



# Annual Report 2013 - 2014



## Board of Directors – 2013-2014

Mr. J.J. Rousseau	Chair
Ms. L. Angus	Vice-Chair
Mr. P. Currie	Treasurer
Mr. C. Goodfellow	Chief Executive Officer & Secretary
Dr. G. Leonard	Chief of Staff
Dr. P. Leahy	President of the Medical Staff
Mrs. L. Leonard	Director (KDH Auxiliary President)
Mr. H. O'Neill	Director (KDH Foundation Board Chair)
Mr. T. Butler	Director (Municipal Representative)
Ms. K. Cooper	Director
Mr. D. Hart	Director
Mr. P. Larocque	Director
Mr. C. Naud	Director
Mr. J. Neubauer	Director
Ms. G. Poapst	Director
Ms. D. Ulrichsen	Director
Mr. B. Vanveen	Director

**FAMILY  
PHYSICIANS (with  
Admitting Privileges)**

Dr. C. Adamson  
Dr. N. Aggarwal  
Dr. D. Blaine  
Dr. J. Evans  
Dr. D. Holman  
Dr. P. Leahy  
Dr. G. Leonard  
Dr. G. Lewin  
Dr. L. Luong  
Dr. T. McCallan  
Dr. J. Rathwell  
Dr. Z. Saleh  
Dr. M. Waness  
Dr. S. Rutherford  
Dr. T. Zakhem

**Courtesy Privileges**

Dr. C. Adamson  
Dr. K. Giles

**ER PHYSICIANS**

Dr. W. Al Houssan  
Dr. J. Brisebois  
Dr. W. Chung  
Dr. E. Conway  
Dr. D. Harris  
Dr. D. Jokinen  
Dr. D. Jones  
Dr. G. Leonard  
Dr. D. Makropoulos  
Dr. T.L. McCallan  
Dr. P. McGregor  
Dr. T. O'Connor  
Dr. S. O'Donnell  
Dr. A.M. Pelletier  
Dr. J. Rathwell  
Dr. R. Rouf  
Dr. S. Rutherford  
Dr. Z. Saleh  
Dr. C. Sentongo  
Dr. R. Tolton  
Dr. T. Zakhem

**Anaesthesia**

Dr. D. Dufour  
Dr. H. Evans  
Dr. C. Farah  
Dr. L. Gil  
Dr. N. Hale  
Dr. R. Hendy  
Dr. D. Jones  
Dr. C. Kirby  
Dr. G. Lalonde-Kontio  
Dr. C. Lipan  
Dr. R. Massoud  
Dr. P. Miller  
Dr. T. O'Connor  
Dr. R. Rouf  
Dr. C. Sentongo  
Dr. C. Smyth  
Dr. A. Stewart  
Dr. C. Tallmadge  
Dr. R. Waldolf  
Dr. K. Walton

**Gastroenterology**

Dr. H. Dhaliwal  
Dr. S. Gregoire  
Dr. R. Lee

**OR TEAM**

**Internal Medicine**

Dr. J. MacLean  
Dr. L. Schnurr  
  
**Orthopaedics**  
Dr. P. Beaulé  
Dr. P. Bienkowski  
Dr. C. Brown  
Dr. J. Brunet  
Dr. G. Dervin  
Dr. R. J. Feibel  
Dr. W. Gofton  
Dr. P. Kim  
Dr. K.-Andre Lalonde  
Dr. P. Lapner  
Dr. A. S.L. Liew  
Dr. A. Marshall  
Dr. S. Oliver  
Dr. S. Papp  
Dr. J. W. Pollock  
Dr. J. Randall  
Dr. C. R. Raynor  
Dr. J.D. Ritter  
Dr. P. Shim  
Dr. D. Simon  
Dr. P. Thurston  
Dr. D. Young

**Surgery**

Dr. J. Blakslee  
Dr. B. Brar  
Dr. P. Davison  
Dr. J.C. Gauthier  
Dr. R. Monaghan  
Dr. J. Pires  
Dr. B. St-Jean  
Dr. J. Weaver  
Dr. S. Zolfaghari

**OR Assist**

Dr. V. Agarwala  
Dr. S. Bauermeister  
Dr. F. Berkman  
Dr. B. Chaudry  
Dr. A. Degani  
Dr. R. Frankovich  
Dr. R. Gauvreau  
Dr. E. Gofton  
Dr. R. Hendy  
Dr. D. Holman  
Dr. B. Persaud  
Dr. M. Rizk  
Dr. K. Sabourin  
Dr. R. Tolton

