LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

May 5, 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 May 5, 2026.

PRESENT:

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

REGRETS:

Mike Bell
Jamie Uson
Erin Brown
Denice Forbes
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 6:30 p.m., by Laurie French. Laurie acknowledged Red Dress Day, recognizing missing and murdered Indigenous women, girls and Two-Spirit people, and highlighted the importance of continuing to understand the ongoing trauma and implications associated with these issues in the organization's work. Appreciation was extended to those who took time to recognize the day.

Laurie also acknowledged the annual memorial service hosted by the Hospital last Sunday, noting it was her first time attending the event. Thanks were extended to Andrea, the Pastoral Care

Committee, and Sue for their roles in organizing and supporting the service. The ceremony was meaningful for the families, friends and loved ones in attendance and an important opportunity to recognize those who had passed in Hospital.

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 with the slight amendment below:

5. Closed Session – Chief of Staff ~~Goals~~ Performance – Interim Report

Motion #1
Rationale: Normal Practice
Motion: That the Board of Directors hereby approves the amended agenda dated May 5, 2026.
Moved by: Tera Osborne 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.

Based on item 3.1.1 identified on the agenda, Kristen Rochon declared that the following members in attendance have a conflict of interest with Motion #3:

- Kristen Rochon
- Dr. Zack Warren
- Kyah Dillon

Based on item 3.3.3 identified on the agenda, Laurie French declared that she has a conflict with Motion #9.

Based on item 3.3.2 identified on the agenda, Dr. Zack Warren declared that he has a conflict with Motion #8.

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 April 7, 2026.

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

The motion was carried.

2. Business Arising

2.1 Regional Updates

Laurie French provided an update on the recent Ontario Hospital Association Conference, noting the sessions were informative, particularly those related to healthcare finances and innovation. It was highlighted that she made connections with the Board Chairs from Quinte Health Care and Kingston Health Sciences Centre, with discussions regarding increased participation in regional conversations and collaboration opportunities moving forward.

Laurie noted that the Minister of Health spoke candidly regarding ongoing healthcare funding pressures and provincial expectations related to efficiencies across the sector. It was further noted that several conference sessions focused on innovation and emerging models of care being implemented across Ontario hospitals.

Dr. Zack Warren provided a regional Lumeo update regarding Oracle's planned transition from local data storage facilities to Oracle Cloud Infrastructure, currently anticipated for the fall. It was noted that concerns were raised at the Steering Committee level that partner hospitals are not operationally prepared for the transition and that the proposed timeline appears to be driven by Oracle lease arrangements for the current storage facilities.

Significant concerns were identified related to the transition, including potential financial impacts for partner hospitals, staffing and clinical informatics resource requirements, and the need for a 24/7 command centre during implementation. It was noted that hospitals had previously understood the transition to be cost-neutral. Concerns were communicated clearly to Oracle, including the need to explore alternative timelines or contingency plans. While additional details are still pending, it was anticipated that the implementation timeline may be delayed. Dr. Warren will provide further updates as more information becomes available.

3. Reports

3.1 Quality Committee

Lori Morris highlighted the following from the April 21, 2026, Quality Committee meeting:

- Patient Feedback Report – Compliments are trending up and complaints are trending down. There was a brief discussion regarding complaints within the category of attitude highlighting that attitude typically reflects a patient's or family member's perception and concerns are investigated internally, if necessary. The attitude complaint categorization aligns with the OHA standards, however, the Committee suggested that providing a brief definition of attitude within reports would improve understanding.

3.1.1 2025-26 QIP Closeout – Executive Compensation

Lori highlighted that the 2025-26 QIP Closeout - Executive Compensation briefing note was included in the meeting package. It was noted that although the target for the first indicator *Achieve a 1.87 hour reduction in the 90th percentile emergency department wait time to Physician Initial Assessment (PIA)* was not fully achieved, it was noted that there had still been a significant reduction in wait times. Following discussion regarding the overall improvements achieved, the Quality Committee recommended Board approval of the 3% performance-based executive compensation.

