

Kemptville District Hospital (KDH)

Board of Directors Meeting

Thursday, June 27, 2024

Hybrid: Heritage Hall, 820 Heritage Drive, Kemptville, ON & Via Microsoft Teams

6:30 pm

Minutes

1. Call to Order: J. Nolan, Board Chair, called the meeting to order at 6:33 pm.

2. Regrets / Quorum / Declaration of Conflicts: Quorum was established and there were no conflicts declared.

Board Chair J. Nolan made the following Territorial Acknowledgement:

In the spirit and understanding that we continue to gain in today’s world, we would like to acknowledge the Algonquin nation, whose traditional and unceded territory we are gathered upon today.

Also, for those attending remotely, acknowledgement was given for the lands they were located on at the time of the meeting.

Directors:		Present	Regrets	Present	Regrets	Present	Regrets
G. Bebeung	√		E. Bonokoski	√		C. Mayville-Fortin	√
B. Hale	√		M. Harrison	√		Dr. L. Luong	√
E. MacPherson (Past Chair)	√		S. Mincoff	√		J. Nolan (Chair)	√
M. Norenberg		√	J. Panciuk	√		Y. Pelletier	√
A. Rancourt	√		S. Saslove	√		Dr. C. Sentongo	√
D. O’Sullivan	√		F. Vassallo	√		A. Vignuzzi	√
A. Yee	√		H. Zipes	√			

Management, Staff & Guests:

B. Rivard	√		J. Read	√		M. Laughton (Recorder)	√
T. Wood	√		D. Boyce	√		G. Enei	√
P. Snelling	√		G. LeVasseur	√		G. Wyse	√

3. Additions/Changes to the Agenda: There were no changes to the agenda.

4. Approval of May 30, 2024 Board Meeting Minutes

On a motion duly moved, seconded and carried, without abstentions, the Board approved the May 30, 2024, Board Meeting Minutes, as presented.

5. 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:

5.1 The approval:

5.1.1. Of the amendments to the internal policy, to remove the requirement of preparing and presenting this report to the Board, as it is a redundant process (as per the briefing note included as appendix B to the meeting package)

5.1.2. That KDH has fulfilled its obligations under the hospital service accountability agreement in effect during the applicable period (April 1, 2023 – March 31, 2024), with no exceptions, and authorizes Jeff Nolan to sign-off and make the following attestation to Ontario Health:

“After making inquiries of the Chief Executive Officer, Frank J. Vassallo and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled its obligations under Agreement during the Applicable Period and has received required reports referred to in Section 8.6 of the Agreement.”

5.1.3. Of the attestation as prepared in accordance with section 15 of the Broader Public Sector Accountability Act, 2010 (BPSAA), and authorizes Jeff Nolan to certify, on behalf of the Board that it has been approved by the Board of the Kemptville District Hospital.

5.1.4. Of the revisions to the Corporate Services Committee terms of reference and the creation of the Audit Sub-Committee and the approval of its proposed terms of reference.

5.2 The approval of the receipt of the following items for information:

5.2.1. Critical Incident Report

5.2.2. Critical Incident Semi-Annual Report

5.2.3. IT/IS Transformation Project

5.2.4. Compliance Report

5.2.5. Investment Portfolio Report & Lending Report

5.2.6. Human Resources Litigation Update

5.2.7. Health Human Resources Project Review

6. Reports

6.1 Hospital

Y. Pelletier arrived to the meeting.

6.1.1. CEO Report

In addition to F. Vassallo’s written report, he reinforced that KDH’s product is health care and its strength is its people.

The Board noted that it had been approximately a year since KDH faced the threat of its emergency department (ED) closing. F. Vassallo summarized the steps that KDH and The Ottawa Hospital (TOH) took to ensure the ED remained open including:

- 1) Working with TOH emergentologists to cover shifts at KDH; and,
- 2) In parallel to this, work began to build an ED integrated medical model (IMM) between KDH and TOH.

Dr. Sentongo arrived to the meeting.

