



Board of Directors at June 2015

Ms. L. Angus	Chair
Ms. K. Cooper	Vice-Chair
Mr. P. Currie	Treasurer
Mr. M. Bilodeau	Interim Chief Executive Officer & Secretary
Dr. G. Leonard	Chief of Staff
Dr. P. Leahy	President of the Medical Staff
Ms. C. Burke	Chief Nursing Officer
Ms. J. Wolfe	Director (KDH Auxiliary President)
Mr. R. Noseworthy	Director (KDH Foundation Board Chair)
Mr. F. Onasanya	Director (Municipal Representative)
Ms. C. Chisholm	Director
Mr. Paul-Emile Cloutier	Director
Mr. C. Dickson	Director
Mr. D. Hart	Director
Ms. A. Hysert	Director
Mr. R. Morais	Director
Mr. J. Neubauer	Director
Ms. G. Poapst	Director
Ms. D. Ulrichsen	Director

Report of the Board Chair 2014-2015

Looking back on the past year, KDH has much to be proud of in our continuing efforts to provide high quality healthcare services — both acute and preventive care — to individuals and families in North Grenville and South Ottawa while making a contribution to regional health issues.

In 2014/15:

- 22,181 people were treated in the KDH emergency department;
- 7,559 people attended outpatient clinics at KDH;
- 5,917 people had surgery at KDH (day surgery 5,581; inpatient orthopaedic surgery 336);
- KDH achieved 96% patient satisfaction with overall care across all departments, with the following breakout by department:

In-Patient Medical – 97.1%

In- Patient Surgical - 97%

Day Surgery – 100%

Emergency Department – 88.5%

Twice this fiscal year — in April 2014 and February 2015 — KDH patients' rating put our hospital in the top 10 percent in Ontario for inpatient care: for overall quality of care as well as for patients' likelihood to recommend KDH to family and friends. Both times KDH was recognized as a top performer among *all* participating Ontario hospitals, not just 'small community' hospitals.

Results like these demonstrate the high degree of dedication and skill of our KDH staff, who strive through teamwork to continually improve our service delivery processes and achievements.

As an example, in May, KDH achieved Stage 4 (the top stage is 7) in the internationally-recognized Electronic Medical Record Adoption Model (EMRAM) process. This level, which includes electronic entry of physician orders, will improve efficiency and patient safety at KDH. Only 5.2 percent of Canadian hospitals have reached this level, and in Ontario, the average EMRAM score for all for acute hospitals is 2.9.

The hospital is in good financial shape, finishing the year with a surplus and entering the 2015-16 year with a balanced budget.

At the end of March 2015 our CEO, Colin Goodfellow, left KDH after ten years of service. We were very fortunate in being able to persuade Michel Bilodeau, former CEO of both the Children's Hospital of Eastern Ontario and of Bruyère Continuing Care, to join KDH in April as interim CEO while we conduct a search for a new permanent CEO. We hope to have that process completed this fall, and in the meantime both the Board and the staff are greatly benefitting from Michel's considerable expertise.

Anticipating that our new CEO will want to have input into the strategic direction of the hospital, we have decided to extend the 2012-2015 strategic plan by one year, to 2016 — with refreshed goals

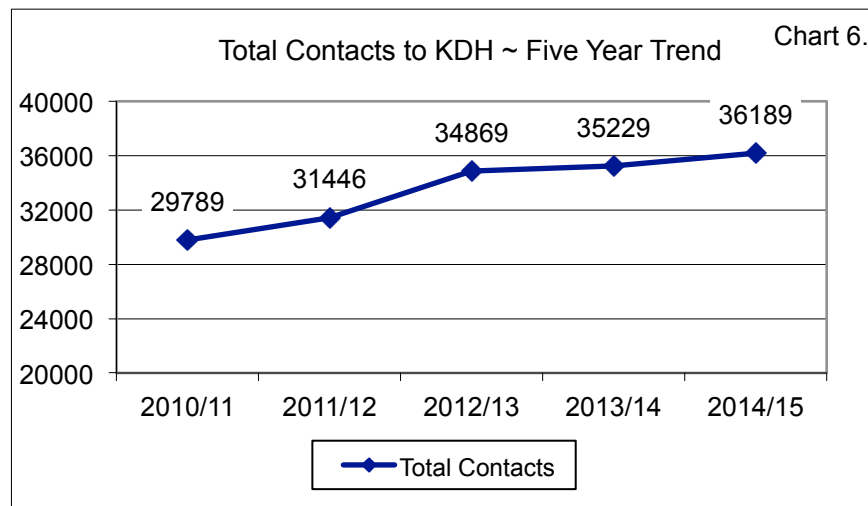
based on stakeholder surveys and staff input — rather than proceed with a new three-year plan at this time.

