

**Kemptville District Hospital (KDH)
Board of Directors Meeting
Thursday, September 26, 2024**

**Hybrid: Grenville Mutual Insurance Boardroom, 380 Colonnade Dr., Kemptville, ON
& Via Microsoft Teams**

6:30 pm

Minutes

- 1. Call to Order:** J. Nolan, Board Chair, called the meeting to order at 6:30 pm.
- 2. Regrets / Quorum / Declaration of Conflicts:** Quorum was established and there were no conflicts declared.

Directors:	Present	Regrets		Present	Regrets		Present	Regrets
G. Bebeung	√		J. Nolan (Chair)	√		Dr. C. Sentongo	√	
D. Boyce	√		M. Norenberg	√		P. Snelling	√	
E. Bonokoski	√		D. O’Sullivan	√		F. Vassallo	√	
G. Enei	√		J. Panciuk		√	T. Wood	√	
G. LeVasseur	√		Y. Pelletier	√		G. Wyse	√	
S. Mincoff	√		A. Rancourt		√	A. Yee		√
Dr. L. Luong		√	S. Saslove	√		H. Zipes	√	
K. Hogue	√							

Management, Staff & Guests:

B. Rivard		√	J. Read	√		M. Laughton (Recorder)	√	
C. Mayville-Fortin	√		J. Westendorp	√				

3. Education Session – Infection Prevention and Control (IPAC) Program

C. Mayville-Fortin provided the education session to the Board on the IPAC program at KDH.

- 4. Additions/Changes to the Agenda:** J. Nolan noted that the Board Strategic Indicators were not provided for this meeting, as they usually are provided for information as part of the consent agenda. Since there’s been a significant change on the Board, in Senior Leadership, and with the development of the operating plan, as well as discussions regarding a “balanced scorecard” at the Corporate Services Committee, the Senior Leadership Team is working on providing a refreshed set of corporate indicators.

The compliance certificate, which is also usually provided as an information item, did not make it into the meeting package, but this is not an abdication of the Board’s duties of overseeing compliance with various requirements. The compliance certificate will be included in the next Board meeting package.

5. Re-affirming the KDH Mission

F. Vassallo reaffirmed the KDH Mission and spoke to the importance of the Vision.

6. June 27, 2024 Board Meeting Minutes (Pre and Post Annual General Meeting [AGM])

The Board noted the two sets of minutes from the Board meetings on June 27, 2024 which preceded and followed the AGM, attached as appendix B and C to the meeting package.

On a motion duly made, seconded, and carried without abstentions, the Board approved:

- *The minutes of the meeting on June 27, 2024, as presented; and,*
- *The minutes of the meeting beginning at 8:35 pm on June 27, 2024, as presented.*

7. Consent Agenda

The Board reviewed the consent agenda.

On a motion duly moved, seconded, and carried, without abstentions, the Board approved the consent agenda consisting of:

7.1 An approval of:

- 7.1.1. The reaffirmation of the mission schedule, subject to the availability of the individuals identified.*
- 7.1.2. The workplans for the Governance Committee, Quality and Safety Committee, and the Corporate Services Committee of the Board.*
- 7.1.3. The schedule for the review of Board policies for 2024-25.*
- 7.1.4. The survey plan for the 2024-25 Board year, including any additional surveys which may arise throughout the year, and that the Governance Functioning Tool, distributed as part of Accreditation, be made a mandatory survey for all Board members.*

7.2 An approval of the receipt of the following items for information:

- 7.2.1. Risk Register*
- 7.2.2. QI Update on the Quality Improvement Plan (QIP) Indicators*
- 7.2.3. Publicly Reported Patient Safety Indicators*
- 7.2.4. Board Education Summary Report 2023-24*
- 7.2.5. Ontario Not-for-Profit Corporations Act workplan update*
- 7.2.6. Critical Incident Report*
- 7.2.7. Investments and Financing Report*
- 7.2.8. Quarterly Review of Financial Position*
- 7.2.9. CT Scan Update*
- 7.2.10. Report from the Foundation*

8. Client Centred Care – Patient Stories

Senior Leadership conveyed a compliment and a complaint, including the learning opportunities resulting from the complaint investigation.

9. Quality and Safety Committee

9.1 Quality and Safety Committee Chair Report

H. Zipes highlighted some of the elements of the memorandum regarding the importance of Quality in the Governance of the Hospital noting:

- The legislated requirement to have a Quality and Safety Committee of the Board.
- Required reporting on various elements of Quality and Patient Care.

