

**Kemptville District Hospital (KDH)
Board of Directors Meeting
Thursday, November 28, 2024
Via Microsoft Teams
6:20 pm
Minutes**

1. **Call to Order:** J. Nolan, Board Chair, called the meeting to order at 6:22 pm.

2. **In-Camera Session**
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”.

3. **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. Eni	√		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. Westendorp		√	M. Laughton (Recorder)	√	
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A. Yee, Y. Pelletier, F. Vassallo, Dr. Sentongo, K. Hogue, and B. Rivard joined the meeting.

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.

4. Additions/Changes to the Agenda

The Board Management Office (BMO) noted:

- A late addition to the agenda regarding the Extension of Temporary Privileges for TOH ED Physicians which shall be addressed during Dr. Sentongo’s report.

- An error in the risk management reporting dashboard. The BMO clarified that all statuses noted are accurate to the end of Q2.

5. Re-affirming the KDH Mission

D. O’Sullivan reaffirmed the KDH Mission.

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

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

13. Consent Agenda

The Board reviewed the consent agenda.

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

13.1 An approval of:

13.1.1. *The 2024-25 Board Work plan.*

13.1.2. *Policy No.: 25 – Critical Incident Reporting, without any changes.*

13.1.3. *The revised Policy No.: 10 – Compensation and Benefits.*

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

13.2.1. *Critical Incident Report*

13.2.2. *Critical Incident Report Interim Long-Term Care (ILTC) Home*

13.2.3. *Semi-Annual Critical Incident Aggregate report*

13.2.4. *Patient Engagement Strategy – Semi-Annual report*

13.2.5. *Patient Compliments and Complaints – Semi-Annual Reporting*

13.2.6. *Investments and Financing Report*

13.2.7. *Quarterly Review of Financial Position*

13.2.8. *CT Scan Update*

13.2.9. *Compliance Certificate*

13.2.10. *KDH Auxiliary Report*

J. Nolan departed the meeting.

14. Client Centred Care – Patient Stories

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

15. Governance Committee

15.1 Governance Chair Report

Balanced Scorecard

E. Bonokoski noted:

- The proposed transition from the current strategic indicators to a more visual and consolidated Balanced Scorecard. This new format aims to provide a clearer representation of trends on strategic indicators over time.
- That each Committee has reviewed and provided their input and approval for the implementation of the balanced scorecard.

On a motion duly made, seconded, and carried without abstentions, the KDH Board of Directors approved to replace the current strategic indicators presented quarterly at Board meetings with the proposed balanced scorecard and its associated indicators.

Delegation to the CEO Policy

E. Bonokoski discussed the update to the Delegation to the CEO Policy, which was necessary to reflect the addition of the Lowering the Flag to Half-Mast Policy and other updates required due to the transition to the Ontario Not-for-Profit Corporations Act (ONCA).

On a motion duly made, seconded, and carried without abstentions, the KDH Board of Directors approved the revisions to Policy No.: 01 – Delegation to the Chief Executive Officer, inclusive of the revisions noted in Annex A – Lowering Hospital Flag to Half-Mast Policy.

16. Corporate Services Committee Report

16.1 Corporate Services Committee Chair Report

S. Mincoff reported that Management has resubmitted a funding request for approximately \$1.2 Million (M) for IT infrastructure. Management noted that it had no choice but to make investments in its IT infrastructure (for which it is now seeking funding) due to, at the time, the critical need for its replacement and upgrade. Management also noted that the pace at which IT is becoming integrated as standard parts of patient care required this investment.

Capital Items and Funding

The Board reviewed the request for approval of the purchase of the capital items and their funding sources.

The Board noted an error in the itemized list of equipment and cost breakdowns and noted that three Phillips electrocardiograms (ECG) are requested rather than the one indicated in the meeting materials.

On a motion duly made, seconded, and carried without abstentions, the KDH Board of Directors approved the proposed capital items and their associated funding as outlined

in the table in the meeting package, with the revision that three ECGs will be purchased.

Banking Signatories

The Board noted the proposal to add the KDH Finance Manager as a banking signing authority. The Board noted that as is practice, two signatures will always be required to ensure security and accountability.

On a motion duly made, seconded, and carried without abstentions, the KDH Board of Directors approved the addition of the Finance Manager of KDH as a banking signing authority on payments up to, and including, \$10,000.

17. Quality and Safety Committee

17.1 Quality and Safety Committee Chair Report

H. Zipes reported:

- That the two compliance orders received by KDH as part of the ILTC Proactive Compliance Inspection conducted by the Ministry of Long-Term Care (MOLTC) have been rectified and KDH is now compliant.
- The commitment of senior staff to quality care evidenced by the Chief of Staff and Patient Relations Coordinator meeting weekly to discuss any issues which may have arisen in the emergency department.