One of the tasks we are currently addressing, together with the Champlain LHIN and other healthcare partners, is assisting our sister health centre in Barrhaven, Rideau Valley Health Services, to help strengthen its financial position while enhancing its delivery of primary care services in the South Ottawa area.

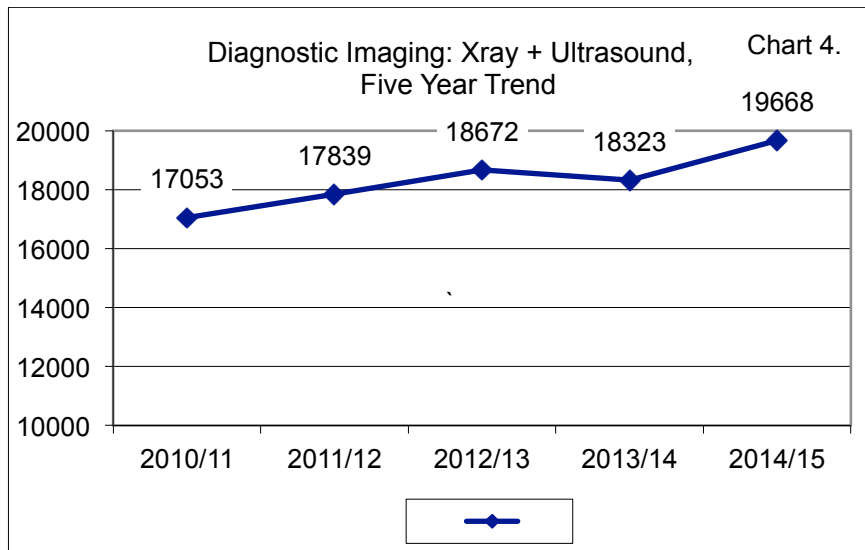
As I complete my first year as Chair of the KDH Board, I am very grateful for the hard work and dedication of my fellow Board members as we work to position the hospital for the challenges that lie ahead. We continually strive to become a better Board, and to this end we will shortly be conducting a professionally-led review of our policies, procedures and practices to ensure that we meet the highest standards of hospital governance.

I am also very grateful for the ongoing support of our local community, and for the hard work of our excellent staff, physicians and volunteers, who together contribute to KDH’s continuing best efforts to achieve our fundamental mission: building healthier communities.

