

**Kemptville District Hospital
Board of Directors Meeting
Thursday, October 27, 2016
Grenville Mutual Community Room,
380 Colonnade Drive, Kemptville, ON
6:30 pm**

Minutes

1. **Call to Order:** K. Cooper, Chair called the meeting to order at 6:30 pm.
2. **Regrets / Quorum / Declaration of Conflicts:** Quorum was established and there are no conflicts to declare.

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

3. **Re-affirming the Mission:** KDH's mission was re-affirmed by R. Morais, from his perspective.
4. **Client Centred Care:** C. Burke shared both a compliment and a learning opportunity from patients, reviewing findings and what improvements were made as a result of investigating the complaint. The complaint was made by a gentleman who arrived at the ED with injuries from a fall. The triage nurse did not identify herself and was cold and rude in her approach. After a lengthy wait in the waiting area, he was called into the hall from another nurse who was insistent on giving him a tetanus shot even though he had already told triage his vaccinations were up to date. Upon refusing the shot she then told him he was discharged and walked away. After he insisted on being seen, he was then escorted to a treatment room and his injuries were attended to by the physician.

As a result of this complaint, in follow up by C. Burke, it was reinforced with the nurse that it is not within her scope of practice to discharge patients. At a unit meeting, the policy was reviewed with nursing staff regarding introducing themselves to patients and their family members. Emphasis was placed on core principles of Patient and Family Centred Care, the elements of good communication and empathy skills.

5. **Additions / Changes to the Agenda:** Move Item 9.3.3 October 2016 Indicator Report to "for discussion".

6. Approval of Consent Agenda Items:

Motion: On a motion duly moved, seconded and carried, the Board approved to receive for motion 9.0 Approval of Previous Minutes: September 15, 2016, and September 29, 2016, 9.4.6.1 Policy No. 2 Chief Executive Officer’s (CEO) Performance Management and Annual Compensation Review, and 9.4.6.2 Policy No. 19 Quality and Safety Committee Terms of Reference, and to receive for information 9.1.1 Compliance Report, 9.1.2 CEO Report, 9.1.3 CNO Report, 10.1.4 Integration Report, 9.2.1 CoS Report, 9.4.7 Q2 Operational Plan Update, 9.5.3 Schematic of KDH Properties and 9.7 KDH Foundation Report.

7. Education: Monique LeBrun, Health Quality Ontario (HQP) “Overview of Provincial Quality Landscape: How can we improve quality together?”

C. Van Vliet introduced Monique LeBrun, Quality Improvement Specialist with HQO, who provided an overview of Health Quality Ontario and its role in improving quality through Quality Improvement Plans (QIPs). This was further enhanced by an informative presentation which also included a segment that showed how all five of KDH’s Strategic Directions align with HQO. Monique shared some printed materials from HQO’s latest Quality Standards and Measuring Up (annual report) issued by HQO that looks at the Performance of Health Care System in Ontario. Monique’s presentation was followed by general questions from members.

Monique left the meeting following the presentation at 7:25 pm.

9. Reports

9.2. Chief of Staff

9.2.2 Credentialing

Motion: On a motion duly moved, seconded and carried, the Board approved hospital privileges for the following physicians, who have been credentialed as set out under Article 4 Appointment and Reappointment to Professional Staff of the Professional Staff Bylaws:

Re-appointment	Application	Physician	Privilege Category
✓		Dr. Christian BALDAUF	Courtesy – Radiology (Realttime)
✓		Dr. Paul BEAULÉ	Courtesy – S/OR (Orthopaedics)
✓		Dr. Simon CHAN	Courtesy – Plastics
	✓	Dr. Saqba FAROOQ	Courtesy – Radiology (Realttime)
✓		Dr. Robert J. FEIBEL	Courtesy – S/OR (Orthopaedics)

✓		Dr. Roberto GIACCONE	Courtesy - Neurology
✓		Dr. Justin HABA	Courtesy – Radiology (Realtime)
	✓	Dr. Hooman HENNESSEY	Courtesy – Radiology (Realtime)
✓		Dr. Dennis JANZEN	Courtesy – Radiology (Realtime)
	✓	Dr. Jae Koul KIM	Courtesy – Radiology (Realtime)
✓		Dr. Andrew MARSHALL	Courtesy – S/OR (Orthopaedics)
✓		Dr. Jason MARTENS	Courtesy – Radiology (Realtime)
✓		Dr. Wendy Edith McCURDY	Courtesy – Radiology (Realtime)
✓		Dr. Dan MOZEG	Courtesy – Radiology (Realtime)
✓		Dr. Paul G. O'BRIEN	Courtesy – Radiology (Realtime)
	✓	Dr. Michelle RICKETTS	Courtesy – Radiology (Realtime)
✓		Dr. Gordon THOMAS	Courtesy - Psychiatry
✓		Dr. Lawrence H. WEISBROD	Courtesy – Radiology (Realtime)