Board Quality and Safety Indicator Review and Alignment Recommendations

The Board discussed the recommendation to approve the new quarterly Quality Improvement Plan (QIP) & Publicly Reported Safety Indicators Shared Report. The QIP indicators and publicly reported safety indicators were not changed but are now presented in the same format as the balanced scorecard.

On a motion duly made, seconded, and carried without abstentions, the KDH Board of Directors approved the new quarterly Quality Improvement Plan (QIP) & Publicly Reported Safety Indicators shared report.

Y. Pelletier departed the meeting.

18. Board Education – Financial Landscape

S. Saslove outlined the financial challenges facing the hospital including the ongoing effects of Bill-124.

B. Rivard provided an education session to the Board outlining the Financial Landscape highlighting:

- **Funding Sources:** KDH's funding primarily comes from the province, in the form of a global base-budget, with additional non-government sources such as:
 - The KDH Foundation providing fundraising support which mainly funds capital investments and does not go towards operations;
 - KDH Auxiliary donations which generally funds small equipment purchases;
 - Parking revenue which supports operations; and,
 - Various transfers emanating from KDH's partnership with The Ottawa Hospital (TOH).
- **Budgeting Process:** The budget process typically starts in August, with Board approval in January and final approval of the budget in March. In normal years, in March, the Hospital Service Accountability Agreement (H-SAA) and Long-Term Care Service Accountability Agreement (L-SAA) are also approved and signed by the Board. This year, there will not be the usual Hospital Accountability Planning Submission (HAPS). After the approval of the budget, the year's operating plan is finalized and approved by the Board in May.
- **Administrative Reporting:** There has been an increase in reporting and accountability required with the receipt of various targeted funds.
- **Financial Health:** KDH's financial health indicators show increasing expenses, particularly in compensation. This is typical for hospitals as compensation generally represents between 60% and 70% of expenses. Contracted services have also increased substantially. Despite this, KDH is relatively well-positioned across various financial metrics.
- **Future Outlook:** Uncertainty remains about future funding, with potential for both increased funding or further financial pressures. There is a need for continued advocacy and strategic planning to navigate these challenges.

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”.

19.1.4. 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	Other
		√	Dr. Abdulla ALENEZI	COURTESY – Radiology			
		√	Dr. Luckasz BARTOSIK	COURTESY – Anaesthesia			

		√	Dr. Muhammad BAYAT	COURTESY – Radiology			
		√	Dr. John BRISEBOIS	COURTESY – Emergency	√		
		√	Dr. Wade BROCKWAY	COURTESY – Emergency	√		
		√	Dr. Stephanie CANNING	COURTESY – Internal Medicine, Gastroenterology			
		√	Dr. Sasha CARSEN	COURTESY – Surgery, Orthopaedics			
		√	Dr. Avijit CHATTERJEE	COURTESY – Internal Medicine, Gastroenterology			
		√	Dr. Harinder DHALIWAL	COURTESY – Internal Medicine, Gastroenterology			
		√	Dr. Andrea DONOVAN	COURTESY – Radiology			
		√	Dr. Catherine DUBE	COURTESY – Internal Medicine, Gastroenterology			
		√	Dr. Ismail EL-SALFITI	COURTESY – Emergency	√		
		√	Dr. Mona EFFENDI	COURTESY – Surgical Assist			
		√	Dr. John Francis EVANS	ACTIVE – Family Medicine ACTIVE –	√		

				Surgery, Surgical Assist			
√			Dr. Iman FOUJIL- BEY	TEMPORARY – Emergency		√	<i>TOH Temporary approval until December 31, 2024</i>
		√	Dr. Kayla GALLO	COURTESY – Surgical Assist		√	
		√	Dr. Adam GRUSZCZYNSKI	COURTESY – Surgery, Orthopaedics			
		√	Dr. Fadi HABBAB	COURTESY – Radiology			
		√	Dr. Daniel HOLMAN	COURTESY – Family Medicine COURTESY – Surgery, Surgical Assist		√	
	√		Dr. Neeraj KAUR	COURTESY – Radiology			
		√	Dr. Alicia KERRIGAN	COURTESY – Surgery, Orthopaedics			
		√	Dr. Karl-Andre LALONDE	COURTESY – Surgery, Orthopaedics			
		√	Dr. Patrick Joseph LEAHY	ACTIVE – Family Medicine		√	
		√	Dr. Loan LUONG	ACTIVE – Family Medicine		√	
		√	Dr. Abdel MALEK	COURTESY – Family Medicine COURTESY – Internal Medicine, Transfusions			