This work has been occurring over the last year, including assessing funding, legal, and governance aspects. Work will continue with KDH's partners at TOH. Legal counsel will also be sought for guidance. F. Vassallo noted that building an IMM is a new idea and builds on the 10-year history of collaboration between TOH and KDH. This initiative has the potential to lay the foundation for future collaborations with TOH in surgical and clinical programming as well as helping KDH patients get more ready access to specialists and complex diagnostics. F. Vassallo noted the following developments since the ED collaboration with TOH began:

- ED staff morale is at an all time high; and,
- Complaints are down 33% in the ED.

The Board noted that:

- From a nursing perspective the nurses at KDH are benefitting from the expertise of TOH physicians who work in the ED.
- KDH has also sought to address the HHR challenges, particularly in nursing, and has created a new staffing model for the ED where a "buffer" has been built-in to further mitigate the risk of the ED having to close as result of lack of staff.
- All of the full-time nursing lines are filled.

The Board discussed the need to be innovative in how it addresses challenges in the health care sector but acknowledged that many aspects of the delivery of care are impacted by system level structures which are beyond the control of the hospital.

6.2 Chief of Staff (COS)

6.2.1. COS Report

Dr. Sentongo echoed F. Vassallo's comments regarding the governance aspects of the ED IMM and the need to take time to work through those complex issues. Dr. Sentongo acknowledged the positive impact that the ED partnership has had on the care delivered in the community.

In addition to his report Dr. Sentongo:

- Noted that while establishing the longer-term relationship with TOH, he remains focussed on recruitment and has recruited a few emergency doctors to KDH over the past year.

- Reiterated his appreciation of the Foundation's and the Auxiliary's funding over the year and stated that they have played a large role in the improvement of the quality of care that is able to be provided as a result of the donation of point of care ultrasound equipment, anesthesia ventilators, diffusion equipment, and the campaign for the CT Scanner.
- Discussed the work to improve the efficiency of the operating rooms (ORs), noting that a surgical visioning exercise has been completed and is designed to give further direction to the surgical services at KDH.
- Noted that KDH developed a referral directory listing the specialties and criteria for referrals and outlining the various specialists and programs at KDH.
- The Medical Working Group has transitioned to become the Quality of Care Committee, which reports to the Medical Advisory Committee and the Quality and Safety Committee of the Board.

6.2.2. Medical Staff Policies

Dr. Sentongo reviewed the following proposed policies for approval:

- Medical Staff Policy #8– Admission of Patients and Inpatient Coverage.
- Medical Staff Policy #46 – Point of Care Testing & Transfusion Medicine Subcommittee Terms of Reference.
- Medical Staff Policy #47 – Attestation Usage for Order Management by Anesthesiologists for Anesthesia Assistants (AA)

On a motion duly moved, seconded and carried, without abstentions, the Board approved the following Medical Staff Policies, as presented:

- *Medical Staff Policy #8 – Admission of Patients and Inpatient Coverage.*
- *Medical Staff Policy #46 – Point of Care Testing & Transfusion Medicine Subcommittee Terms of Reference.*
- *Medical Staff Policy #47 – Attestation Usage for Order Management by Anesthesiologists for Anesthesia Assistants (AA)*

6.2.3. In-Camera

On a motion duly moved and seconded the Board went in-camera.

On a motion duly moved and seconded the Board came out of in-camera.

6.3 Credentialing

On a motion duly moved, 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	Other
	√		Dr. Frosso ADAMAKOS	TEMPORARY, Emergency		√	<i>TOH Temporary approval until December 31, 2024</i>
	√		Dr. Robin BOUSHEY	COURTESY, Surgery, General Surgery		√	<i>From Temporary to Courtesy (Given Temporary until Board approval)</i>
	√		Dr. Laura DUGGAN	COURTESY, Anaesthesia			
	√		Dr. Hassan DOUIS	COURTESY, Radiology		√	<i>From Temporary to Courtesy (Given Temporary until Board approval)</i>
	√		Dr. Lisa FISCHER	TEMPORARY, Emergency		√	<i>TOH Temporary approval until December 31, 2024</i>