**SPECIALISTS**

**Dermatology**

Dr. C. Kirshen  
Dr. M. Pratt

**Laboratory**

Dr. Halil

**Neurology**

Dr. S. Christie  
Dr. R. Giaccone

**Ophthalmology**

Dr. D. Conrad

**Plastic Surgery**

Dr. S. A. Chitte

**Psychiatry**

Dr. G. Thomas

**Sports Medicine**

Dr. S.  
Bauermeister

**Radiology**

Dr. Reza Forghani  
Dr. Irene Gulka  
Dr. Justin Haba  
Dr. Dennis Janzen  
Dr. Zeev Maizlin  
Dr. Jason Martens  
Dr. Shantel Minnis  
Dr. Dan Mozeg  
Dr. Paul O'Brien  
Dr. Peyvand Pordeli  
Dr. Manohar Shroff  
Dr. Jennifer Tynan  
Dr. Lawrence Weisbrod

## Report of the Board Chair 2013-2014

Another busy year has passed for Kemptville District Hospital, and the Hospital has responded with creativity and resolve to the challenges and opportunities lying in its path. The organization's successful handling of events such as the departure of the physicians from the health centre, the ground shifts in our surgery programs and the opening of the Convalescent Care program is proof that, not only is our staff up to the task, but that local governance is the correct approach to managing the delivery of health care services in our environment.

I am an advocate of governance residing at a local level as opposed to centrally administered health care facilities. At a recent governance showcase organized by the OHA's Governance Centre of Excellence, trustees from a number of health care providers across the province, large and small, presented the results of important initiatives carried out by their Boards. From amalgamation projects to community involvement to upgrading communication tools, the ingenuity and resourcefulness of these Boards was key in delivering results quickly and efficiently. Furthermore, objectives and outcomes were completely owned by the stakeholders.

Ontario is now the last province to leave this important responsibility in the hands of its communities. I don't think this is an exception to be rectified, but rather a fortunate, if not deliberate, response by our political leaders to leave be a well-functioning aspect of the Ontario health care system.

In these last twelve months, the Board has reaped the benefit of the Hospital's close connection to the communities it serves. As succession and renewal became front and centre concerns for the Board, the community responded with tremendous interest. Our recruitment of new Board members was very successful and this bodes well for our organization.

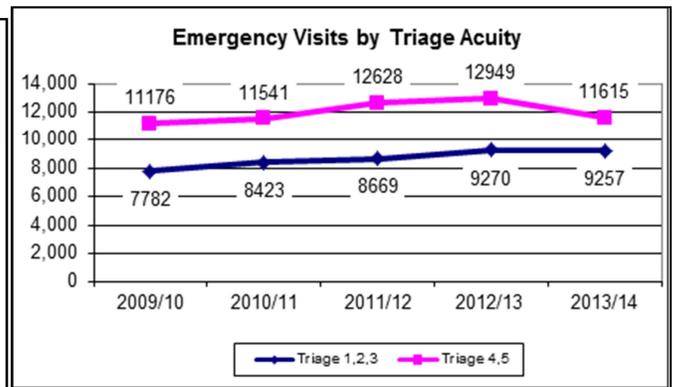
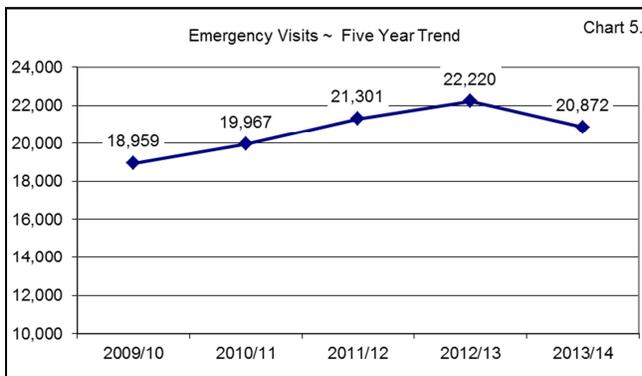
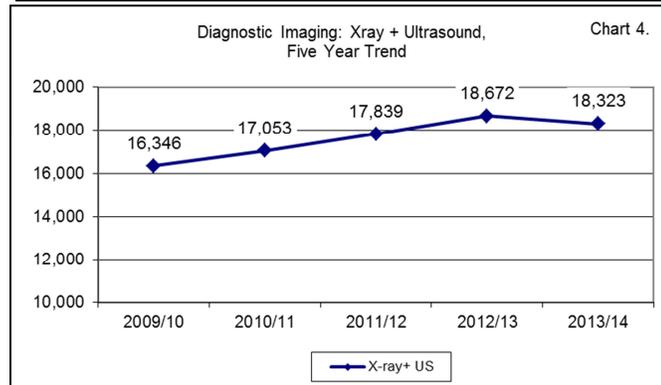
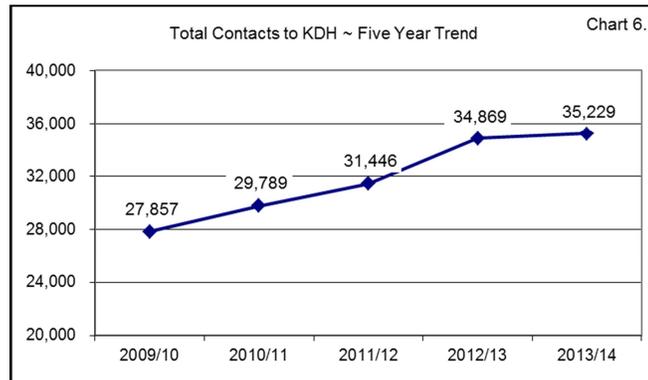
I take this opportunity, as my tenure concludes, to express my gratitude and appreciation to Colin and his staff for their excellent support and collaboration during the last three years. I am also very grateful to my fellow Board members for their professionalism and dedication to the life and work of KDH. Because of all these terrific people, there seems to be no challenge that our Hospital can't meet.

