey
Seconded by: Robin Thompson-McAvoy

The motion was carried.

2. Business Arising

2.1 Provincial/Regional Updates

Mike Bell reported on the following items:

- It was noted that the final agenda item (Financial Updates) will include discussion specific to LACGH, preceded by a brief overview of the broader provincial financial

context. This will help summarize information recently presented at the provincial level and provide context for the organization's current position.

- The Collaborative Decision-Making Agreement (CDMA) for the OHT will be brought forward in March. Dr. Morrison provided an introductory overview; however, a more detailed review of the full document will take place at that time.

Dr. Zack Warren reported on the following item:

- There have been increasing funding pressures across the system which are expected to drive more structured and organized collaboration between hospitals.
  In particular, there is growing discussion around the development of centres of excellence and the potential consolidation of certain surgical procedures at designated sites. This concept was recently introduced at the regional surgical group meeting and represents a significant potential shift in service delivery models.
  It is anticipated that further regional collaboration and consolidation discussions will continue in the coming months.

2.2 Capital Projects Update

Mike Bell reported on the following items:

- LTC - As noted in the meeting package, occupancy has been delayed, with the organization now targeting March for admission of the first resident. The delay was attributed to challenges initially experienced with the general contractor, which subsequently impacted subcontractors. Specifically, subcontractor delays and work stoppages occurred due to payment issues. These matters have now been resolved.

  On a positive note, recruitment efforts have been highly successful. Kyah, along with the HR team, has effectively staffed the home — an area initially anticipated to be the most significant obstacle. At this stage, the organization is awaiting final inspection and approval from the Ministry of Long-Term Care.

It was noted that the delay is creating a significant one-time financial pressure on the hospital. The financial implications will be further outlined during the Financial Update portion of the agenda. While the numbers may appear concerning, it was emphasized that they reflect temporary, one-time impacts. The Finance Committee reviewed this in detail at its recent meeting.

3. Reports

3.1 Quality Committee

Lori Morris highlighted the following from the January 20, 2026 Quality Committee meeting:

- The Committee reviewed and discussed the following reports: Patient Feedback, Clinical Quality, Information System, Accessibility and Workplace Violence.
- LACGH received Accreditation Canada's Exemplary Standing as a result of our recent survey. This accomplishment was recognized as a significant achievement and a testament to the dedication and hard work of staff and leadership across the organization. The Committee extended its congratulations and appreciation to all involved.

3.1.1 Business Continuity Plan

Lori noted that Justin Turner presented the newly developed Business Continuity Plan to the Quality Committee. The Plan outlines how department-specific plans can be accessed. The plan was noted to be user-friendly and designed to allow for straightforward updates as required. The Committee expressed its appreciation for the extensive work undertaken to develop this resource. There were no concerns noted and the Business Continuity Plan was approved.

Motion #3

Rationale: Normal Practice

Motion: That the Board of Directors hereby approves the Business Continuity Plan as recommended by the Quality Committee.

Moved by: Lori Morris
Seconded by: Al Little

The motion was carried.

3.1.2 Emergency Preparedness Annual Report

Lori highlighted that Justin Turner presented the annual Emergency Preparedness Report which details the Emergency Planning activities at LACGH during the calendar year in accordance with Accreditation Canada. The Report was included in the meeting package for information only.

3.1.3 Q3 Balanced Scorecard

The Q3 Balanced Scorecard was presented by Kristen Rochon to the Quality Committee and included in the Board package for information only.

3.2 Medical Advisory Committee

Dr. Zack Warren highlighted the following from the January 8, 2026, Medical Advisory Committee meeting:

- The meeting began similarly to tonight's session, with Dr. Morrison providing an excellent overview of the OHT and outlining how physician leadership and the broader medical community can collaborate more effectively moving forward. This alignment is an important step in ensuring we are working cohesively toward shared organizational goals.
- The primary focus of the meeting was on the Laboratory Department and blood product transfusions. We are pleased to report continued success in meeting and exceeding provincial targets, particularly in relation to blood transfusions. This reflects the strong quality work being done by the team, and we extend our thanks to everyone involved in achieving these results.
- While the laboratory is preforming well, efforts are ongoing to look for areas to improve efficiencies; areas include turnaround times, enhance real-time communication and coordination between the lab and frontline staff and ways to decrease the ordering of unnecessary tests and duplication of tests.

