LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

April 7, 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 April 7, 2026.

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

1. Meeting Opening

1.1 Call to Order/Opening Remarks

The meeting was called to order at 6:31 p.m., by Laurie French. Laurie welcomed Jessica Hosick to the Board meeting and to her new position as Finance Manager on the Finance Team 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 April 7, 2026.
Moved by: Sue Walden 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 with the below edit:

3.4 Audit Committee

- This is the final year under the current audit engagement following the previous RFP. LACGH will consult with Mohawk Medbuy ~~Mohawks of the Bay of Quinte~~ (MMC) and KHSC regarding a new Request for Proposals for audit services.

Motion #2
Rationale: Normal Practice
Motion: That the Board of Directors hereby approves the amended minutes of the previous meeting dated March 3, 2026.
Moved by: Bob Clancey Seconded by: Lori Morris The motion was carried.

2. Business Arising

2.1 Provincial/Regional Updates

Laurie French reported that she will be attending the upcoming OHA Healthcare Summit later this month and will take the opportunity to connect with other Hospital Board Chairs. Information and insights gathered will be shared at a future Board meeting.

Mike Bell reported on the following items:

- The healthcare sector has identified a need for approximately 6% stabilization funding; however, the recent provincial budget indicates funding of up to 4%, with hospital-specific allocations not yet confirmed. It was noted that 28 hospitals reporting to the OHA are projecting cash flow challenges for 2026–27. The OHA continues to advocate for the sector, emphasizing that many hospitals are in a state of crisis and highlighting the need for multi-year funding commitments.
- Hospitals across the province have submitted Hospital Sector Stabilization Plans, identifying approximately $2.5 billion in required reductions, equating to an estimated 7,400 clinical FTEs and over 1,500 bed reductions. While these impacts are not being realized locally at LACGH, the Board was advised of the significant system-wide implications. It was emphasized that addressing these pressures will require changes to care models, improved efficiencies, and continued advocacy for increased provincial investment, noting that recent funding announcements are positive but insufficient.

Dr. Zack Warren reported on the following items:

- It was noted that KGH has recently experienced unprecedented system pressures, which were also felt at LACGH. The opening of the LACGH LTC Home was timely and helped create capacity within the Acute Care Unit, supporting patient flow from the Emergency Department and contributing to reduced wait times. Dr. Warren acknowledged the team's strong performance during this period, noting that patient care was not impacted.
- The Regional Chiefs of Staff meetings have resumed on a quarterly basis, following a pause during the COVID-19 pandemic.

2.2 Capital Projects Update

Mike Bell noted that, with the LTC Home now open and operational, consideration may be given to removing this item from the standing agenda going forward.

Mike highlighted the following LTC Home updates:

- The intake of residents is progressing well. Admissions are coordinated centrally through Ontario Health at Home based on applications. It was noted that the LACGH waitlist, previously with approximately 180 residents, is decreasing as multiple LTC Homes in the region open or expand at the same time with applicants listed on multiple waitlists.
- Basic beds are filling quickly, primarily through crisis placements and resident preference. It was noted that the Ministry subsidizes the cost difference between basic and private accommodation for crisis placements; however, when residents request

basic accommodation but are placed in private rooms, the hospital absorbs the cost difference. Additional data and analysis will be available in the coming months.

- The Home is currently admitting approximately four residents per day and is on track to achieve 97% occupancy within 60 days. The Senior Leadership Team has also discussed contingency scenarios to support occupancy if needed, including potential internal reallocations of CVC to LTC.

3. Reports

3.1 Quality Committee

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

- The quality and details of the data and information received continue to improve with thanks to the clinical and informatics teams.
- The new Patient Flow PSW role in the ED has improved patient monitoring, safety, and flow, with strong positive feedback from staff, physicians and patients.

3.1.1 February QIP

The February QIP was included in the meeting package for information.

There was a discussion regarding the 90th percentile ambulance offload time, which has been consistently above target since the beginning of the fiscal year. February results were reported at 39 minutes against a target of less than 21 minutes. It was noted that these elevated values are primarily due to data capture issues following the implementation of the new HIS (Lumeo).

Kristen explained that prior to Lumeo, offload time reflected the transfer of the patient from the ambulance stretcher to an ED bed (approximately 26 minutes year-to-date). With the new system, data has been sourced from ambulance call reports, which include additional time for paramedic handover, cleaning, and restocking, resulting in inflated figures.