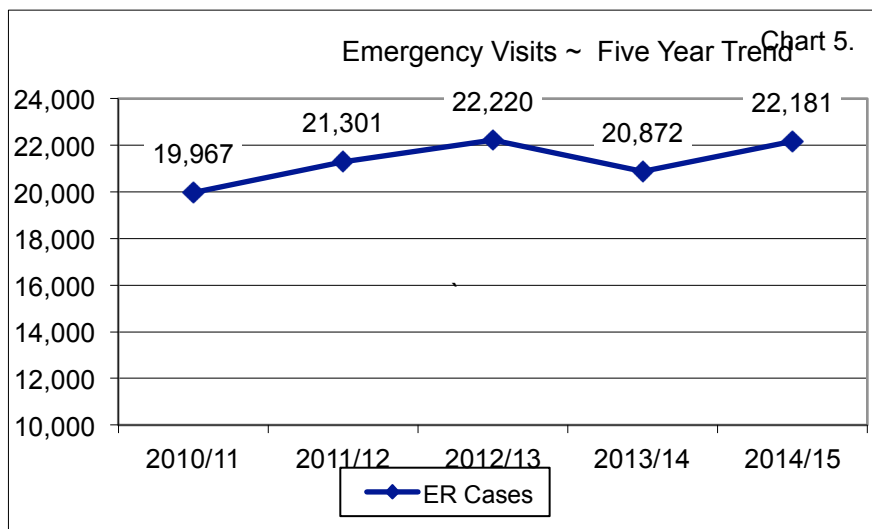
Update on Service Volume Trends



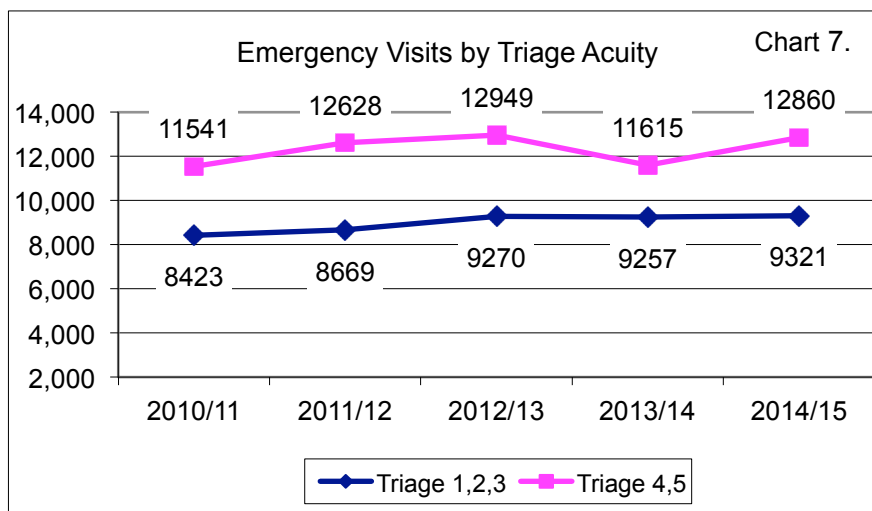
Total contacts are up 2.73% in 2014/15 over 2013/14. The previous year’s increase from 2012/13 to 2013/14 was 1.03%.



At the end of 2013/14 we had experienced a decline in two service areas: diagnostic imaging and emergency visits. In 2014/15 both of these service areas grew. Diagnostic imaging (x-ray and ultrasound) is up 7.34% over the previous year, and emergency visits are up 6.27%.



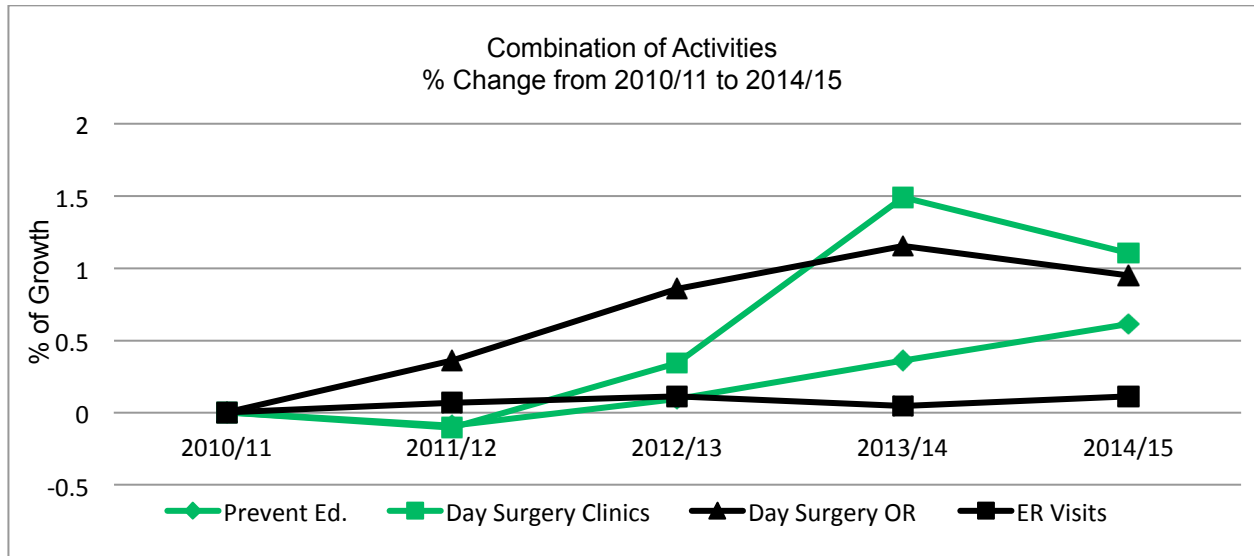
Emergency visits and diagnostic imaging tests are linked: more emergency visits means more x-rays ordered by emergency department physicians.