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

- Annette Polanski - Active (Radiology)
- Nicola Gambarotta - Active (Radiology)
- Susan James - Active (Radiology)
- James Biagi - Consulting (Oncology)
- Christopher Booth - Consulting (Oncology)
- Janarthanan Kankesan - Consulting (Oncology)
- Clementine Lui - Consulting (Oncology)
- Heather Ostic - Consulting (Oncology)
- Andrew Robinson - Consulting (Oncology)
- April Swoboda - Consulting (Oncology)
- Jeannie Callum - Consulting (Pathology and Molecular Medicine)
- Yanping Gong - Consulting (Pathology and Molecular Medicine)
- David Good - Consulting (Pathology and Molecular Medicine)
- Graeme Quest - Consulting (Pathology and Molecular Medicine)
- Darren Beiko - Consulting (Urology)
- Christopher Doiron - Consulting (Urology)
- Jason Izard - Consulting (Urology)
- Michael Leveridge - Consulting (Urology)
- Robert Siemens - Consulting (Urology)

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:

- *Annette Polanski - Active (Radiology)*
- *Nicola Gambarotta - Active (Radiology)*
- *Susan James - Active (Radiology)*
- *James Biagi - Consulting (Oncology)*
- *Christopher Booth - Consulting (Oncology)*
- *Janarthanan Kankesan - Consulting (Oncology)*
- *Clementine Lui - Consulting (Oncology)*
- *Heather Ostic - Consulting (Oncology)*
- *Andrew Robinson - Consulting (Oncology)*
- *April Swoboda - Consulting (Oncology)*
- *Jeannie Callum - Consulting (Pathology and Molecular Medicine)*
- *Yanping Gong - Consulting (Pathology and Molecular Medicine)*
- *David Good - Consulting (Pathology and Molecular Medicine)*
- *Graeme Quest - Consulting (Pathology and Molecular Medicine)*
- *Darren Beiko - Consulting (Urology)*
- *Christopher Doiron - Consulting (Urology)*
- *Jason Izard - Consulting (Urology)*
- *Michael Leveridge - Consulting (Urology)*
- *Robert Siemens - Consulting (Urology)*

Moved by: Geoff Griffin
Seconded by: Lori Morris

The motion was carried.

3.3 Governance Committee

Rosaleen Cutler highlighted the following from the December 10, 2025, Governance Committee meeting:

- The first draft of the DEI-IR Framework was reviewed by the Committee. The working group will continue to refine the framework which will be brought back to the Committee for review and discussion.

3.3.1 Policy Review – Board Code of Conduct

Mike, Andrea, and the Senior Leadership Team have been undertaking a comprehensive review to ensure all organizational policies remain current and aligned with best practices.

The Governance Committee reviewed the Board Code of Conduct, which was included in the meeting package. No concerns were identified by either the Governance Committee or the Board, and the policy was approved as presented. The approval motion was combined with the motion noted below.

3.3.2 Policy Review – Board Conflict of Interest

The Governance Committee reviewed the Board Conflict of Interest policy. There were no concerns noted by the Governance Committee or the Board and the policy was approved as presented.

Motion #5

Rationale: Normal Practice

Motion: That the Board of Directors hereby approves the Board Code of Conduct and Board Conflict of Interest Policies as recommended by the Governance Committee.

Moved by: Rebecca Murphy
Seconded by: Tera Osborne

The motion was carried.

3.4 Ethics Committee

Robin reviewed the following from the December 10, 2025, Ethics Committee meeting:

- The primary focus of the meeting was development of the committee's annual work plan.
- A key initiative identified was the inclusion of ethics education at the upcoming Board retreat. Arrangements have been made with Dr. Campbell to provide an ethics presentation, and further details will be shared as they are confirmed. This addition is viewed as a valuable opportunity to strengthen governance understanding of ethical considerations in healthcare.
- The committee also reviewed its regular case study. The discussion reinforced the importance of prioritizing patient rights in decision-making, emphasizing that our primary obligation is to the patient. The case summary is included in the package and provides helpful context and learning.
- In addition, the committee participated in a learning session on Medical Assistance in Dying (MAiD). The presentation, also included in the package, offered clarity on current legislation, evolving eligibility criteria, and common misconceptions. Given the ongoing changes in this area, continued awareness and education remain important.