Respectfully submitted,

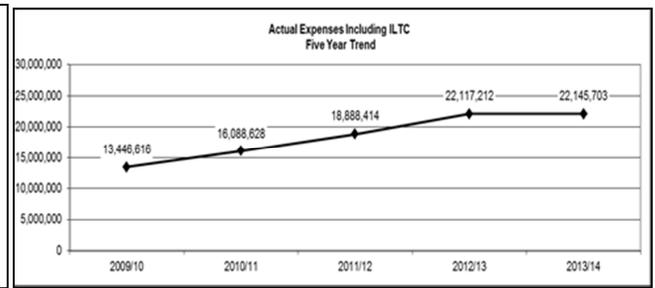
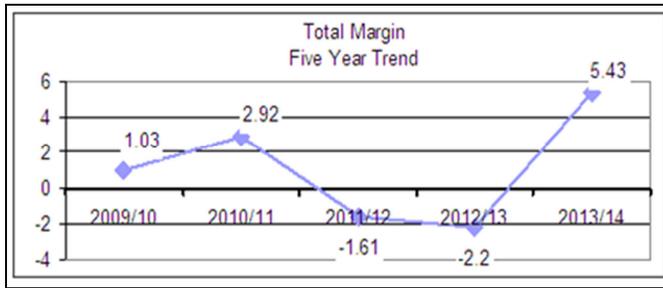
Jean-Jacques Rousseau  
Board Chair

## Report of the Chief Executive Officer 2013-2014

The year just ended was the conclusion of our second wave of expansion in the last ten years. You will see from the “total contacts” chart that our rate of growth in service activity has slowed and is leveling off. This is the coming to maturity of our post construction operating plan service level commitments and the provincial capping of joint replacement allocations. The two areas of service level decline, E.R. and diagnostic imaging, are linked in that the E.R. ordered fewer X-rays. The decline in visits to the E.R. reflects the fortunate situation in our community of a healthy supply of primary care physicians. The availability of community GPs means fewer low acuity visits to the E.R. The corollary to that is the acuity level of those presenting in the E.R. is rising.