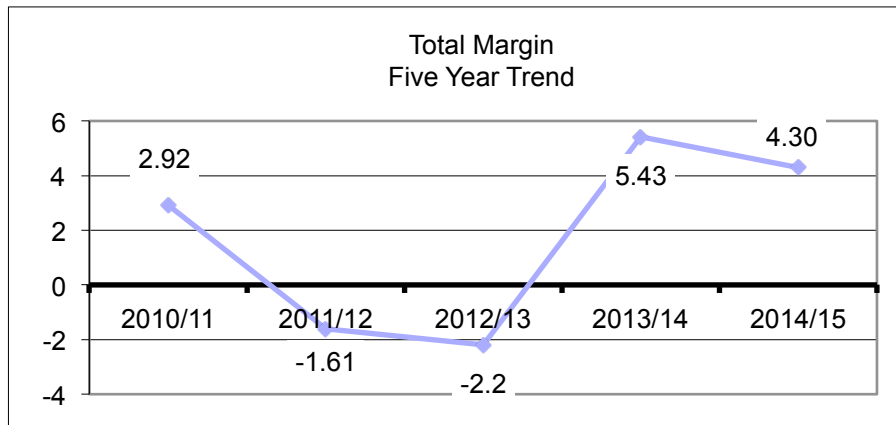
Total visits to the ER rose in 2014/15. Although there was a rise over last year in both the number of lower acuity (Triage 4/5) and higher acuity (Triage 1,2,3) cases presenting to ER, in looking at the percentage of total visits, we can see that the rise was in the lower acuity cases.

2014-2015:
 58% Triage 4,5
 42% Triage 1,2,3

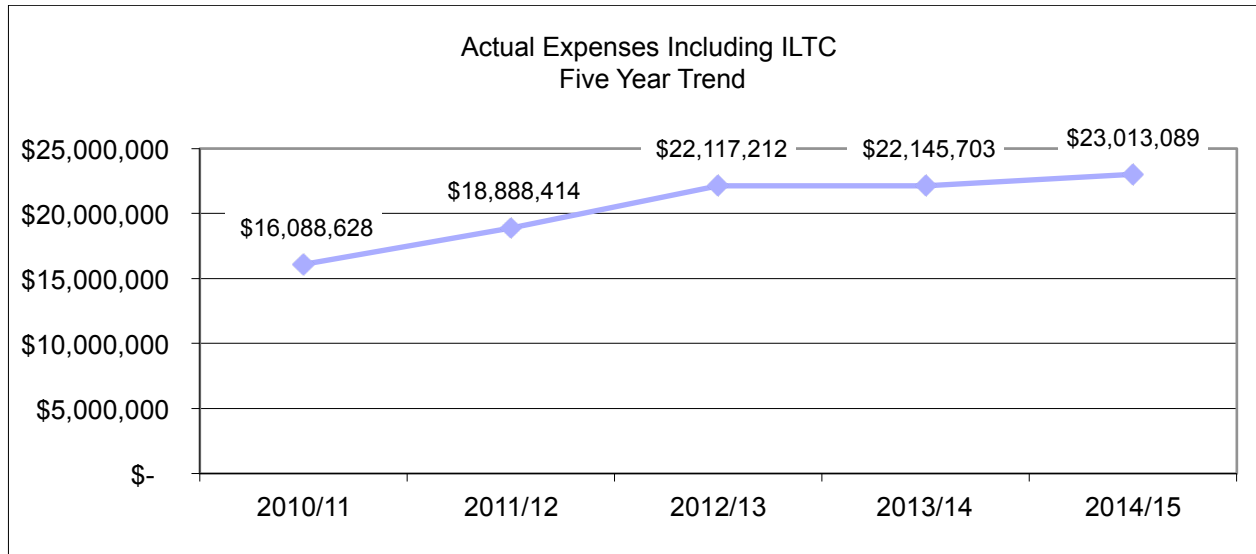
2013-2014:
 56% Triage 4,5
 44% Triage 1,2,3