		√	Dr. Bassem MIGALLY	COURTESY – Anaesthesia			
		√	Dr. Paul MILLER	COURTESY – Anaesthesia			
		√	Dr. Annelise MILLER	COURTESY – Emergency			
		√	Dr. Shantel MINNIS	COURTESY – Radiology			
		√	Dr. Dominique MIRON	COURTESY – Surgical Assist			
		√	Dr. Sanjay MURTHY	COURTESY – Internal Medicine, Gastroenterolog y			
		√	Dr. Timothy O'CONNOR	COURTESY - Anaesthesiology			
		√	Dr. Stephen PAPP	COURTESY – Surgery, Orthopaedics			
		√	Dr. Sergio PASIAN	COURTESY - Radiology			
		√	Dr. Anne Marie PELLETIER	COURTESY – Emergency COURTESY – Surgery, Surgical Assist			
		√	Dr. Sophie PETITCLERC	COURTESY – Radiology			
		√	Dr. Michael PICKELL	COURTESY – Surgery, Orthopaedics			
		√	Dr. J. Whitcomb POLLOCK	COURTESY – Surgery, Orthopaedics			

		√	Dr. Jonathan RATHWELL	ACTIVE – Family Medicine ACTIVE – Surgery, Surgical Assist	√		
		√	Dr. Gurender RATTAN	COURTESY – Family Medicine COURTESY – Surgery, Surgical Assist	√		
		√	Dr. Christopher RAYNOR	COURTESY – Surgery, Orthopaedics			
		√	Dr. Alaa ROSTOM	COURTESY – Internal Medicine, Gastroenterolog y			
		√	Dr. Adam SACHS	COURTESY – Surgery, Orthopaedics			
		√	Dr. Navaaz SALOOJEE	COURTESY – Internal Medicine, Gastroenterolog y			
		√	Dr. Hassan SHENASSA	COURTESY – Surgery, Obstetrics and Gynecology			
		√	Dr. Benoît ST-JEAN	COURTESY – Surgery			
		√	Dr. Aviva STEWART	COURTESY – Anaesthesia			
		√	Dr. Jennifer TYNAN	COURTESY – Radiology			
		√	Dr. Ronald VEXLER	COURTESY – Internal Medicine, Cardiology			

		√	Dr. Benjamin WALSH	COURTESY – Surgery, Surgical Assist	√		
√			Dr. Michael WOO	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.

19.1.7. Extension of Temporary Privileges for TOH ED Physicians

On a motion duly made, seconded, and carried without abstentions, the Board approved the extension of privileges for Temporary TOH ED physicians from December 31, 2024, until March 31, 2025.

19.1.5. Medical Staff Policies

The Board had received the following policies proposed for approval:

- Policy 5: Residents, Fellows, and Medical Students.
- Policy 15: Attendance at Meetings.
- Policy 19: Responsibility of Historical and Physical Documentation.
- Policy 40: Pharmacy & Therapeutics Sub-Committee Terms of Reference.

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

- *Policy 5: Residents, Fellows, and Medical Students.*
- *Policy 15: Attendance at Meetings.*
- *Policy 19: Responsibility of Historical and Physical Documentation.*
- *Policy 40: Pharmacy & Therapeutics Sub-Committee Terms of Reference.*

E. Bonokoski departed the meeting.

19.1.6. Departmental Human Resources Plans

The Board received the departmental human resources plans for approval.

On a motion duly made, seconded, and carried without abstentions, the Board approved the departmental human resources plans.

19.1.3. Massive Hemorrhage Protocol


Dr. Sentongo highlighted the proposed Massive Hemorrhage Protocol as outlined in the Chief of Staff Report noting that all hospitals in Ontario are required to have a massive hemorrhage protocol. KDH's protocol had to be tailored to a small community hospital setting. The Medical Advisory Committee (MAC) reviewed the protocol and was comfortable.

On a motion duly made, seconded, and carried without abstentions, the Board approved the Massive Hemorrhage Protocol and its future implementation across KDH.

20. KDH Board Action Registry: No outstanding actions.

21. Next Meeting: Thursday, January 23, 2025 at 6:30 pm via Teams

22. Meeting Termination: There being no further business, the meeting was terminated on a motion at 8:56 p.m.


Frank Vassallo (Jan 31, 2025 15:58 EST)

F. Vassallo, CEO


Jeff Nolan (Feb 10, 2025 11:21 EST)

J. Nolan, Board Chair