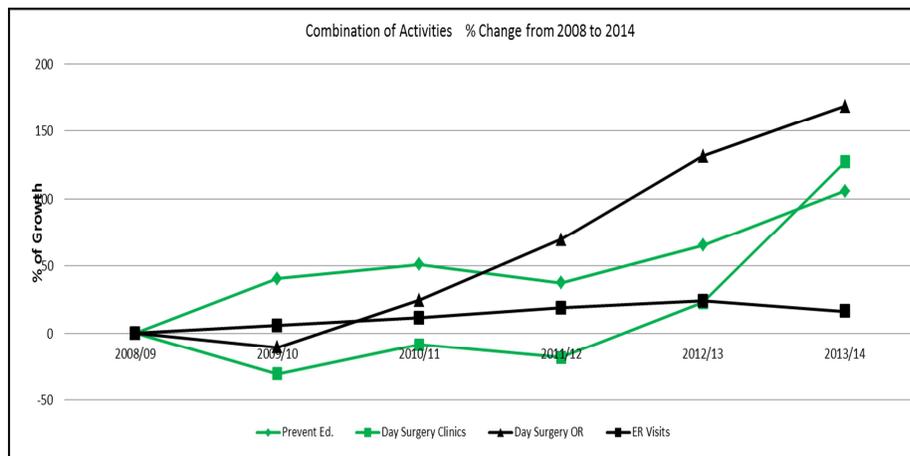
On the financial side of our operation we are moving toward restoring our cash position, which had declined in supporting growth opportunities.



The year’s operating surplus of \$1,066,612 was higher than the forecast of \$356,584 as a result of expenditure reductions, good fortune and successful negotiations with the Province. Kemptville Hospital is now a +\$25 million operation with two locations and operating health-partner leasing operations in two further buildings.

The current plateau in growth is welcome as the hospital is recalibrating its management at both the personnel and systems level to continue to drive efficient, excellent patient services. This is a vital requirement arising from the increased size and complexity of the organization and the difficult environment ahead.

Moreover, the consolidation pause ensures a stable platform from which to advance our next expansion. How health services are delivered and what KDH’s role is as our communities’ health hub continues to change. KDH has an ongoing mission to build healthier communities and faced with the need to move to chronic disease management and ambulatory care, we will be there.



Planning for the much-needed new outpatient care and disease management centre moves forward. KDH is a progressive organization that is in the top of its peer group. These results are possible because of a highly committed staff, a supportive community and a Governing Board committed to a healthy tomorrow. We are gearing up for our next big step forward in building healthier communities.

Yours in Building Healthier Communities,

Colin Goodfellow  
Chief Executive Officer

## **Report of the Chief of Staff 2013-2014**

Our hospital continues to thrive through the ongoing support of many hard-working people.

Our medical staff, in the Family Practice category, continues to grow each year. Two new physicians have joined the family practice clinic in the past year. Our community is well covered from a primary care perspective. As you know, our family physicians have moved their practice location from the KDH Health Centre to the eQuinelle location. Their willingness, as a group, to undertake this move and create a new clinic setting demonstrates their commitment to the hospital and the community. These young physicians continue to support our hospital by providing emergency room coverage as well as care to our inpatients through the 'hospitalist' role. With the arrival of the Convalescent Care program, they have accepted responsibility for the medical care of those patients. They continue to provide urgent medical care coverage to our Orthopedic Inpatient Unit as well. In addition, they continue to serve their patients in the traditional family doctor role. They are providing palliative care services in the home as well as providing coverage at Bayfield Manor nursing home.

The Orthopedic Inpatient Unit continues to thrive and continues to receive accolades. The medical problems and complications that have arisen are adequately and efficiently treated through the coverage system that our physicians provide. Dr. David Jones has accepted a leadership role with respect to anesthesia and is an important part of coordinating the personnel required to keep the orthopedic program running efficiently.

During this past year the Convalescent Care program has arrived on the scene. As noted above, we have a core group of physicians willing to provide the medical support for that program. To date, it is running quite smoothly.

Our Interim Long-Term Care Unit has shrunk, but continues to serve four patients in that capacity. That continues to work out well.

Our Medical Inpatient Unit is very busy. A number of very sick and complicated patients are managed there by our physicians. We continue to work closely with the tertiary care hospitals as the patients move back and forth for specialty services, treatments and investigations. Our Emergency Department is very busy. The staffing challenges of the past are not an issue at this time. We have a core of physicians providing good quality emergency care to the community. Dr. Wilfred Chung, our current Chief of Emergency Services, continues to improve the quality and safety of patient care through a variety of initiatives.

Our Champlain LHIN has developed a Repatriation Policy, which they hope will free up beds in the tertiary care hospitals by expediting their return to the community, peripheral hospitals. That is presenting an ongoing challenge, trying to accommodate those patients in timely fashion in our small number of inpatient beds. It is a work in progress and will need to be monitored on an ongoing basis.