In 2013/14, Day Surgery OR, Day Surgery Clinics and Preventive Education Clinics were up from the previous year, while ER visits were down. In 2014/15, Preventive Education and ER visits are up (by 18.32% and 6.27%, respectively), while Day Surgery OR and Day Surgery Clinics are down (by 9.53% and 15.47%, respectively). Our in-year target for Day Surgery services declined from 2013/14 to 2014/15, in step with the allotment of Day Surgeries required for fulfillment of our post construction operating plan (PCOP) commitments.



We experienced a deficit in 2011/12 and 2012/13 during a period of intense growth of the organization. In both 2013/14 and 2014/15 we achieved a surplus, due to a levelling off of growth, and injections of funding from the Small Hospital Transformation Fund.



Respectfully submitted,

Lis Angus
Board Chair

Report of the Chief Of Staff 2014-2015

The medical care delivered at Kemptville District Hospital remains excellent. This is reflected in the positive reviews that we receive from our patients both in the community and on our provincial audit tools.

Our emergency room remains very busy. Many of the patients are very sick and complicated, requiring a multidisciplinary approach to their management. We continue to work with the specialists, in part locally as well as in Ottawa, in order to provide the required care for them. Our ratings from the audit tools remain very good. The staff continue to work at improving the efficiency of care and, as a result, the 'patient experience' in our emergency room.

Our hospital and community have been part of the Ottawa Heart Institute "Code Stemi" program for a number of years now. It continues to work very efficiently, facilitating the transfer of those patients with an acute heart attack directly to the Heart Institute in Ottawa for emergent coronary artery catheterization. By using this system, the potential damage to the heart is minimized and outcomes have been very good. During this past year, our Chief of Emergency, Dr. Wilfred Chung, has helped to create a "Stroke Code" initiative that has been made available to the North Grenville area. This allows for direct transfer of the acute stroke patient to neurology in Ottawa for emergent intravenous thrombolysis (clot busting). Once again, the direct transfer prevents wasting valuable time, allowing for the maximal preservation of brain function and leading to significantly improved patient outcomes.

Our emergency room is covered by a number of the local family physicians as well as several physicians from the Ottawa area. There is very little turnover amongst the physician staff in emergency. They are comfortable working in our department, supported by the competent staff, excellent equipment and dedicated administration.

Our inpatient unit has been physically freshened up this year, which was long overdue. This has included a combination of structural changes, along with painting. Despite those disruptions the care has remained excellent. We continue to struggle with the "alternate level of care" patients that spend a long time in our acute care beds. These patients are not able to be discharged back to their home or residence. They are therefore waiting for placement, which takes a very long time and is largely out of our control. There are strategies in place to try to minimize the number of "alternate level of care" patients and as well to expedite their discharge. Despite those strategies the situation remains a difficult challenge. Our local family physicians, specifically the younger generation, remain the core of our hospitalist-inpatient coverage. They do a great job providing care for some very complicated medical patients. They continue to organize this coverage on a weekly rotating basis. This system has worked well for our patients as well as for the individual physicians and for the hospital.

Our operating rooms remain busy. We continue to credential well over 100 physicians annually. The majority of these are involved in the surgical program, including surgeons, assistants and anesthetists. We continue to receive accolades from our patients. They are very satisfied with the services provided. As well, the surgeons enjoy coming out to Kemptville and find the hospital a very comfortable and efficient place to work. Dr Colin Sentongo has taken over as Chair of the Anaesthesia Services Committee. He ensures that an adequate roster of anesthetists are available for the surgeons and facilitates the complex scheduling required for the busy operating rooms.

We continued to have four Interim Long-Term Care beds in addition to eight Convalescent Care beds. These patients and their families are quite appreciative of the care that they receive here. This program is currently functioning well. The medical care provided to these patients is from several of the local family physicians. Currently that number of interested physicians is shrinking and we are looking at options to deal with the problem of medical coverage that is developing.

