

Kemptville District Hospital (KDH)
Board of Directors Meeting
Thursday, February 27, 2025
Via Microsoft Teams
6:30 pm
Minutes

Call to Order: J. Nolan, Board Chair, called the meeting to order at 6:31 pm.

- 1. 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. Westendorp	✓		M. Laughton (Recorder)	✓	
Dr. T. LeRiche	✓		C. Rutter	✓		C. Mayville-Fortin	✓	
L. O'Keefe	✓							

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 is given for the lands they are located on at the time of the meeting.

J. Nolan welcomed Carolyn Rutter who was attending as a non-voting guest representing the KDH Foundation in place of the Foundation Chair who was not able to attend.

- 2. Additions/Changes to the Agenda:** There were no additions or changes to the agenda.

3. Education Session

Dr. Tammy LeRiche presented on the Same Day Discharge Laparoscopic Hysterectomy Program, which started at KDH in February 2024, focusing on same-day discharge for laparoscopic hysterectomies. It aimed to reduce surgical wait times and improve patient

outcomes. Dr. LeRiche reviewed the criteria for patients, implementation process, and the program's results, noting that 23 hysterectomies were performed with a 95% same-day discharge success rate. No patients were readmitted within a year.

Future goals of the program include expanding the program to include more surgeons and potentially introducing a short-stay overnight option for recovery to allow for a second hysterectomy in a day.

Patient feedback has been positive, highlighting the quality of care and the professionalism of the staff at KDH.

Dr. LeRiche emphasized the collaborative effort of KDH and the positive impact on patient care.

Dr. LeRiche and C. Mayville-Fortin departed the meeting.

4. Re-affirming the KDH Mission

H. Zipes reaffirmed the mission.

5. January 23, 2025 Board Meeting Minutes

On a motion duly made, seconded, and carried, without abstentions, the Board approved the January 23, 2025 Board meeting minutes as presented.

6. 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:

6.1 An approval of:

6.1.1. The Audit Plan for the fiscal year ending March 31, 2025, and the proposed remuneration.

6.1.2. The authorization of the Chair, by resolution dated February 27, 2025 to sign off on the Declaration of Compliance Issued pursuant to the Long-Term Care Home Service Accountability Agreement, and declare to the Board of Directors of Ontario Health that:

After making inquiries of the Administrator, Katie Hogue (CNE), and other appropriate officers of the Health Service Provider (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 the long-term care home service accountability agreement (the "Agreement") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP confirms that:

- (i) it has complied with the provisions of the Connecting Care Act, 2019 and with any compensation restraint legislation which applies to the HSP; and*
- (ii) every Report submitted by the HSP is accurate in all respects and in full compliance with the terms of the Agreement.*

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement between the Ontario Health and the HSP effective April 1, 2023.

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

6.2.1. Compliance Certificate

6.2.2. Enterprise Risk Management Q3 Update

6.2.3. The Quality Improvement Plan indicators and Publicly Reported Patient Safety indicators.

7. Client Centred Care – Patient Stories

H. Zipes conveyed a compliment and a complaint, including the learning opportunities resulting from the complaint investigation.

8. Quality and Safety Committee

L. O’Keefe arrived to the meeting.

8.1 Quality and Safety Committee Chair’s Report

H. Zipes reported that the Committee is preparing for accreditation scheduled for September 22-25, 2025 and ensuring that all benchmarks and requirements are met.

8.2 Presentation – Draft Quality Improvement Plan (QIP)

L. O’Keefe presented the draft QIP for 2025-26, outlining the background and context for the establishment of the QIP. The proposed indicators are the following:

- **Within the category of “Access and Flow”:**
 - 90th Percentile Emergency Department (ED) Wait Time to Initial Physician Assessment: Target to be determined as data for baseline being assessed.
 - 90th Percentile ED Wait Time to Inpatient Bed: Target of under 10 hours, considering current lack of overnight hospitalist coverage preventing patients from being admitted to inpatient bed between 11pm and 8 am.
 - Return Visits to ED Within 72 Hours of discharge from initial ED non-admit visit, resulting in admission to an inpatient unit on the second visit: Indicator to be determined as data for baseline being assessed.
- **Within the category of “Equity”:**

- Percentage of Staff who have completed relevant equity, diversity, and inclusion and anti-racism education: Target of 80%
- **Within the category of “Experience”:**
 - Patient received enough information about their healthcare at discharge: Target to be determined as data being assessed.
 - Percentage of long-term care residents responding positively to “having a voice” on survey: Target of 80%.
- **Within the category of “Safety”:**
 - Barcode Medication Administration (BCMA) Rates: Target of 80%. The Board discussed some of the circumstances which would prevent the achievement of the target for BCMA.
 - Patient Falls per 1000 Patient Days: Target of below 10.
 - Medication Reconciliation at Discharge: Target of 80%.
- **Executive Compensation:** Indicators tied to executive compensation are BCMA compliance, EDI and anti-racism education completion, and patient experience with discharge communication.
 - The Board discussed the process for identifying the executive compensation metrics and noted that the process is one where the Senior Leadership team assesses what are fair and achievable metrics to be achieved and linked to executive compensation. Senior Leadership provides that recommendation and rationale to the Quality and Safety Committee and Board for approval.