It was noted that the Regional Lumeo Team has now confirmed the appropriate data point to be used moving forward, and early indications show improved and more accurate offload times. Ongoing education for nursing staff and clerks is in place to support accurate data entry, with an expected downward trend in future reporting.

It was further noted that Ontario Health's target for 2026–27 is 30 minutes; however, LACGH had previously set a more aggressive internal target of 21 minutes based on historical performance.

3.1.2 Q3 Balanced Scorecard

The Q3 Balanced Scorecard was included in the meeting package for information.

It was noted that the Shift Fill Rate (Nursing) for Q3 is 97% which should be 'green' rather than 'yellow'.

3.1.3 Lakeside Clinic Mid-Year Report

The Lakeside Clinic Mid-Year Report was included in the meeting package for information.

3.2 Medical Advisory Committee

Dr. Zack Warren highlighted the following from the March 12, 2026, Medical Advisory Committee meeting:

- Justine Feeney and Dr. Gong presented the quarterly Lab Servies, Point of Care Testing & Transfusion Committee Report.
- Mike Bell presented a Strategic Plan update including a draft 2026-27 Strategic Priorities Placemat.
- A revised draft MAID policy was reviewed which modernized the policy and removed procedure and protocol. The Committee recommended that the Ethics Committee review and approve before proceeding to the Board.

A question was raised regarding the recent increase in blood culture contamination rates above the established threshold. Kristen noted that this is primarily related to collection technique, particularly with new graduate nurses, and not a laboratory issue. Targeted education, including one-on-one training and refresher sessions, is underway to address this.

It was noted that while contamination can result in additional testing, precautionary treatment, or short-term admissions, the overall risk to patients remains low, and no patient safety incidents have been reported. Contributing factors may also include increased patient volumes and less optimal collection conditions. Lab Management will continue to monitor trends and reinforce education to reduce rates.

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

- Miriam Jafri – Consulting (Oncology)

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:

- Miriam Jafri – Consulting (Oncology)

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

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:

- Pierre Robichaud – Active (Family Medicine) change from Family Medicine with Emergency

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 #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:

- Pierre Robichaud – Active (Family Medicine) change from Family Medicine with Emergency

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

The motion was carried.

3.3 Ethics Committee

Robin Thompson-McAvoy reviewed the following from the March 11, 2026 Ethics Committee meeting:

- Our Social Worker Leila presented a case study which highlighted an issue with our aging population and the sometimes-tough decision to move to LTC or receive care at home.
- Dr. David Campbell presented an informative education presentation on *Being Your Whole Self or Your Best Self Work: Professionalism and Boundaries.*
- The Committee is working on developing a land acknowledgment specific to the Ethics Committee.

One Board Member noted that the education slides included within the meeting package were very interesting and suggested that the Board may benefit from the entire education session directly from Dr. Campbell. The Board agreed and noted that this topic would be appropriate for the fall Board Retreat or as a future Board education session.

3.4 Pastoral Care Committee

Sue Walden reviewed the following from the March 25, 2026 Pastoral Care Committee meeting:

- The Committee discussed Pastoral Care Services for the new LTC Home, and the pastoral group expressed support for providing services as needed. It was noted that additional support may be available through the local ministerial, and the opportunity will be brought forward at the next community ministerial meeting for coordination and scheduling. In the interim, Melanie (Hospice) continues to provide spiritual care services within LTC and Supportive Living.
- The Annual Memorial Service was confirmed for Sunday, May 3 at Westdale Park Free Methodist Church. Initial discussion also took place regarding future memorial services that may include LTC residents and their families. This will be revisited at a future Pastoral Care Committee meeting once the LTC Home is fully occupied.

3.5 Finance Committee

Jamie Uson and Caroline Reid reviewed the following from the March 23, 2026 Finance Committee meeting:

- A favorable hospital position at the end of February was highlighted with a surplus driven by one-time funding (ISR funding, WSIB distribution, investment gains) and additional CT funding to be recognized in March.
- It was noted that the Long-Term Care Home is expected to report a deficit, primarily due to staffing costs incurred prior to resident admissions.
- The Finance Team is seeking clarification from Ontario Health regarding LTC funding reconciliation, which may impact revenue recognition.
- The Committee discussed cash flow pressures, including a temporary overdraft position due to timing of LTC funding, which has since been received.

It was highlighted that the hospital's financial position has improved compared to the previous month, largely due to the receipt of several one-time funding allocations.