STATEMENT OF COMPLIANCE

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

6.4 Corporate Services Committee

6.4.1. Corporate Services Chair Report

S. Saslove noted:

- The approval of the Audit Sub-Committee terms of reference through the consent agenda and outlined the various requirements for the Committee as dictated by the Ontario Not-for-Profit Corporations Act (ONCA), including the Committee's mandate, membership, and reporting structure.
- The Health Human Resources (HHR) Project and summary presentation contained in the information items of the consent agenda. The HHR project was undertaken by management to address its HHR challenges, which are still being experienced across the province. The work and outcomes of the HHR project were commended. The project:
 - Spanned 18 months, monitored progress against a number of indicators, and had an 80% success rate across all the targets.
 - Included the previously noted staffing model in the ED (see CEO Report) and noted that it has been incredibly effective, and while more expensive, ensured the continuity and stability of the ED both for patients and staff.

- Is the type of innovative project that demonstrates the improvement of care in the hospital and reinforces the message that KDH's product is healthcare, but its strength is its people.

6.4.2. Recommendation for the Auditor

S. Saslove reported that:

- KDH conducted a Request for Quote (RFQ) for auditing services and received a proposal, which was included in the meeting package, from KPMG.
- KPMG audits many hospitals across Ontario and a number in the region.
- KDH had gone to a wide Request for Proposal (RFP) with multiple submissions, in 2017, with KPMG emerging as the top choice for auditing services at that time.

On a motion duly moved, seconded and carried, without abstentions, the Board approved a recommendation to the Membership to appoint KPMG as the Auditor of Kemtville District Hospital for the fiscal year ending March 31, 2025.

6.4.3. Signing Authority Policy

S. Saslove noted that the changes to the Signing Authority Policy amount to clarifications of the policy.

On a motion duly moved, seconded and carried, without abstentions, the Board approved the changes to Policy No.: 7 – Signing Authority, as presented.

6.4.4. Fiscal Parameters Policy

S. Saslove noted the changes to the Fiscal Parameters Policy. He further noted that periodically through the year, the Corporate Services Committee reviews the budget compared to the actuals and any associated variances. Management was commended for their thoroughness in reporting and explaining variances.

On a motion duly moved, seconded and carried, without abstentions, the Board approved the changes to Policy No.: 05- Fiscal Parameters, as presented.

6.5 Quality and Safety Committee

6.5.1. Quality and Safety Committee Chair Report

M. Harrison reported that, in addition to the items in the consent agenda regarding critical incidents, the Committee received an education session on Infection Prevention and Control and the measures that are put in place to protect KDH patients, visitors staff from infection.

6.6 Governance Committee

6.6.1. Governance Committee Chair Report

A. Vignuzzi reported that:

- The Governance Committee also reviewed the Corporate Services Committee and Audit Sub-Committee terms of reference.
- The Governance Committee reviewed the draft 2024-25 operating plan which, in light of the various pressures placed on the hospital this year, establishes a set of activities for management which would move the strategic priorities and the overall strategic plan forward. The plan was discussed and feedback provided at the Governance Committee meeting on June 20, 2024.
- Management expressed their gratitude to the Board for working with the senior team to recalibrate the priority activities of the strategic plan to account for the pressures and context in which management was working.
- The operating plan and the Chief of Staff and CEO goals will come forward for a more fulsome discussion with the new Board so they may get a better understanding. F. Vassallo noted that in the meantime, the work on the initiatives and goals continues.

7. KDH Board Action Registry: No outstanding actions.

8. Next Meeting: Thursday, June 27, 2024, immediately following the Annual General Meeting of Members.

9. In-Camera

All staff and meeting guests departed the meeting, with the exception of F. Vassallo and B. Rivard.

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

F. Vassallo and B. Rivard departed the meeting.

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

14. Meeting Termination: There being no further business, the meeting was terminated on a motion at 7:47 p.m.


Frank Vassallo (Dec 20, 2024 11:54 EST)

F. Vassallo, CEO


Jeff Nolan (Dec 23, 2024 15:55 EST)

J. Nolan, Board Chair