

**Kemptville District Hospital
Board of Directors Meeting
Thursday, September 15, 2016
KDH Boardroom
2675 Concession Rd., Kemptville, ON
6:30 pm**

Minutes

1. **Call to Order:** K. Cooper called the meeting to order at 6:35 pm.
2. **Regrets / Quorum:** Quorum was established.

Present:	K. Cooper Dr. Leonard M. Harrison	R. Morais L. Angus A. Hysert	P. Currie C. Chisholm S. Saslove	F. Vassallo P-E. Cloutier (Tel) D. Ulrichsen
Regrets:	R. Noseworthy G. Poapst	F. Onasanya	C. Burke	J. Neubauer
Management/Staff and Guests:	L. LeClair Dr. Melody Isinger	A. Pinhey	C. Van Vliet	J. Read

3. **Re-affirming the Mission:** KDH's mission was re-affirmed by L. Angus, from her perspective.
4. **Client Centred Care:** J. Read shared both a compliment and a complaint from patients, including a review of the findings and what improvements were made as a result of investigating the complaint. As the complaint was an alleged missed diagnosis, a review of the evaluation of patients presenting with abdominal pain has been completed by Dr. Leonard and the Medical Staff. The importance of clear follow up arrangements and the limitations of diagnostic testing were discussed.
5. **Additions / Changes to the Agenda:** The Enterprise Risk Management has been deferred until the September 29th Board meeting, and will now include a presentation by the KPMG consultant.
6. **Approval of Consent Agenda Items:**

Motion: On a motion duly moved, seconded and carried, the Board approved to receive for information 8.3 Accreditation Work Plan Update and 8.4 Accreditation Governance Action Plans.

7. **Quality and Safety Committee Report**

The Quality and Safety Committee Chair provided a verbal report of the first meeting activities of the Committee including a brief summary of a presentation by staff with respect to Required Organizational Practices (ROP's).

7.1 Patient and Family Centred Care (PFCC): Patient and Family Engagement Strategy Update

An update was provided on the status of the Action Steps and Success Metrics within the Patient and Family Engagement Strategy.

The report highlighted a few key activities:

1. A duo purpose video on PFCC is being produced. One version will be publicly facing – sharing our staff’s perspectives on the Patient Experience Starts Here and the second version will be to orient new hires, volunteers, etc., on expectations and how to apply the same principles to working together.
2. The work of Patient and Family Advisors (PFAs) and the Patient and Family Advisory Committee (PFAC) are well underway. Activities in which PFAs have been engaged include Patient Leadership Safety Rounds, Champlain LHIN Sub-Regional Planning Consultation, Review of Patient Booklets and Quality Improvement Development and the PFAC have recently had their second meeting.

It was shared that the PFAs will be attending the Board of Director Orientation Session on hospital operations scheduled for September 23rd and, as well as being educated, this will be a great networking opportunity for some board members and PFAs.

The Board was pleased to be informed of all the developing work being done on PFCC.

8. Governance Committee Report

8.5 Education – Ethics by Dr. Melody Isinger

L. LeClair introduced Dr. Melody Isinger to the Board, KDH’s consultant Ethicist. Dr. Isinger provided education on Ethics and Ethics Frameworks and then spoke specifically to the two Board Policies being presented at 8.6 below.

8.6 Ethics Framework

Motion: On a motion duly moved, seconded and carried, the Board approved Policy No. 22 Ethical Decision Making as developed and presented.

Motion: On a motion duly moved, seconded and carried, the Board approved Board Policy No. 21 Code of Conduct for Directors as revised.

Dr. Isinger left the meeting, after responding to questions, at 8:06 pm.

8.2 Strategic Planning

8.2.1 Strategic Planning Update

Motion: On a motion duly moved, seconded and carried, the Board approved changes to the Strategic Plan as presented.

C. Van Vliet provided some insight into the reasoning for changes to the current 2016-2019 Strategic Plan that was approved by the Board in June. It has been modified to align the language used to language within Accreditation Standards. It was reiterated that the intent, scope and scale of the Strategic Directions has not changed.

8.2.2 Review of 2016-2017 Operational Plan

C. Van Vliet reviewed the Operational Plan (Appendix C) and consensus was reached the operational plan was aligned to the Strategic priorities and objectives.

12. Next Meeting Date:

Thursday, September 29, 2016, 6:30 PM at Grenville Mutual Community Room.

13. Moved to In Camera session at 8:25 pm.

During the in camera session, the Board reviewed the draft CEO Performance Assessment and Performance Pay targets recommended by the Governance Committee.

Moved out of In Camera at 8:50 pm.

Motion: On a motion duly moved, seconded and carried, the Board approved the CEO’s Performance Objectives for the year ending March 31, 2017 in accordance with the attached draft Performance Assessment.

That the Performance Amount payable pursuant to the CEO’s employment contract, for the year ending March 31, 2017, be linked to the achievement of performance targets as follows:

- 50% on meeting three (3) of KDH’s six QIP targets
- 50% on meeting three (3) of the additional targets listed below:

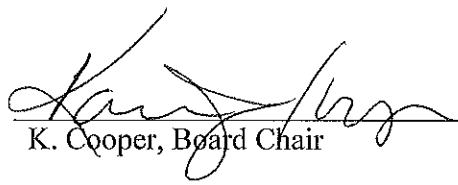
Hospital	
1	Meet all 154 Tests for Compliance of Accreditation Canada Required Organizational Practices
2	Increase Patient Satisfaction “Would You Recommend” in Inpatient to 91% 2016-17 Q3
3	Increase Patient Satisfaction “Would You Recommend” in Emergency Department to 77.6% 2016-17 Q3
4	Increase Resident Satisfaction “Having a Voice” to 85% 2016-17 Q3
5	Decrease Alternate Level of Care Rate – Acute to 20.3% at 2016-17 Q3
6	Complete cNEO Stage 1 and Milestone 2 (excl. Security Remediation) of Stage 2 at 2016-17 Q4
Other Performance Targets set by Board	
1	2.5 – Optimize Inpatient Programs

2	2.6 – Ortho Outpatient Centre of Excellence
3	3.2 – Adolescent Mental Health Services
4	3.3 – Transitions In Care Pilot
5	4.3 – Physician Recruitment and Retention
6	6.3 – Enterprise Risk Management

14. **Adjournment:** There being no further business, the meeting was adjourned on motion by C. Chisholm at 8:55 pm.



F. Vassallo, CEO



K. Cooper, Board Chair