In conclusion, Kemptville District Hospital remains a role model for other small hospitals. We function efficiently with excellent care delivered to our patients. We have developed and continue to maintain a good reputation not only in our community, but in the Ottawa area as well.

Thank you.

Greg Leonard M.D. CCFP
Chief of Staff

Report of the Hospital Auxiliary 2014-2015

I believe that we have had a good and interesting year. Our programs within the hospital, including monthly birthday parties and weekly bingo games, as well as our usual fundraising activities, all continue to be successful.

Our annual Hey Day (giant indoor garage sale), which occurred June 12 and 13 this year, seems to have been our best ever. The net will be reported in the fall after all expenses are known.

The Gift Shop and Coffee Bar is thriving, as it provides a service to patients, visitors and staff. The Champlain LHIN Healthy Foods initiative to have all area hospitals at the Bronze level by December 2015 should not be a problem for us. Our foods now comply and our labelling of complex foods, e.g. soup, is in process.

The sole Unit remaining, Acton's Corners Unit, is continuing, with Debra Seguin Redick at the helm.

They maintain Beth's Garden for all to enjoy and for the ILTC/CC patients to plant a small vegetable area in. A new raised bed will appear shortly, donated by Roy Young. The group raised \$5000 with a quilt raffle and donated it to the main Auxiliary.

Having altered our by-laws at the Annual meeting in June 2014, we have had successful turnouts for our meetings in September, November, January, March and May. I do not believe that anything went unattended due to our lack of monthly meetings.

Our commitment to education was demonstrated by attendance at the HAAO conferences:

- 11 at the Ontario East Fall Conference sponsored by CHEO;
- 4 at the Provincial Conference in Toronto in November;
- 12 at the Ontario East Spring Conference in Cornwall; and
- 4 at the Presidents' Luncheon in Perth.

Eighteen members also attended a Heart Saver course arranged by Michelle Graham in Human Resources.

We continued to support the KDH Foundation by participating in the Kemptville Walks for Mammography event in October, with six members raising \$4500 and four of them walking 10K in the rain.

KDH was beautifully decorated for the Christmas season; gifts were purchased for the ILTC and CC patients, and lights were purchased on the KDHF Tree of Lights in memory of the KDHA members who had passed away during the year.



We increased our annual donation to the hospital for essential equipment to \$65,000, and requested that our money purchase a defibrillator, monitoring equipment, an ECG machine, a blanket warmer, an infusion pump, and a new washer for the Laundry department.

The Hospital feted us with a Volunteer Appreciation Tea in April at the North Grenville Municipal Centre, where 12 members received Certificates of Appreciation and four received V pins in absentia. Flowers were presented, for their many years of carrying out the accounting function at Hey Day, to Avalon and Hal Pinhey and to Dorothy Hudson (in absentia). Then to our delight, we were entertained by Mr. Chris Pilsworth, an illusionist.

Our new initiative in response to a request from Heidi Peskett, Discharge Planner, and Cathy Burke, VP Nursing Services, to supply Comfort Kits to those in need of a little extra assistance when admitted to KDH, is off the ground. The kits include essential items, such as a toothbrush, toothpaste, soap, deodorant, comb, mouthwash, body lotion, tissues, emery board, lip balm, shampoo, puzzle book, notepad, pen/pencil, (and a razor and shave foam for men).

The two KDHA Bursaries awarded to deserving graduating students entering the Health Professions have been increased to \$500 each and were presented this week.

Stephanie Redmond, Volunteer Coordinator, continued to cheerfully orient and place new volunteers, keep our records within the hospital, and provide us with news via email. She also places news items of interest in the Volunteer Lounge.

Two replacement Directors were installed on June 15, 2015 at the Annual meeting, to complete the two year term of two who have stepped down. The List of Directors is attached.

Respectfully submitted,

Jane Wolfe, 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:

Carolyn Chisholm (1st Term)

For Re-Appointment:

Peter Currie (2nd Term)

Jim Neubauer (2nd Term)

Gayle Poapst (3rd Term)