LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

March 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 March 3, 2026.

PRESENT:

Board:
Laurie French (Chair)
Rosaleen Cutler
Jamie Uson
Bob Clancey
Geoff Griffin
Rebecca Murphy
Al Little
Lori Morris
Robin Thompson McAvoy
Darrell Sewell
Sue Walden
Tera Osborne
Mike Bell
Kristen Rochon
Dr. Heather Khey Beldman

REGRETS:

Jeff Cuthill
Dr. Zack Warren
Denice Forbes

Staff in attendance:
Erin Brown
Kyah Dillon
Caroline Reid
AK Sharma
Andrea Nussberger (Recorder)

1. <u>Meeting Opening</u>

1.1 Call to Order/Opening Remarks

The meeting was called to order at 6:30 p.m., by Laurie French.

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 March 3, 2026. Moved by: Lori Morris 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.

Motion #2 *Rationale: Normal Practice*
Motion: That the Board of Directors hereby approves the minutes of the previous meeting dated February 3, 2026. Moved by: Bob Clancey Seconded by: Robin Thompson-McAvoy The motion was carried.

2. Business Arising

2.1 Provincial/Regional Updates

Laurie French reported on the following items:

- There was a recent Hospital Sector Leadership update presented by Ontario Health which focused on several important operational and capital initiatives impacting the hospital sector including the HSSP. Laurie noted that one of the 5 pillars in the HSSP is Governance & Accountability where work is being done within the newly launched Hospital Governance Advisory Table (HGAT). This table is working on recommendations based on priority areas identified from the hospital governance survey which was completed last summer. More information on the HGAT will be shared once available.

Mike Bell reported on the following items:

- Kristen has been in contact with KHSC regarding surgical capacity specifically around potential volume transfer from KHSC to LACGH. An increase in volume would increase our revenue; conversations are ongoing.
- Regional discussions continue regarding the implementation of a Diagnostic Imaging Central Intake model. This approach would provide better visibility into the number of patients waiting for diagnostic imaging across the region, helping to improve access and reduce wait times. Hospitals in Eastern Ontario are currently participating in this regional intake model, and there is ongoing consideration to expand the model to include organizations in the central region.

2.2 Capital Projects Update

AK Sharma and Kyah Dillon reported on the following Long-Term Care (LTC) Home updates:

- LACGH has received confirmation from the Ministry of Long-Term Care that all outstanding inspection items have been satisfied and the new LTC Home has successfully passed its final review. The first resident admission is scheduled for March 9, 2026, with seven residents currently confirmed for admission.
- The significant efforts of the team involved in preparing the home for opening were acknowledged and thanked. Inspectors noted the considerable work undertaken to ensure the building feels like a home, reflecting the dedication and commitment of staff.
- Next steps include final readiness checks, implementation of the admission plan, and completion of final preparations ahead of resident move-in.
- It was noted that the home must reach 97% occupancy within 60 days of the first resident admission and maintain this level thereafter to avoid potential reductions in funding.

Mike specifically thanked the Senior Leadership Team for their hard work and perseverance in navigating challenges and roadblocks to successfully achieve approval during the inspection process. Laurie echoed these remarks and noted that a memo of appreciation will be circulated to staff on behalf of the Board of Directors.

3. Reports

3.1 Quality Committee

Lori Morris highlighted the following from the February 17, 2026 Quality Committee meeting:

- Neely Bray, Manager, Diagnostic Imaging and Laboratory Services, presented the annual Laboratory Review, which is an Accreditation requirement. The review highlighted a year of significant transitions which maintaining safe operations, accreditation compliance and continued focus on patient-centered quality improvement.
- Luisa presented the quarterly Workforce Report which highlights work-force related indicators and identifies any emerging workforce trends and risks. It was noted that several significant HR initiatives are currently underway and Luisa was thanked for her leadership in advancing these projects.
- Kristen presented the, to date, end of year 2025-26 QIP results. After discussion, the Committee agreed to review the end of year results indicators linked to executive compensation at the April meeting to ensure a complete review of the full-year data before determining the percentage of performance-based pay.