9.2 Interim Long-Term Care (ILTC) Critical Incident Report

ILTC critical incident reporting is a new report to the Board because, while most long-term care homes have their own Boards, the KDH long-term care home is run by the hospital, and accordingly the Board has a responsibility to oversee the ILTC home. The Board noted that:

- There were two critical incidents at the ILTC Home since April 1, 2024. The Board reviewed the type of incidents, the response, and the mitigation and improvement measures going forward.
- The criteria for a critical incident in a hospital is different than the criteria for long-term care home.

9.3 ILTC Proactive Compliance Inspection Results

K. Hogue reported that the KDH underwent a proactive inspection by the Ministry of Long-Term Care (MOLTC) noting that:

- The inspector's feedback was overwhelmingly positive, praising the care provided to residents as well as the involvement of residents in their care.
- There were three classes of inspection results identified:
 - i) Non-Compliance Remedied: KDH had two areas of non-compliance which were remedied within the inspection period.
 - ii) Written Notifications: KDH received eight written notifications, for which the common element lacking was the evidence of a formal and written annual review of the eight areas, even though the annual reviews were being conducted. Written documentation of annual review will be implemented going forward.
 - iii) KDH received two compliance orders. The compliance orders were related to:
 - a. Unlocked doors to supply and dirty utility rooms. This was addressed immediately.
 - b. Air temperature, as a result of air conditioning, during the summer was below the required 22 degrees centigrade minimum temperature for a home. An action plan will be developed to address this issue.

The Board noted that regular review of programs by the Board is a fundamental element in the Board's role.

10. Governance Committee

10.1 Governance Chair Report

E. Bonokoski noted the items that were in the consent agenda which were provided by the Governance Committee, noting that:

- The development of the education calendar for the year is currently being addressed by the Committee.
- While the Board surveys are important the accreditation survey shall be the only one that shall be mandatory for all Board members because the accreditation exercise is an important initiative for the hospital.
- The discussions around the Lowering the Flag to Half-mast policy to ensure that the Board was providing clear direction to the executive team to make decisions regarding when to lower the flag to half-mast. This policy will be brought to the Board in November.

10.2 Proposed Approvals

2024-25 Current Operating Plan

E. Bonokoski provided a summary of the operating plan, noting the process of its development, its focus on 13 strategic foci within the existing strategic plan directions, and how the operating plan ultimately supports the achievement of the CEO goals and progress on the strategic plan.

The intent is to give the SLT some flexibility and the ability to adjust the plan given the recent changes in the SLT as well as to respond to the continually changing local and provincial healthcare landscape.

The Board noted that while management has the flexibility to make amendments to the plan, they also are required to report on progress and any changes that have been made.

On a motion duly made, seconded, and carried without abstentions, the Board approved the current 2024-25 Operating Plan, in principle, and authorizes management to make further refinements or adjustments, and that management report on the progress of the operating plan and any amendments to the operating plan on a quarterly basis.

Consent Agenda Policy

E. Bonokoski noted and briefly summarized the proposed Consent Agenda Policy.

On a motion duly made, seconded, and carried without abstentions, the Board approved Policy No.: 28 – Consent Agenda.

11. Corporate Services Committee Report

11.1 Corporate Services Committee Chair Report

S. Saslove noted that most of the business of the Committee was distributed as part of the consent agenda.

Dr. Sentongo arrived to the meeting

12. Reports

12.1 Hospital

12.1.1. CEO Report

F. Vassallo noted his report included in the meeting package. In addition he noted the following updates:

- He was asked to speak about “Strategic Relationship Management” at a national CEO conference, as well as at the University of Ottawa and noted that KDH is getting a reputation for being innovative and progressive.
- Spoke to Ontario Health East to discuss funding for an Anesthesia Assistant.

12.1.2. CNE Report

K. Hogue noted her report included in the meeting package. Additionally, she noted that:

- KDH has facilitated cooperative (co-op) education students from local high schools. Managers and staff have been very welcoming of the co-op students.

KDH and the SLT thanked the Foundation for their continued support of the hospital in procuring much needed pieces of equipment which are either required for various types of tests, or which suddenly need replacing.

12.2 Chief of Staff (CoS)

12.2.1. Chief of Staff Report

Dr. Sentongo reviewed the items in his report which was provided in the meeting package.

