

**Kemptville District Hospital
Board of Directors Meeting
Thursday, March 23, 2017
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 were no conflicts declared. Deputy Mayor Barb Tobin attended in F. Onasanya's absence.

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

3. **Reaffirm the Mission:** KDH's mission was re-affirmed by P.-E. Cloutier.
4. **Client Centred Care:**

J. Read shared both a compliment and a complaint that were received from patients and/or their families, along with the learning opportunities that came as a result of the complaint resolution process.

5. **Education: Champlain Alliance of Small Hospitals (CASH) – Current State and Potential Future, presented by Frank Vassallo, CASH Chair, KDH CEO**

F. Vassallo presented the Terms of Reference of CASH, elaborating on the Mandate, Strategic Goals, Membership, Community Engagement and Regional Planning Opportunities of the Committee. CASH acts as a small hospital advocate with a strong voice when working with the LHIN and other bodies, and also provides an opportunity to work with Ontario's Small, Rural and Northern Provincial Leadership Council.

6. **Additions / Changes to the Agenda:** None.
7. **Approval of Consent Agenda Items:**

Motion: On a motion duly moved, seconded and carried, the Board approved to receive for motion 8.0 Approval of Previous Minutes: February 23, 2017, and to receive for information 9.1.1 Compliance Report, 9.1.2 CEO Report, 9.1.3 CNO Report, 9.1.4 Hospital and Long Term Care Extension / Amending Agreements,

9.2.1 Chief of Staff Report, 9.3.3.1 Quality Teams Annual Report, and 9.5.4 Clinic Modernization Project Update.

9. Reports

9.1 Hospital

9.1.5 Enterprise Risk Management: Risk Dashboard report at 2016-2017 Q3

Senior Leadership presented the Risk Dashboard Report at 2016-2017 Q3, reviewing the treatment of each risk and any changes to the corresponding risk trend since last reported.

As this was the first presentation of the Dashboard Report format since adoption of the enterprise Risk Management Framework, the detailed review was appropriate. It was recommended and accepted that going forward this Report will include a written debrief and will be provided for information on the Board Consent Agenda. If any risk issues are identified at the Committee level, the Committee Chairs will bring forth the concerns for discussion on the Board Agenda.

A query was made regarding the process for reviewing the ongoing appropriateness of the priority risks. L. LeClair shared that annually Senior Leadership will, informed by the annual Environmental Scan, review the current priority risks and secondary risks and assess whether the priorities should change. This assessment will be reviewed by the Governance Committee and the Board.

9.2 Chief of Staff

9.2.2 Professional Staff Bylaws

Discussion and questions on the process and recommended change to the Professional Staff Bylaws occurred. Points were clarified by Dr. Leonard and L. LeClair verifying that our radiology service, RealTime Medical, collects the same documentation that KDH requires in their credentialing process, and that they could not make a change to their documentation collection without our knowledge.

Motion: On a motion duly moved, seconded and carried, the Board approved to amend the Professional Staff Bylaws Sect. 4.5.11 to read

“The Board, at their discretion, can allow for an abbreviated credentialing process, specifically ‘The Letter of Good Standing Option’ (Appendix 1). This option is specifically for those physicians who hold current staff privileges in another hospital or professional staff services organization operating within the Champlain LHIN Ontario.

9.2.3 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-Application | Application | Physician | Privilege Category |
|----------------|-------------|------------------------|--|
| | LoGS | Dr. P. Sullivan | Courtesy – S/OR Anaesthesia Telemedicine – to March 31, 2017 Temporary issued Feb 23, 2017 |
| | LoGS | Dr. Kevin Leonard | Courtesy – Ophthalmology |
| | LoGS | Dr. Sophie Petitclerc | Courtesy – Radiology Realtime Medical |
| ✓ | | Dr. W. Al Houssan | Courtesy – Emergency |
| ✓ | | Dr. John Bennett | Courtesy – Radiology Realtime Medical |
| ✓ | | Dr. Frances Berkman | Courtesy – S/OR (Surgical Assist) |
| ✓ | | Dr. Christopher. Brown | Courtesy – S/OR Orthopaedics |
| ✓ | | Dr. Bushra Chaudry | Courtesy – S/OR (Surgical Assist) |
| ✓ | | Dr. Emily Conway | Courtesy – Emergency |
| ✓ | | Dr. Melissa Forbes | Courtesy – Anaesthesia |
| ✓ | | Dr. Mitchell Fox | Courtesy – Physical Medicine & Rehabilitation |
| ✓ | | Dr. Renata Frankovich | Courtesy – S/OR (Surgical Assist) |
| ✓ | | Dr. Lucas Gil | Courtesy – S/OR Anaesthesia |
| ✓ | | Dr. Kelly E. Giles | Courtesy – Family Medicine |
| ✓ | | Dr. Spencer Gutcher | Courtesy – S/OR Anaesthesia |
| ✓ | | Dr. Ibrahim Hicham | Courtesy – Dermatology |
| ✓ | | Dr. Nadine Kaefer | Associate |
| ✓ | | Dr. Yvonne Kaethler | Courtesy – S/OR Anaesthesia |
| ✓ | | Dr. Carla Lipan | Courtesy – S/OR Anaesthesia |
| ✓ | | Dr. Andrew Lu | Courtesy – Radiology Realtime Medical |
| ✓ | | Dr. Steven Oliver | Active – S/OR Orthopaedics |
| ✓ | | Dr. Patricia Peticca | Courtesy – Endocrinology |
| ✓ | | Dr. Jose Pires | Courtesy – S/OR General Surgery |
| ✓ | | Dr. Michele Ramien | Courtesy – Dermatology |
| ✓ | | Dr. James Randall | Courtesy – S/OR Orthopaedics |
| ✓ | | Dr. Kenneth Sabourin | Courtesy – S/OR (Surgical Assist) |
| ✓ | | Dr. Paul Shim | Courtesy – S/OR Orthopaedics |
| ✓ | | Dr. David Simon | Courtesy – S/OR Orthopaedics |
| ✓ | | Dr. Richard Waldolf | Courtesy – S/OR Anaesthesia |
| ✓ | | Dr. Darryl Young | Courtesy – S/OR Orthopaedics |