3.5 Patient Family Advisory Council

Kristen Rochon highlighted the following from the most recent PFAC meeting:

- The Council discussed the upcoming launch of the Lumeo patient portal. Lumeo will soon introduce a platform that allows patients to access their medical records from home, including laboratory and imaging results. The portal was presented to PFAC members, who have been provided with early access to test the system and offer feedback from a patient perspective. This includes assessing usability, clarity of information, and identifying any gaps or areas for improvement. This feedback process is currently underway.
- Justin Turner attended the meeting to present the annual Emergency Preparedness Report.
- A significant portion of the meeting focused on PFAC recruitment. The Council currently has three members, limiting patient and family representation across committees — an area highlighted during accreditation as an opportunity for improvement. To address this, three recruitment strategies were identified:

    - Engaging high school seniors, allowing participation on PFAC to count toward required volunteer hours
    - Connecting with individuals through the patient relations process who may be interested in broader involvement
    - Leveraging new social media, newspaper, and radio campaigns in collaboration with Communications to promote PFAC membership

- The Council discussed enhancing the inpatient unit discharge surveys. The goal is to incorporate more open-ended questions to generate richer, more actionable feedback, rather than relying primarily on yes/no responses. This will support more meaningful analysis and quality improvement efforts.

The Board discussed opportunities to further support PFAC recruitment, including the potential for broader advertising similar to Board recruitment and increased visibility on the hospital website. It was noted that targeted outreach through the patient relations process has been successful and remains ongoing. The Board expressed its willingness to assist with recruitment efforts to strengthen patient and family representation.

3.6 Volunteer Services Report

Denice Forbes noted the new hospital website has launched, including an updated volunteer page. Minor revisions have been requested to align with other regional hospitals, including clearly outlining volunteer prerequisites (e.g., police checks, immunizations) and enabling online submission of volunteer applications to streamline the process.

A volunteer engagement survey was conducted throughout January. Responses have recently been collected and will be compiled, with results to be shared at a future meeting.

3.7 Foundation Report

Jeff Cuthill highlighted December fundraising activities including Giving Tuesday and the Tribute Tree campaign.

The report, included in the meeting package, outlined key equipment and initiatives supported through community donations. As of early January 2026, over $1.2 million in funding has been donated to the hospital, including the final installment of the Foundation's MRI commitment.

The Board acknowledged the exceptional community support and expressed appreciation for the Foundation's leadership and efforts.

3.8 Chief Executive Officer's Report

Mike Bell highlighted the following LTC information from the CEO report which was included in the meeting package:

- The recent Ministry of LTC inspection was comprehensive and identified several deficiencies; however, none were considered critical. These were largely related to the nurse call bell system, security of the doors, millwork and painting.
- A corrective action plan was developed, and work was undertaken over the holiday period to address the identified items. All required documentation and evidence of remediation were submitted to the Ministry on January 27.

Kyah Dillon highlighted the following regarding LTC:

- The organization has successfully hired a strong group of staff who will be valuable assets once the home opens.
- In the interim, these staff members are being integrated across the hospital, including Emergency, Acute Care, ICU, and CVC. Some RNs are also gaining experience in diagnostic imaging areas such as MRI and CT which is also decreasing our wait times. Additionally, staff are participating in education and professional development initiatives, including best practice champion training and palliative care courses.
- This interim deployment has supported hospital operations while also providing valuable skill development and team-building opportunities. Staff engagement remains high, and teams are actively involved in workflow planning and preparation for the opening of the long-term care home.
- The team continues to prepare for opening and is making productive use of this transition period.

Mike noted that he continues to advocate with the Ministry and the local MPP to support the opening of the Long-Term Care Home. It was highlighted that approximately 38,000 long-term care beds are being opened across Ontario within a similar timeframe, resulting in a provincial backlog for inspections and contributing to the current delay.

Caroline Reid highlighted that the organization has 60 days from admission of the first resident to achieve the 97% occupancy threshold. While funding flows at the full budgeted amount initially, reconciliation would occur if occupancy targets are not met.

It was noted that staff recruitment and training are complete to support timely and safe resident admissions once the home opens, with the goal of achieving the required occupancy within the allotted timeframe.

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

- The Senior Leadership Team has commenced operational planning, beginning with a reflection exercise on 2025–26. Strengths identified included team unity, transparency, collaboration, and cohesion. Ongoing challenges include access to timely data, impacts related to the transition to Lumio, and continuing scheduling pressures.
- Looking ahead to 2026–27, priorities include continued integration of long-term care within LACGH and advancement of a three-year capital plan, which will be presented to the Board once complete.
- An update was also provided on the Greater Napanee Health Home submission to the Ontario Hospital Association (OHA), highlighting it as a novel model of integrated hospital and primary care. The organization is hopeful it will be selected for broader recognition.
- A Regional Census Snapshot for the 30-day period ending in late January, noting that LACGH operated at 113% capacity during that time. It was also highlighted that recent efforts have resulted in zero data entry errors in the reporting.