12.2.2. Medical Staff Policies

Dr. Sentongo reviewed the following three policies proposed for approval by the Board:

- Policy 12: Responsibility for Investigations – Ordered & Pending
- Policy 37: Chiefs of Department selection Sub-Committee Terms of Reference
- Policy 38: Radiation Safety Committee Terms of Reference.

On a motion duly made, seconded, and carried without abstentions, the Board approved the following medical staff policies, as presented:

- ***Medical Staff Policy #12 – Responsibility for Investigations – Ordered & Pending;***
- ***Medical Staff Policy #37 – Chiefs of Department Selection Sub-Committee Terms of Reference; and,***
- ***Medical Staff Policy #38 – Radiation Safety Committee Terms of Reference.***

12.2.3. In-Camera

On a motion duly made and seconded, the meeting went “in-camera”.

On a motion duly made and seconded the meeting came out of “in-camera”.

12.3 Credentialing

On a motion duly made and seconded, and carried without abstentions, the Board approved that hospital privileges for the following physicians, who have been credentialed as set out under Article 7 Appointment and Reappointment to Professional Staff of the Professional Staff Bylaws, be approved by the Board of Directors:

Temp	App	Re-App	Physician	Privilege Category	KDH Primary	Change in Category	Other
		√	Dr. Christian BALDAUF	COURTESY, Radiology			
		√	Dr. Senta BAUERMEISTER	ACTIVE, Surgery, Surgical Assist	√		
		√	Dr. Peter BIENKOWSKI	COURTESY, Surgery, Orthopaedics			
		√	Dr. Jennifer BOECKNER	ACTIVE, Family Medicine	√		

		√	Dr. Svetlana CAKAREVIC	COURTESY, Emergency			
		√	Dr. Simon CHAN	COURTESY, Surgery, Plastic Surgery			
		√	Dr. Sachin CHITTE	COURTESY, Surgery, Plastic Surgery			
		√	Dr. Sheila CHOU	COURTESY, Radiology			
		√	Dr. Alisha COE	COURTESY, Emergency			
		√	Dr. Patrick John DAVISON	COURTESY, Surgery, General Surgery			
		√	Dr. Geoffrey DERVIN	COURTESY, Surgery, Orthopedics			
		√	Dr. Daniel DUFOUR	COURTESY, Anaesthesia			
		√	Dr. Tamer ELFAZARI	COURTESY, Surgery, Obstetrics and Gynecology			
		√	Dr. Khaled ELGADI	LOCUM, Surgery, General Surgery		√	
		√	Dr. Robert J FEIBEL	COURTESY, Surgery, Orthopaedics			
		√	Dr. Rimon GHATTAS	COURTESY, Internal Medicine			
		√	Dr. Roberto Antonio GIACCONE	COURTESY, Internal Medicine, Neurology			
		√	Dr. Andrew GILCHRIST	COURTESY, Anaesthesia			

		√	Dr. Wade GOFTON	COURTESY, Surgery, Orthopaedics			
		√	Dr. Georgios GRAMMATOPOULOS	COURTESY, Surgery, Orthopaedics			
		√	Dr. Lan Qian (Lancia) GUO	COURTESY, Radiology			
		√	Dr. David JONES	ACTIVE, Anaesthesia	√		
		√	Dr. Paul KIM	COURTESY, Surgery, Orthopaedics			
		√	Dr. Stephen KINGWELL	COURTESY, Surgery, Orthopaedics			
		√	Dr. Christopher KIRBY	ACTIVE, Anaesthesia	√		
		√	Dr. Charles KOWALSKI	COURTESY, Emergency			
		√	Dr. Linda LACROIX	COURTESY, Internal Medicine, Hematological Pathology			
		√	Dr. Peter LAPNER	COURTESY, Surgery, Orthopaedics			
		√	Dr. Gregory John LEONARD	ACTIVE, Family Medicine	√		
		√	Dr. Tammy LERICHE	COURTESY, Surgery, Obstetrics and Gynecology			
		√	Dr. Constance LING	COURTESY, Surgery, Obstetrics and Gynecology			