LoGS – Letter of Good Standing

9.3 Quality and Safety Committee

9.3.1 Quality and Safety Committee Chair Report

In the absence of the Chair, D. Ulrichsen, K. Cooper provided the report, updating the Board on recent activities of the Quality and Safety Committee. Notably, that the

Hospital's Quality and Safety Teams presented their Annual Report and that they were recognized for the amount of work done in the past year.

9.3.2 Patient Experience Survey and Indicator Report

Indicator 26 Patient Experience Survey: Emergency Department was reviewed along with changes that have occurred provincially to the patient surveys and their impact on the results. As more patient survey data is collected, we will have better comparators.

9.3.3 Quality Improvement Plan (QIP)

9.3.3.2 2016-2017 QIP Year End Report

The 2016-2017 QIP Report was reviewed briefly, highlighting the successes as a result of the initiatives that were implemented during the year.

9.3.3.3 2017-2018 KDH Multi-Sector QIP

The 2017-2018 QIP was provided to the Board with revisions (provided at the meeting) to the narrative with respect to recent updates from the Executive Compensation process.

Motion: On a motion duly moved, seconded and carried, the Board approved the 2017-2018 Quality Improvement Plan as presented.

9.5 Corporate Services

9.5.1 Corporate Services Chair Report

The Committee Chair, P. Currie, provided a verbal report and update on the recent activities of the Corporate Services Committee. The Clinic Modernization Project is progressing and on track, the 2016-2017 Audit Plan was approved, discussion is underway on the Auditor contract, and Human Resource Indicators were reviewed. Also provided in the verbal report was 9.5.3 RVHS Credit Facilities, of which a brief summary was given prior to the motion that was put forth, and further revised.

9.5.3 RVHS Credit Facilities

Motion: On a motion duly moved, seconded and carried, the Board approved the RVHS Equipment Finance Contract renewal (Leasehold Improvements and Associated costs) for a three-year term ending April 1, 2020, with terms and conditions as presented.

9.5.2 Indicator Report

Indicator 34: Current Performance Appraisals on File was reviewed, noting that the current rate was the highest rate achieved on record by the Hospital for the completion of staff performance reviews.

9.6 KDH Foundation Report

In the absence of a Foundation Report to Board, and with no Foundation member in attendance, discussion regarding KDH Foundation representation and reporting at the Hospital Board meetings occurred.

Action: The CEO will communicate to the Foundation the request for a report at the April 27, 2017, KDH Board meeting to include the outstanding Clinic Project status report and Foundation activities.

Action: Board Composition and KDH Hospital Bylaws will be added to the Governance Committee Agenda at the April 11, 2017 meeting.

9.7 KDH Auxiliary Report

A verbal report from the Auxiliary was made with the announcement of a contribution in the amount of \$65,000 to the Hospital from funds raised; this amount will be forwarded in the near future.

Action: The contribution will be noted on the Board Action Item Registry for reference.

10. *No Agenda Item – reflects error in numbering*

11. Action Item Registry

The Action Item Registry was reviewed and will be updated accordingly.

A verbal update was provided by L. Angus on the Executive Compensation Working Group, including the fact that the RFP resulted in two proposals, of which they have made a selection. Management will move forward with the hiring process, and the work will proceed.

As well, K. Cooper noted that the Chief of Staff application deadline is March 31, 2017, and that the Selection Committee is scheduled to meet April 4, 2017.

12. **Next Meeting:** Thursday, April 27, 2017, 6:30 PM at Grenville Mutual.

13. *Brief recess at 8:20 pm.*

14. **Moved In Camera at 8:25 pm on a motion moved.**

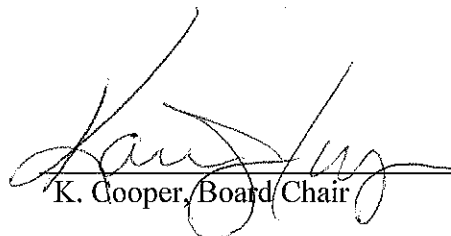
Moved out of In Camera at 8:55 pm on a motion moved.

Discussion occurred regarding the status of the RVHS Service Agreement.

Motion: On a motion duly moved, seconded and carried, the Board approved that any changes proposed by the RVHS Board to the service agreement be reviewed and approved by the Executive Committee on the Board's behalf.

15. **Adjournment:** There being no further business, the meeting was adjourned on a motion moved at 8:58 pm.


F. Vassallo, CEO


K. Cooper, Board Chair