Motion #3 *Rationale: The Excellent Care for All Act (ECFAA) requires that the compensation of the President & CEO, Chief of Staff and other executives be linked to the achievement of performance improvement targets laid out in the Performance Improvement Plan, which forms part of the Quality Improvement Plan.*
Motion: That the Board of Directors hereby approves the 3% pay for performance compensation for the achievement of the 2025/26 Quality Improvement Plan for the following: *• President & CEO* *• Chief of Medical Staff* *• VP Patient Care Services & Chief Nursing Executive* *• VP People Services and Strategy* *• VP Finance & Corporate Services* *• LTC Administrator* *• Legal Consultant & Privacy Officer* Moved by: Lori Morris Seconded by: Al Little The motion was carried.

3.2 Medical Advisory Committee

Dr. Zack Warren noted that as the new Chief of Staff he is working on efforts to evolve the structure of MAC meetings to strengthen interdepartmental communication and enhance collaboration between medical leadership and the SLT. As a part of this approach, the recent meeting introduced departmental roundtable discussions where each Medical Director provides a brief update on their respective departments. Also introduced was the regional systems performance and flow presented by Kristen Rochon which gives the MAC an idea of quality metrics in the region and internally.

Dr. Warren provided the medical staff resource report as noted in the MAC minutes. Dr. Warren noted that the organization is currently in a very favorable position with no significant physician vacancies across departments. It was highlighted that all departments are presently fully staffed. One upcoming retirement was noted within the General Surgery department in June, with recruitment efforts already underway with a potential replacement.

It was highlighted that LACGH currently has approximately 150 credentialed physicians, including consulting physicians from partner organizations. Departmental staffing updates included 5 anesthesiologists, 5 radiologists, 24 Emergency Department physicians, including 5 new hires within the past 12 months, 21 hospitalists, 4 surgeons and 4 internists.

There was a brief discussion which highlighted the importance of organizational culture, clinical excellence, reputation and openness to physician engagement and change as contributing factors to the hospital's current recruitment success and overall positive staffing position.

A discussion took place regarding the proposed implementation of the Emerge Connect pre-registration system for the Emergency Department which was noted in the MAC meeting minutes. It was noted that the system would allow patients and paramedics to pre-register patients prior to arrival, including medical history, medications and presenting concerns, with the goal of improving triage efficiency and patient flow. It was highlighted that other Ontario hospitals are utilizing similar technology and that preliminary data suggests significant reductions in triage time. Additional benefits discussed included reduced manual data entry, increased staff time for patient interaction and reassessment, improved patient satisfaction, and future opportunities to expand pre-registration capabilities to other hospital services and clinics.

There was also a discussion on LACGH's role as a teaching site for Queen's University students. It was noted that the organization participates in Queen's longitudinal clerkship program, where medical students complete an extended placement in Napanee across multiple clinical areas over several months. Dr. Warren noted positive feedback regarding the program and highlighted that many recent physician recruits previously completed training rotations at LACGH, demonstrating the value of learner placements in supporting physician recruitment efforts.

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

- Daniel Curran - Active (Family Medicine with Emergency Medicine)
- Daniel Glatt - Active (Family Medicine)
- Crystal Gonu - Active (Family Medicine)
- Derek Moynes - Active (Family Medicine)
- Elizabeth Touzel - Active (Family Medicine)
- Molly Touzel - Active (Family Medicine)
- George Gray - Consulting (Oncology)
- Francisco Vera Badillo - Consulting (Oncology)
- Sasha Bhan - Active (Radiology)

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:

- *Daniel Curran - Active (Family Medicine with Emergency Medicine)*
- *Daniel Glatt - Active (Family Medicine)*
- *Crystal Gonu - Active (Family Medicine)*
- *Derek Moynes - Active (Family Medicine)*
- *Elizabeth Touzel - Active (Family Medicine)*
- *Molly Touzel - Active (Family Medicine)*
- *George Gray - Consulting (Oncology)*
- *Francisco Vera Badillo - Consulting (Oncology)*
- *Sasha Bhan - Active (Radiology)*

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:

- Patricia Hoyeck - Active (Family Medicine) change from Associate to Active
- Si Yuan (Max) Pang - Active (Family Medicine) change from Associate 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 #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 appointment to the LACGH Medical Staff, with the noted change, as recommended by the Medical Advisory Committee:

- *Patricia Hoyeck - Active (Family Medicine) change from Associate to Active*
- *Si Yuan (Max) Pang - Active (Family Medicine) change from Associate to Active*

Moved by: Lori Morris
Seconded by: Bob Clancey

The motion was carried.