The Board noted the importance of setting realistic and achievable targets to drive meaningful improvements in healthcare quality.

8.3 Critical Incident Report – ILTC

K. Hogue outlined the three critical incidents that were reported as part of the meeting package. The Ministry of Long-Term Care concluded that no further follow-up was needed for these incidents, as the hospital had followed all required procedures.

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

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

12.2 CNE Report

Clinical Staffing:

- ED: 100% of full-time staff positions are filled in the ED and agency staffing has been reduced. The addition of a third nurse on night shifts has also stabilized the department.
- Medical and Surgical (M&S) Unit: Nursing “up-staffing” on the M&S unit has been implemented for the 3pm to 11pm shift without using over-time or agency nursing. This has had a result of increasing the overall feeling of staff being supported on the unit.

- **New Social Worker Position:** A new “in-house” social worker position has been created at KDH. This position will support the emergency department and help reduce admissions that would be prevented by social support.

Metrics and Monitoring: Quality and Safety indicators in the form of “score-cards” have been circulated to various units so staff can see the priorities and be part of the process to continually improve care.

Hospital Accreditation Preparation: The hospital's preparation for accreditation in September, 2025 is focussing on efforts to update policies and standards, and the importance of understanding required organizational practices. There is also the upcoming Ontario College of Pharmacy Accreditation in July, 2025 and the mock accreditation survey to identify areas for improvement.

12.3 Balanced Scorecard

The complete balanced scorecard was presented to the Board with a reminder that it had been approved for use going forward at the November 28, 2024 Board meeting. The scorecard includes important indicators that reflect the hospital's performance.

The Chair noted that the balanced scorecard should be discussed in detail at the respective committees, and provided to the Board as an information item, with committees electing to highlight any metrics that may need the specific attention of the Board.

The Board noted that a refreshed balanced score-card will need to be approved annually by the Board.

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

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

14. 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. Omar ANJUM	TEMPORARY, Emergency			TOH Temporary approval until March 31, 2025
		√	Dr. Sana KENSHIL	COURTESY, Internal			

				Medicine, Gastroenterology			
		√	Dr. Pearl TAN	COURTESY, Surgical Assist			
	√		Dr. Leigh WATERS	COURTESY, Surgical Assist			

STATEMENT OF COMPLIANCE

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

15. Medical Staff Policies

The Board had received the following policies proposed for approval:

- Medical Staff Policy #03 – Chart Completion
- Medical Staff Policy #23 – Disposition of Laboratory Interim Reports
- Medical Staff Policy #24 – Use of non-Standardized Laboratory Testing
- Medical Staff Policy #31 – Intubation of Patients on Medical Surgical unit
- Medical Staff Policy #34 – Emergency & In-Patient Services Committee
- Medical Staff Policy #44 – Surgical Booking & Cancellation

16. Transition to Harmonized Annual Reappointment Date (March 2026)

Dr. Sentongo presented the proposal to change the physician reappointment process from three times a year to a single annual cycle starting in March 2026. The rationale includes aligning with industry standards, reducing administrative workload, and integrating with the Ottawa Hospital's (TOH) cycle.

To implement the change, physicians scheduled for reappointment in September, 2025 and November, 2025 will still apply, but decisions will be deferred until March, 2026. Their privileges will remain valid until then, consistent with the Public Hospitals Act and professional staff bylaws.

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


- ***The following medical staff policies, as presented:***
 - ***Medical Staff Policy #03 – Chart Completion***
 - ***Medical Staff Policy #23 – Disposition of Laboratory Interim Reports***
 - ***Medical Staff Policy #24 – Use of non-Standardized Laboratory Testing***
 - ***Medical Staff Policy #31 – Intubation of Patients on Medical Surgical unit***
 - ***Medical Staff Policy #34 – Emergency & In-Patient Services Committee***
 - ***Medical Staff Policy #44 – Surgical Booking & Cancellation***
- ***The Transition to a Harmonized Annual Reappointment date***

17. KDH Board Action Registry: No outstanding actions.


18. Next Meeting: Thursday, March 27, 2025 at 6:30 pm via Teams

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

18. Meeting Termination: There being no further business, the meeting was terminated on a motion at 8:40 p.m.


Frank Vassallo (Jun 2, 2025 16:26 EDT)

F. Vassallo, CEO


Jeff Nolan (May 29, 2025 11:39 EDT)

J. Nolan, Board Chair