* LoGS = Letter of Good Standing

9.3 Quality and Safety Committee

9.3.1 Quality and Safety Committee Chair Report

D. Ulrichsen provided a verbal report on the recent activities of the committee. Highlights included having a patient present the “Patient Story” in person (which had a great impact as opposed to having a letter read.), QIP education, OHA video, the Patient Safety Plan and at the next meeting will be working on the Quality and Patient Safety Governance Toolkit.

9.3.2 Patient Safety Plan

L. LeClair presented the Patient Safety Plan for information to the Board. As an added note we recently prepared a video with our own staff on the importance of incident reporting in our RIMS (Risk Incident Management System) that will be included in our SURGE Learning program.

9.3.3 October 2016 Indicator Report

Indicator Report #19 Rate of Nosocomial Infection Other was moved to discussion as it was revised. When the indicator was originally reported to Quality and Safety Committee as “red”, it was determined that the target changed due to an error in the spreadsheet. The current indicator process is very manual intensive, and therefore the necessity of the upcoming indicator format review in January.

9.4 Governance Committee

9.4.3 Communication Plan 2016-2017

J. Read presented the Communications Plan (via teleconference) for approval, with a PowerPoint (which will be posted to the KDH Board Portal) to further provide an overview of the Plan.

Motion: On a motion duly moved, seconded and carried, the Board approved the KDH Communication Plan 2016-2017 as presented.

9.4.5 Preparation for Accreditation Survey

L. LeClair provided an update of the preparatory work remaining before the Accreditation Survey occurs. There are two items remaining including a pre-survey readiness report to Board, and Board members confirming their availability to attend the survey, which occurs Nov. 28th – Dec. 1st. An invitation was extended to the Board to visit our Accreditation Learning Centre (located in the Courtyard Lounge) which will remain up during the on-site survey. This initiative was created by our own Team for staff to prepare for Accreditation and generally inform.

9.5 Corporate Services

9.5.1 Corporate Services Chair Report

In P. Curries' absence, K. Cooper provided a verbal report of the Committee activities which included the Clinic Modernization Project and an update on RVHS. A recent meeting was held between RVHS and KDH to confirm the overall plan moving forward and they were online with the plan. Clarity was provided as to what the hospital is to the centre – RVHS is the service provider and KDH is the head tenant. There is a clear financial picture and all parties felt confident with an engaged Board. New service agreements will need to be done and everyone is on the same page.

9.5.2 Human Resources Plan 2016-2017

Motion: On a motion duly moved, seconded and carried, the Board approved the Human Resources Plan 2016-2017.

L. LeClair provided an overview of the Human Resources Plan 2016-2017 and the Year 1 Focus of 1) Ensuring KDH meets Accreditation Canada's leading practices as set out in the Required Organizational Practices applicable to KHD, and 2) Maximizing KDH's current underutilized tools that measure patient safety, including identifying any gaps in information or process.

10. KDH Board Action Registry

The Action Item Registry was reviewed and updated accordingly.

11. **Next Meeting:** Thursday, November 24, 2016, 6:30 PM at Grenville Mutual Community Room.

12. **Moved In Camera at 8:07 pm.**

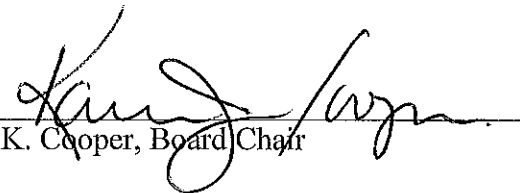
During the in camera session the Board discussed the status of the clinic modernization project, received the CEO's quarterly performance report and discussed the COS's mid-year performance report.

13. **Moved out of In Camera at 9:15 pm.**

14. **Adjournment:** There being no further business, the meeting was adjourned on motion at 9:15 pm.



F. Vassallo, CEO



K. Cooper, Board Chair