It was also noted that ALC levels have decreased significantly, with the hospital currently reporting only one ALC patient, representing the lowest level to date. This improvement is attributed to the opening of the LTC Home and the resulting increase in available capacity.

3.5.1 Senior Manager Expenses

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for February 2026 which totaled $1927.13. The Finance Committee recommended to the Board, that the following expenses be approved:

Motion #5

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 $, as recommended by the Finance Committee.

2025

Name	Meals	Hospitality	Accommodation	Vehicle Rental/Own Used Mileage	Incidentals (Parking, tolls, etc.)	Fares	Total
Erin Brown	304.31		1105.22			517.60	**1927.13**
TOTAL							**$1927.13**

Moved by: Jamie Uson
Seconded by: Sue Walden

The motion was carried.

3.5.2 <u>February Financial Statements</u>

The Finance Committee reviewed the February 2026 Financial Statements which were included in the meeting package.

Motion #6

Rationale: Normal Practice.

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

- *February 2026 Financial Statements.*

Moved by: Jamie Uson
Seconded by: Darrell Sewell

The motion was carried.

3.5.3 <u>HSAA, MSAA and LSAA Extension Letters for 2026-27</u>

Jamie noted that Ontario Health has provided LACGH with notice to extend the HSAA and MSAA agreements for another year, extending to 2026-27. The LSAA has been revised to now include both the 22 CVC beds as well as the 128 bed LTC Home for 2026-27.

Motion #7

Rationale: Annually, the Board of Directors is required to review and sign off on our Multi-Sector Service Accountability Agreement (M-SAA), Hospital Service Accountability Agreement (HSAA) and Long-Term Care Service Accountability Agreement (LSAA).

Motion: The Board of Directors hereby approves the following:

- ***The HSAA extension agreement for 2026-27***
- ***The MSAA extension agreement for 2026-27***
- ***The LSAA agreement for 2026-27***

Moved by: Jamie Uson
Seconded by: Rebecca Murphy

The motion was carried.

3.5.4 Investment Reports

The monthly investment report was included in the meeting package for information. It was noted that there are no new trends.

3.6 Volunteer Services Report

There was nothing further to the report included in the meeting package.

3.7 Foundation Report

There was nothing further to the report included in the meeting package.

3.8 Chief Executive Officer's Report

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

- The SLT and management team will be exploring opportunities to optimize revenue generation and reduce operating costs, including the implementation of the UKG payroll and scheduling system in August.
- As of April 1st our LTC Home is at 41 residents and recently the admissions have gone from 2 a day to 4 a day. This is being done thoughtfully optimizing occupancy and resident safety.

- It is important for LACGH to remain fiscally responsible, however, it is also important to continue advancing strategic priorities, including improvements to clinical care, quality, and community-based initiatives such as the Greater Napanee Health Home and Supportive Living. Noting that any future plans and associated financial implications will be brought forward to the Finance Committee for consideration and approval.

Mike also provided an update on potential land acquisition, noting ongoing discussions with a neighboring church regarding the possible severance of a portion of their property at a more favorable cost than a previously considered private lot. It was noted that future planning may include a review of the organization's real estate portfolio, including potential asset sales to offset acquisition costs. Members acknowledged that the current financial environment differs from when the original motion was approved for the private lot and emphasized the importance of ensuring appropriate liquidity and funding strategies as plans progress. Further discussions will be held at the Finance Committee.

Motion #8

Rationale: Normal Practice

Motion: The Board of Directors hereby accepts the reports from the Quality Committee, Medical Advisory Committee, Ethics Committee, Pastoral Care Committee, Finance Committee, Volunteer Services, Foundation and the CEO.

Moved by: Lori Morris
Seconded by: Rosaleen Cutler

The motion was carried.

4. Other

4.1 Correspondence Received up to April 1, 2026.

There was nothing further to report for correspondence.

5. Closed Session

At 7:27 p.m., the Board moved into closed session.

Motion #9

Rationale: Normal Practice

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

Moved by: Bob Clancey
Seconded by: Al Little

The motion was carried.

At 7:31 p.m., the Board rose from closed session.

Motion #10

Rationale: Normal Practice

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

Moved by: Bob Clancey
Seconded by: Lori Morris

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 May 5, 2026.

6.2 Adjournment

The meeting was adjourned at 7:33 p.m.

Motion #11

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 7:33 p.m. on April 7, 2026.

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

The motion was carried.