Our medical staff continues to have a variety of Continuing Medical Education events here in the hospital. That helps our physicians to maintain their knowledge and skill without having to head for the bigger centres.

Our new radiology group, Real-Time Radiology, are providing excellent quality diagnostic imaging services for us. This is a new initiative using state-of-the-art digital technology. During this past year we have successfully linked with the Winchester Breast Care Program to expedite the investigation of abnormal mammograms. This ensures a safe and efficient process in dealing with these situations.

In summary, Kemptville District Hospital continues to provide a wide range of top quality medical and surgical services not only to our own community but to a large part of Eastern Ontario. It takes a lot of hard work and dedication from a large number of people to do this.

Thank you,

Greg Leonard M.D. CCFP  
Chief of Staff

## Report of the Hospital Auxiliary 2013-2014

The Kemptville District Hospital Auxiliary (KDHA) continues to thrive as a volunteer organization that is committed both to raising money for KDH to support patient services and to providing volunteers to work in different capacities throughout the hospital. In fact, with approximately 80 volunteers, the total volunteer hours worked in 2013 were close to 13,000. The kiosk at the main entrance to KDH is well staffed with our volunteers now, to help direct patients and visitors in the hospital.

We have successfully completed our commitment to the Mammography Campaign of \$100,000 over five years; in fact we have surpassed that amount. At our general meeting of March 17, 2014 it was passed that KDHA would donate \$60,000 to KDH, the same amount as in 2013. We have suggested this money go towards purchasing equipment from a “wish list” provided to us, including a Colonoscope for the OR, and a Glide Scope, Pumps and ECG machine for Inpatient Nursing Services.

The Gift Shop/Coffee Bar and Second Hand Rose continue to do very well. Betty Beach will accept any donations of nearly new items for Second Hand Rose. Brenda Steacie has replaced Allison Penny as convenor of the Coffee Bar. Allison continues to volunteer in the Gift Shop/Coffee Bar.

Four members attended the HAAO Fall Conference in Toronto in November: Betty Beach as a first time attendee, Bev Carson, Jane Wolfe and myself. We always come away feeling a bit more motivated and refreshed in our roles as members of KDHA. Six of us attended the Spring Conference in Pembroke, at which the guest speaker was the President of HAAO, Elen MacMillan. She spoke of the importance of each auxiliary having current Bylaws and a Memorandum of Understanding between their hospital and auxiliary. We currently have both of those and, in fact, the province is using our MOU as a model. She also announced that the Fall Conference will not have a Student Conference preceding it, and that the Fall Conference will be only two days instead of three, due to increasing costs and decreasing attendance.

Last year we spoke of a name change to HAAO. In the end it will stay the same, but with a tag line under HAAO reading “Supporting Health Care Volunteers” I will be presenting a few changes to our Bylaws for motion at our AGM. Firstly, the number necessary for quorum will be reduced to six from nine. And secondly, the general meetings will be held every second month, with the AGM in June.

Acton’s Corners Unit of KDHA has once again been doing a wonderful job of maintaining Beth’s Garden. At their Christmas potluck dinner, they presented KDHA with a cheque for \$5,000 from the proceeds of their quilt raffle. Good work, ladies and gentlemen.

Two bursaries, each \$250, will be awarded to a graduating student entering the health care field from each of the local high schools.

Hey Day was a tremendous success once again, led by Jane Wolfe. Thanks to so many of our members who volunteered their time and are so committed to this fundraising event.



Our executive continues to try to recruit a 2nd Vice as Jane Wolfe takes up her position as President of KDHA and Jolene Stover takes up her position as 1st Vice.

Lillian Leonard  
President, Kemptville District Hospital Auxiliary

## Report of the Governance Committee

The Governance Committee hereby submits the following members of the Corporation for Appointment and Re-appointment as Directors of Kemptville District Hospital:

For Appointment:

Robert Morais (1<sup>st</sup> Term)  
Chris Dickson (1<sup>st</sup> Term)  
Ann Hysert (1<sup>st</sup> Term)  
Paul-Emile Cloutier (1<sup>st</sup> Term)

For Re-Appointment:

Lis Angus (3<sup>rd</sup> Term)  
Jean-Jacques Rousseau (1 yr Past Chair)