3.1.1 *<u>Proposed 2026/27 QIP & Executive Compensation Indicators</u>*

The Quality Committee reviewed the proposed 2026-27 QIP and indicators linked to executive compensation. The 4 QIP indicators linked to executive compensation for 2026-27 recommended to the Board for approval are:

1. Reduction of 90th percentile Emergency Department length of stay for low acuity patients to 4 hours of less by March 2027.
2. >95% of applicable patients being discharged from LACGH will receive a medication reconciliation at discharge by March 2027.
3. Less than 2.8% of Long Term Care residents will have a stage 2 to 4 pressure ulcer worsen in the 26-27 year.
4. 0% (never event) Workplace Violence Incidents resulting in lost-time injury.

There were no concerns noted by the Board.

Motion #3

Rationale: It is mandatory, under the Excellent Care for All Act (ECFAA) to link Compensation for the Chief Executive Officer (CEO), Chief of Staff 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 2026-27.

Motion: That the Board of Directors approve the following indicators associated with the 3% performance-based compensation for executives for the 2026–2027 Quality Improvement Plan, in accordance with the Excellent Care for All Act, as aligned with the organization's selected corporate goals and objectives:

1. *Reduction of 90th percentile Emergency Department length of stay for low acuity patients to 4 hours of less by March 2027.*
2. *>95% of applicable patients being discharged from LACGH will receive a medication reconciliation at discharge by March 2027.*
3. *Less than 2.8% of Long Term Care residents will have a stage 2 to 4 pressure ulcer worsen in the 26-27 year.*
4. *0% (never event) Workplace Violence Incidents resulting in lost-time injury.*

Moved by: Lori Morris
Seconded by: Al Little

The motion was carried.

3.2 Medical Advisory Committee

The minutes from the February 12, 2026 Medical Advisory Committee meeting were included in the meeting package. In the absence of Dr. Zack Warren, the proposed amendment to the Professional Staff By-law was presented to the Board. It was noted that the only amendment is the addition of an Associate Medical Director role within applicable departments, intended to support succession planning and provide leadership support to the Medical Director in busier departments.

An error was identified in the Professional Staff By-law's whereas clause, which incorrectly referenced cancelling all corporate bylaws rather than only the previous Professional Staff By-law. Mike and Andrea will amend the clause to correct this error.

No further concerns were noted, and the By-law was recommended by the Board for approval by the Membership at the June Annual Meeting.

Motion #4

Rationale: The proposed amendments to the Professional Staff By-law introduce the Associate Medical Director role to support leadership capacity and succession planning within applicable departments.

Motion: That the Board of Directors hereby recommends to the Membership approval of the following amendments to the Professional Staff By-Law:

- *Addition of Associate Medical Director within applicable departments*
- *Amendment to the 'Whereas' paragraph on the first page to include Professional Staff By-Law only*

Moved by: Robin Thompson-McAvoy
Seconded by: Lori Morris

The motion was carried.

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

- G. Taylor Moffat - Consulting (Oncology)
- Eugenia Piliotis - Consulting (Oncology)
- Negar Chooback - Consulting (Oncology)
- Jill Dudebout - Consulting (Oncology)
- Annette Hay - Consulting (Oncology)
- David Lee - Consulting (Oncology)
- Mihaela Mates - Consulting (Oncology)
- Wendy Parulekar - Consulting (Oncology)
- Stephen Steele - Consulting (Urology)
- Naji Touma - Consulting (Urology)

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:

- *G. Taylor Moffat - Consulting (Oncology)*
- *Eugenia Piliotis - Consulting (Oncology)*
- *Negar Chooback - Consulting (Oncology)*
- *Jill Dudebout - Consulting (Oncology)*
- *Annette Hay - Consulting (Oncology)*
- *David Lee - Consulting (Oncology)*
- *Mihaela Mates - Consulting (Oncology)*
- *Wendy Parulekar - Consulting (Oncology)*
- *Stephen Steele - Consulting (Urology)*
- *Naji Touma - Consulting (Urology)*

Moved by: Geoff Griffin
Seconded by: Rosaleen Cutler

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:

- Binyamin Rokach – Active (Radiology) – change from Consulting to Active

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:

- *Binyamin Rokach – Active (Radiology) – change from Consulting to Active*

Moved by: Geoff Griffin Seconded by: Rosaleen Cutler The motion was carried.