		√	Dr. Ciara MACRORY	COURTESY, Emergency			
	√		Dr. Carmichael MABILANGAN	COURTESY, Anesthesia			
		√	Dr. Andrew MARSHALL	COURTESY, Surgery, Orthopaedics			
		√	Dr. Jason MARTENS	COURTESY, Radiology			
		√	Dr. Alena MCCARRELL	COURTESY, Family Medicine			
		√	Dr. Penelope Kathryn MCGREGOR	ACTIVE, Family Medicine	√		
		√	Dr. Brett MEMAURI	COURTESY, Radiology			
		√	Dr. Steven MILLWARD	COURTESY, Radiology			
		√	Dr. Ronald MONAGHAN	COURTESY, Surgery, General Surgery			
		√	Dr. Yara MOUHAMED	ACTIVE, Family Medicine	√		
		√	Dr. Christine NADEAU	COURTESY, Anaesthesia			
		√	Dr. Steven OLIVER	ACTIVE, Surgery, Orthopaedics	√		
		√	Dr. Michele PERILLO	COURTESY, Radiology			
		√	Dr. Philippe PHAN	COURTESY, Surgery, Orthopaedics			

		√	Dr. George PHILIP	COURTESY, Anaesthesia			
		√	Dr. Michelle RICKETTS	COURTESY, Radiology			
		√	Dr. Douglas RITTER	COURTESY, Surgery, Orthopaedics			
		√	Dr. Aaron ROSTAS	COURTESY, Anaesthesia			
		√	Dr. Arifa SADAF	COURTESY, Radiology			
		√	Dr. Fabian SCHWARZ	COURTESY, Family Medicine			
		√	Dr. Sukhbir SINGH	COURTESY, Surgery, Obstetrics and Gynecology			
		√	Dr. Alexandra STRATTON	COURTESY, Surgery, Orthopaedics			
	√		Dr. Magdalena TARCHALA	COURTESY, Surgery, Orthopaedics			
		√	Dr. Gordon THOMAS	COURTESY, Internal Medicine, Psychiatry			
		√	Dr. Georgios TSIMIKLIS	COURTESY, Internal Medicine, Cardiology			
		√	Dr. Vivake UMADAT	COURTESY, Surgery, Surgical Assist			
		√	Dr. Christopher Iain VERGIE	ACTIVE, Emergency	√		

		√	Dr. Eugene WAI	COURTESY, Surgery, Orthopaedics			
		√	Dr. Maha Ramses WANES HANA	ACTIVE, Family Medicine	√		
		√	Dr. Jinchao XIE	COURTESY, Family Medicine			
		√	Dr. Tania ZAKHEM	ACTIVE, Family Medicine	√		
		√	Dr. Shahram ZOLFAGHARI	ACTIVE, Surgery, General Surgery	√		
	√		Dr. Jessica ADDLEMAN-FRANKEL	TEMPORARY, Emergency		√	TOH Temporary approval until December 31, 2024
	√		Dr. Suzanne BOROUMAND	TEMPORARY, Emergency		√	TOH Temporary approval until December 31, 2024
	√		Dr. Jessica COMMON	COURTESY, Radiology			From Temporary to Courtesy (Given Temporary until Board approval)
	√		Dr. Maria DOUBOVA	TEMPORARY, Emergency		√	TOH Temporary approval until December 31, 2024
	√		Dr. Lucie FILTEAU	COURTESY, Anaesthesia			From Temporary to Courtesy (Given Temporary until Board approval)
	√		Dr. Connor INGLIS	TEMPORARY, Emergency		√	TOH Temporary approval until December 31, 2024

	√		Dr. Julie INGRATTA	COURTESY, Emergency		√	From Temporary to Courtesy (Given Temporary until Board approval)
	√		Dr. David KOFF	COURTESY, Radiology			From Temporary to Courtesy (Given Temporary until Board approval)
	√		Dr. Kathleen MURPHY	COURTESY, Emergency			
	√		Dr. Kathleen O'CONNELL	TEMPORARY, Emergency		√	TOH Temporary approval until December 31, 2024
	√		Dr. Mike WEI	TEMPORARY, Emergency		√	TOH Temporary approval until December 31, 2024
	√		Dr. William WU	TEMPORARY, Emergency		√	TOH Temporary approval until December 31, 2024

STATEMENT OF COMPLIANCE

It is attested that currently all physicians practicing at Kemptville District Hospital hold valid privileges.

13. KDH Board Action Registry: No outstanding actions.

14. Next Meeting: Thursday, November 28, 2024 at 6:30 pm via Teams

15. In-Camera

On a motion duly made and seconded, the meeting went “in-camera.”

14. Meeting Termination: There being no further business, the meeting was terminated on a motion at 8:29 p.m.

Frank Vassallo

Frank Vassallo (Nov 29, 2024 13:56 EST)

F. Vassallo, CEO

Jeff Nolan

J. Nolan, Board Chair