3.9 Acceptance of reports

Motion #6

Rationale: Normal Practice

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

Moved by: Geoff Griffin
Seconded by: Tera Osborne

The motion was carried.

4. New Business

4.1 Operational Planning 2026/27

Mike presented the draft Strategic Priorities for 2026-27 which were included in the meeting package. The proposed priorities are aligned with the existing strategic plan and remain consistent with 2025–26, reflecting the organization's intentional focus on maintaining a limited and achievable set of key initiatives (maximum of seven priorities).

A continued emphasis will be placed on embedding innovation and artificial intelligence, where appropriate, across all strategic projects.

The draft has been developed by the Senior Leadership Team and will be reviewed with the full management team. A refined version will be brought back to the Board in March for further discussion and approval.

Also included in the meeting package were the operational imperatives. These items are drawn directly from the Strategic Plan and represent essential organizational priorities that extend beyond routine operations, while not being classified as standalone strategic projects. The six operational imperatives remain largely consistent with 2025–26, reflecting the continuity of the three-year Strategic Plan. It was noted that efforts have been made to consolidate and clarify the distinction between the strategic priorities "placemat" and the operational imperatives to reduce redundancy and improve clarity for staff and physicians.

Board members were invited to review the draft and provide feedback at the next meeting.

4.2 Financial Update

An overview, which was provided to the Finance Committee yesterday, was presented of the provincial financial environment under the Hospital Sector Stabilization Plan (HSSP). Province-wide, hospitals are projecting significant deficits, with the sector forecasting a $1.6 billion shortfall at Q2. The HSSP requires hospitals forecasting deficits to submit stabilization plans and three-year projections.

LACGH's 2025–26 forecast reflects an approximate $556K deficit from hospital operations and a $2.2M deficit primarily related to long-term care start-up costs prior to resident admissions. Incremental CT and surgical funding and potential LTC funding may help offset a portion of this pressure.
The required three-year forecast incorporates conservative Ministry-mandated inflation assumptions, reduced investment income, and full-year impacts of Lumeo and capital-related expenses. It was noted that the projection reflects a cautious planning scenario and does not yet include mitigation strategies currently under review.

While the financial outlook is challenging, LACGH remains stable relative to many peers. Work is underway to identify efficiencies and operational adjustments, and the three-year forecast will be submitted to the Ministry as required.

The Board acknowledged that the forecast reflects challenging news but expressed appreciation for the finance team's transparency. While projected deficits are concerning, it was noted that LACGH remains in a stable position with sufficient reserves to manage short-term pressures. However, this is not sustainable long term and will require operational adjustments.

It was clarified that a portion of the projected deficit relates to non-cash amortization expenses, meaning the immediate cash impact is less severe than the accounting deficit suggests. The organization does not anticipate relying on a line of credit.

Discussion highlighted that future deficits are driven largely by reduced investment income following recent capital projects, combined with inflationary pressures that exceed current funding assumptions. It was emphasized that the forecast represents a conservative planning scenario and that mitigation strategies — including care model changes and revenue optimization initiatives — are already underway.

Further updates will follow as funding confirmations are received and the 2026–27 budget process advances.

5. Other

5.1 Correspondence Received up to February 3, 2026

Laurie noted that in addition to the correspondence included in the meeting package the new Board portal is now developed and live as part of the recent branding and digital work. Instructions for accessing the portal will be circulated following the meeting. Board members are encouraged to log in, review the platform, and provide feedback before the project is finalized. The portal is intended to serve as a centralized location for Board materials, including policies and other governance documents. Appreciation was expressed for the work completed to date, and members were invited to share any suggestions or identified gaps directly with the Chair or Andrea.

6. Closed Session

At 8:06 p.m., the Board moved into closed session.

Motion #7 *Rationale: Normal Practice*

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

Moved by: Lori Morris
Seconded by: Jamie Uson

The motion was carried.

At 8:11 p.m., the Board rose from closed session.

Motion #8

Rationale: Normal Practice

Motion: That the Board of Directors hereby rises from closed session.

Moved by: Bob Clancey
Seconded by: Darrell Sewell

The motion was carried.

7. Meeting Closing

7.1 Next Meeting

The next regular meeting of the Board is scheduled for 6:30 p.m., on Tuesday March 3, 2026.

7.2 Adjournment

The meeting was adjourned at 8:12 p.m.

Motion #9

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 8:12 p.m. on February 3, 2026.

Moved by: Rebecca Murphy
Seconded by: Robin Thompson-McAvoy

The motion was carried.