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

- Eric Di Gravio – Locum Tenens (Internal 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: • *Eric Di Gravio – Locum Tenens (Internal Medicine)* Moved by: Geoff Griffin Seconded by: Rosaleen Cutler The motion was carried.

3.3 Governance Committee

Rosaleen Cutler reviewed the following from the February 18, 2026 Governance Committee meeting:

- The Foundation Naming Rights Policy was reviewed. It was agreed that the Hospital Naming Rights Policy will be updated to align with the Foundation policy, with the Foundation policy added as an appendix. This item will return to the next Governance Committee meeting for further review.

3.3.1 *Amended LACGH Corporate By-Law*

The Governance Committee reviewed the following proposed amendments to the Corporate By-Law and recommended approval to the Board:

- Addition of LTC provisions

- Remove the Patient and Family Advisory Council (PFAC) representative from Section 3.1B (Ex-Officio Non-voting Directors) and include the PFAC representative as a voting director under Section 3.1A.

The Board reviewed the proposed amendments and no concerns were noted.

Motion #8

Rationale #1: The proposed amendments integrate long-term care provisions into the Hospital By-Laws following the opening of the new 128-bed LTC home and have been reviewed by legal counsel (BLG) to ensure legislative compliance. Approval ensures the organization's governance framework accurately reflects its expanded scope of services and clearly defines oversight responsibilities across the full campus of care.
Rationale #2: To strengthen patient and family voice at the Board level and align governance structure with best practices, the PFAC representative will be elevated from an ex-officio non-voting role to a voting Director position. This amendment reinforces the organization's commitment to patient-centred care and meaningful community engagement within governance oversight.

Motion: The Board of Directors hereby recommends the following amendments to the Corporate By-Law, to the Membership, as recommended by the Governance Committee:

- *Addition of LTC provisions*
- *Remove the Patient and Family Advisory Council (PFAC) representative from Section 3.1B (Ex-Officio Non-voting Directors) and include the PFAC representative as a voting director under Section 3.1A.*

Moved by: Rosaleen Cutler
Seconded by: Rebecca Murphy

The motion was carried.

3.3.2 *Policy Review*

The Governance Committee reviewed the following Board policies and recommended approval to the Board:

- Freedom of Information and Protection of Privacy Act (FIPPA)
- CEO Compensation
- CEO and Chief of Staff (COS) Performance Management

The Board reviewed the Board policies and no concerns were noted.

Motion #9

Rationale: Normal practice

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

- *FIPPA*
- *CEO Compensation*
- *CEO and Chief of Staff (COS) Performance Management (New policy)*

Moved by: Rosaleen Cutler
Seconded by: Lori Morris

The motion was carried.

3.3.3 *Board Retreat and Annual Meeting Date*

The Governance Committee recommended that the Board Retreat be scheduled for September 10-11, 2026 and the Annual Meeting to be scheduled for June 16, 2026. Both dates align with historical scheduling practices.

No concerns were noted.

Motion #10

Rationale: Normal practice

Motion: The Board of Directors hereby approves scheduling the following 2026 Board events, as recommended by the Governance Committee:

- *Annual Meeting – June 16, 2026*
- *Board Retreat - September 10-11, 2026*

Moved by: Rosaleen Cutler
Seconded by: Bob Clancey

The motion was carried.

3.4 Audit Committee

Jamie Uson reviewed the following from the February 23, 2026 Audit Committee meeting:

- Katie Mahon, KPMG, attended the meeting to review the Audit Planning Report. Katie noted no new accounting standards impacting the current audit year.