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

- Anna Shishkina - Consulting (Gynecology)
- Jessica Blom - Consulting (Gynecology)

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 #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 appointments to the LACGH Medical Staff, as recommended by the Medical Advisory Committee:

- *Anna Shishkina - Consulting (Gynecology)*
- *Jessica Blom - Consulting (Gynecology)*

Moved by: Tera Osborne
Seconded by: Sue Walden

The motion was carried.

3.3 Governance Committee

Rosaleen Cutler reviewed the following from the April 15, 2026 Governance Committee meeting:

- Mike presented potential themes for the upcoming Board Retreat and Rosaleen noted that if there were any additional themes to please forward them.
- The EDI-IR Working Group continues to work on the EDI-IR Framework and the aim is to have a final draft developed for presentation at the June Board meeting.

3.3.1 Draft Board Evaluation Policy

The Board reviewed the draft Board Evaluation Policy which was recommended by the Governance Committee for approval. There were no concerns noted.

Laurie and Rosaleen highlighted that the annual Board evaluation survey completion deadline was today and asked that those who have not yet completed it to please do so. The results of the survey will be reviewed by the Governance Committee at their next meeting.

Motion #7

Rationale: Normal Practice

Motion: The Board of Directors hereby approves the Board Evaluation Policy, as recommended by the Governance Committee.

Moved by: Rosaleen Cutler
Seconded by: Tera Osborne

The motion was carried.

3.3.2 Draft Chief of Staff Compensation Policy

The Board reviewed the draft Chief of Staff Compensation policy which was recommended by the Governance Committee for approval. It was noted that this is a new policy developed to align with and mirror the existing CEO Compensation Policy. No concerns were raised by the Board.

Motion #8

Rationale: Normal Practice.

Motion: The Board of Directors hereby approves the Chief of Staff Compensation policy, as recommended by the Governance Committee:

Moved by: Rosaleen Cutler
Seconded by: Geoff Griffin

The motion was carried.

3.3.3 Re-Election of 1 Member – Laurie French

The Governance Committee recommended to the Board of Directors re-electing Board Member, Laurie French, for a second 3-year term. The Board had no concerns and noted that the recommendation will go to the Annual Meeting for approval in June.

Motion #9 *Rationale: Normal Practice*
Motion: The Board of Directors hereby approves the re-election of the following Board Member for a 3 -year term on the Board, as recommended by the Governance Committee: • *Laurie French* Moved by: Rosaleen Cutler Seconded by: Sue Walden The motion was carried.

3.4 Volunteer Services Report

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

3.5 Chief Executive Officer's Report

The CEO's written report was provided in the Board package. In addition to the written report, and in Mike's absence, Kyah Dillon provided a LTC Home update and highlighted the following:

- The Home is currently at 86% occupancy and is expected to reach full occupancy by the following Friday, meeting the Ministry requirement of 97% occupancy within 60 days of opening. Appreciation was extended to staff for their efforts in achieving this milestone.
- The Home is currently compliant with Ontario Health's preferred accommodation requirements, maintaining a 60% preferred and 40% basic accommodation mix.
- Once full occupancy is achieved, the focus will shift toward enhancing resident programming and continuing to build relationships with residents.
- Recent resident celebrations within the Home were highlighted, including 100th and 107th birthday celebrations.

Motion #10 *Rationale: Normal Practice*
Motion: The Board of Directors hereby accepts the reports from the Quality Committee, Medical Advisory Committee, Governance Committee, Volunteer Services, and the CEO. Moved by: Tera Osborne Seconded by: Bob Clancey The motion was carried.

4. <u>Other</u>

4.1 Correspondence Received up to May 1, 2026.

There was nothing further to report for correspondence.

5. <u>Closed Session</u>

At 7:06 p.m., the Board moved into closed session.

Motion #11 *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 7:13 p.m., the Board rose from closed session.

Motion #12 *Rationale: Normal Practice*
Motion: That the Board of Directors hereby rises from closed session. Moved by: Sue Walden Seconded by: Darrell Sewell 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 June 2, 2026.

6.2 Adjournment

The meeting was adjourned at 7:13 p.m.

Motion #13 *Rationale: Normal Practice*
Motion: That the Board of Directors hereby adjourns their meeting at 7:13 p.m. on May 5, 2026. Moved by: Al Little Seconded by: Rosaleen Cutler The motion was carried.