- Materiality increased slightly to $1.2M, which is still within the 2-3% range for hospitals
- Management override of controls was identified as a required significant risk area to be reviewed as part of the audit. It was noted that this is a standard audit requirement and not unique to LACGH.
- This is the final year under the current audit engagement following the previous RFP. LACGH will consult with Mohawk Medbuy (MMC) and Kingston Health Sciences Centre (KHSC) regarding a new Request for Proposals (RFP) for audit services.

Motion #11 *Rationale: Normal practice*
Motion: The Board of Directors hereby approves the Audit Planning Report for the year ending March 31, 2026. Moved by: Jamie Uson Seconded by: Lori Morris The motion was carried.

3.5 Finance Committee

Jamie Uson and Caroline Reid highlighted the following from the February 2 and 23, 2026 Finance Committee meetings:

- The December financial statements showed a deficit largely due to the delay of the opening of the LTC Home.
- The January financial statements showed an increase in deficit due to double-counted expenses. This will be corrected in the February close.

3.5.1 <u>December Financial Statements</u>

The Finance Committee reviewed the December 2025 Financial Statements as presented in the meeting package.

The Board approved the financial statements as presented.

Motion #12

Rationale: Normal Practice.

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

- *December 2025 Financial Statements*

Moved by: Robin Thompson-McAvoy
Seconded by: Jamie Uson

The motion was carried.

3.5.2 <u>December Board, CEO and Senior Manager Expenses</u>

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for December 2025 which totaled $2,787.55.

The Board approved the following expenses as presented:

Motion #13

Rationale: The Broader Public Sector Accountability Act requires that the expenses of the Board, CEO and Senior Management be reviewed and/or approved by the Board.

Motion: The Board of Directors hereby approves the following Board, CEO and Senior Management Expenses which totaled $2,787.55, as recommended by the Finance Committee.

December 2025

Name	Meals	Accommodation	Vehicle Rental/Own Used Mileage	Incidentals (Parking, tolls, etc.)	Fares	Total
Mike Bell		568.16				**568.16**
Erin Brown	182.59	1559.81			476.99	**2219.39**
TOTAL						**$2787.55**

Moved by: Jamie Uson
Seconded by: Lori Morris

The motion was carried.

3.5.3 <u>Ministry 3-Year Forecast Submission</u>

The 3-Year Forecast submission for years 2025/26 to 2027/28, as required under the Ministry's Hospital Sector Stabilization Plan (HSSP) was included in the meeting package for information.

3.5.4 <u>January Financial Statements</u>

The Finance Committee reviewed the January 2026 Financial Statements as presented in the meeting package.

Caroline advised the Board that, following to the Finance Committee meeting, LACGH received funding for Incremental Surgical Recovery, which will have a favourable impact on the current deficit position.

The Board approved the January financial statements as presented.

Motion #14

Rationale: Normal Practice.

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

- *January 2026 Financial Statements*

Moved by: Jamie Uson
Seconded by: Robin Thompson-McAvoy

The motion was carried.

3.5.5 <u>January Board, CEO and Senior Manager Expenses</u>

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for January 2026 which totaled $162.00. The Finance Committee recommended to the Board, that the following expenses be approved:

Motion #15

Rationale: The Broader Public Sector Accountability Act requires that the expenses of the Board, CEO and Senior Management be reviewed and/or approved by the Board.

Motion: The Board of Directors hereby approves the following Board, CEO and Senior Management Expenses which totaled $162.00, as recommended by the Finance Committee.

2025

Name	Meals	Hospitality	Accommodation	Vehicle Rental/Own Used Mileage	Incidentals (Parking, tolls, etc.)	Fares	Total
Mike Bell			162.00				
TOTAL							**$162.00**

Moved by: Jamie Uson
Seconded by: Geoff Griffin

The motion was carried.

3.5.6 Investment Statements

The investment Statements were included in the meeting package for information only.

Motion #16

Rationale: Normal Practice.

Motion: The Board of Directors hereby accepts the Investment Reports are presented.

Moved by: Jamie Uson
Seconded by: Geoff Griffin

The motion was carried.

3.6 Volunteer Services Report

The Volunteer Services Report was included in the meeting package. Nothing further was reported.

3.7 Chief Executive Officer's Report

Further to the written report provided in the Board package, Mike Bell provided the following updates:

- LTC Home Opening: The first resident move-in date is scheduled for March 9, 2026. Appreciation was expressed to Kyah Dillon and Ak Sharma for their leadership and hard work in preparing the home for occupancy. Erin will prepare a story highlighting the first resident admission, and an official ribbon-cutting event is planned for the spring.
- Diagnostic Imaging Pressures: CT and Echocardiography services are currently experiencing increased wait times due to staffing vacancies. Recruitment efforts are ongoing.
- Nursing Staffing: Nursing staffing levels have reached full complement, which is will mitigate the risk of department closures.
- Service Accountability Agreements: Ontario Health has amended the hospital's HSAA, MSAA, and LSAA, extending the agreements for one year from March 31, 2026 to March 31, 2027.

3.8 Acceptance of the Reports

The Board accepted the reports as presented.

Motion #17

Rationale: Normal Practice

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

Moved by: Sue Walden
Seconded by: Tera Osborne

The motion was carried.

4. Other

4.1 Correspondence Received up to February 27, 2026.

Included within the correspondence was the FLA-OHT Collaborative Decision-Making Framework Agreement for information. Mike highlighted that the agreement is a non-binding framework and does not override partner governance authority. Cross-sector, system-wide participation, collaborative approaches, and consensus decision-making remain the default approach.

A link was included in the correspondence for an online study titled *Canada's AI Adoption Gap and How Boards Can Help Close It.* The study highlights that while Canada has been a leader in AI research, many organizations—including their boards—are still in the early stages of adopting and governing AI technologies. The report notes that most boards have only a basic level of AI literacy and limited structured discussions about AI strategy, risks, and workforce implications. It recommends that boards strengthen AI training, establish clear governance and policy frameworks, and support responsible experimentation to better guide organizational AI adoption. AI will be a potential topic for the September Board retreat agenda.

5. New Business

5.1 Operational Planning 2026/27 – Strategic Priorities 2026-27

The draft 2026/27 Strategic Priorities and Operational Imperatives document ("The Placemat") was included in the meeting package for review. Mike noted that the document remains unchanged from the previous month and that the seven priority projects were selected in consultation with the Senior Leadership Team (SLT) and management. The projects align with the strategic themes established in the prior year and will be brought back to the Board with additional detail as plans are further developed.

The Operational Imperatives were also included as a visual summary of key "must-do" initiatives for the upcoming fiscal year. Mike noted that the newly developed Strategy Room will support monitoring and showcasing progress on these priorities, with related performance data being reported through the Quality Committee.

Motion #18

Rationale: Normal Practice

Motion: That the Board of Directors hereby approves the Strategic Priorities and Operational Imperatives for 2026/27.

Moved by: Al Little
Seconded by: Darrell Sewell

The motion was carried.

6. <u>Closed Session</u>

At 7:23 p.m., the Board moved into closed session.

Motion #19

Rationale: Normal Practice

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

Moved by: Lori Morris
Seconded by: Bob Clancey

The motion was carried.

At 7:51 p.m., the Board rose from closed session.

Motion #20

Rationale: Normal Practice

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

Moved by: Lori Morris
Seconded by: Bob Clancey

The motion was carried.

7. <u>Meeting Closing</u>

7.1 Next Meeting

The next regular meeting of the Board is scheduled for 6:30 p.m., on Tuesday April 7, 2026.

7.2 Adjournment

The meeting was adjourned at 7:51 p.m.

Motion #21

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 7:51 p.m. on March 3, 2026.

Moved by: Rebecca Murphy
Seconded by: Tera Osborne

The motion was carried.