

**Kemptville District Hospital (KDH)
Board of Directors Meeting
Thursday, January 25, 2024
Via Microsoft Teams Meeting
6:30 pm
Minutes**

1. **Call to Order:** J. Nolan, Board Chair, called the meeting to order at 6:34 pm.
2. **Regrets / Quorum / Declaration of Conflicts:** Quorum was established and there were no conflicts declared.

Board Chair J. Nolan made the following Territorial Acknowledgement:

In the spirit and understanding that we continue to gain in today's world, we would like to acknowledge the Algonquin nation, whose traditional and unceded territory we are gathered upon today.

Also, for those attending remotely, acknowledgement was given for the lands they were located on at the time of the meeting.

Directors:	Present	Regrets	Present	Regrets	Present	Regrets
G. Bebeung	√		E. Bonokoski	√	J. Ellis	√
B. Hale	√		M. Harrison	√	Dr. L. Luong	√
E. MacPherson (Past Chair)	√		S. Mincoff	√	J. Nolan (Chair)	√
M. Norenberg		√	J. Panciuk	√	Y. Pelletier	√
A. Rancourt	√		S. Saslove	√	Dr. C. Sentongo	√
D. O'Sullivan	√		F. Vassallo	√	A. Vignuzzi	√
A. Yee		√	H. Zipes	√		

Management, Staff & Guests:

B. Rivard	√		L. Mignault	√	M. Laughton (Recorder)	√
J. Read	√					

3. **Re-affirming KDH Mission:** G. Bebeung re-affirmed KDH's Mission.
4. **Client Centred Care – Patient Stories:** J. Ellis conveyed a compliment and a complaint, including the learning opportunities resulting from the complaint investigation.

Dr. Sentongo arrived to the meeting.
5. **Additions/Changes to the Agenda:** None.
6. **Approval of November 23, 2023, Board Meeting Minutes**

On a motion duly moved, seconded and carried, the Board approved the November 23, 2023 Board Meeting Minutes as presented.

7. Approval of Consent Agenda

On a motion duly moved, seconded and carried, the Board approved the consent agenda consisting of:

7.1 The approval of the revised Policy 19: Quality and Safety Committee Terms of Reference, as presented;

7.2 The receipt of the following items for information:

7.2.1. Compliance Report;

7.2.2. Critical Incident Reporting;

7.2.3. Patient Experience Narrative Analysis; and,

7.3 Foundation Report

8. Reports

8.1 Hospital

8.1.1 CEO Report

F. Vassallo provided a verbal update, additional to his written report, noting the following activities:

- He and KDH staff members, and the Chair of KDH's Board, met with MPP Steve Clark to review operational and capital pressures. MPP Clark also took a tour of the Hospital.
- He was invited to attend a special delegation in Maitland, Ontario, hosted by MPP Rick Byers, Parliamentary Assistant to the Minister of Finance. Each delegate was provided the chance to speak to the Parliamentary Assistant. F. Vassallo outlined the operational and capital pressures facing a small hospital, such as KDH. F. Vassallo encouraged the MPP to bring his message back to the government and to consider funding information technology investments the same way as other hospital infrastructure. F. Vassallo also encouraged the MPP to promote government collaboration with small, rural, and northern hospitals and to define a new funding methodology for those hospitals that is not based on an annual percent increase, which has proved to be inadequate. F. Vassallo noted that he was delighted and honored to speak at this delegation.

The Board noted:

- That KDH receives patients from outside its catchment area and that the Ministry of Health (MOH) is aware of this fact;
- The need for more primary care health teams and noted the submission of a proposal by the North Grenville Primary Care Strategy Group (NGPCSG) for the establishment of a Family Health Team (FHT) in Kemptville.

8.1.2 Chief Nursing Executive (CNE) Report

CNE, J. Ellis, provided the following highlights in addition to her report included in the meeting package:

- The focus remains on health human resources (HHR);
- KDH continues to use agency nurses in the emergency department (ED) and Inpatient Medical Unit;
- KDH is working to train and utilize registered practical nurses (RPNs) in the ED to support shift vacancies;
- KDH continues to utilize all the programs offered by Ontario Health for staffing as noted in the report:
 - Continued work to implement a nurse anesthesia assistant training program. When implemented, it is expected to reduce barriers to having anesthesia care in the surgical program.
 - Clinical scholar program has been implemented; and,
- EPIC optimization continues.

The ED continues to do well with the support of the various programs and initiatives noted above, as well as due to the integrated medical model (IMM) for the ED in partnership with The Ottawa Hospital (TOH).

8.2 Chief of Staff (COS)

8.2.1 COS Report

Dr. C. Sentongo spoke briefly to his written report, noting the following initiatives:

- KDH remains focussed on the IMM with TOH. The process is currently in the third phase of the overall integration and funding has been secured until the end of calendar year 2024. The Board will continue to be updated on this initiative;
- Integration of anesthesia ventilators with EPIC should be done in the next month or two;
- The proposed Surgical Booking & Cancellation policy has been developed to ensure safety, maximize operating room (OR) capacity, minimize cancellations and to ensure compliance with surgical booking requirements;
- A new referral directory has been developed and will be posted on KDH's website to aid community members in being aware of the services offered by KDH and where to send referrals.

8.2.2 Medical Staff Policies

Dr. C. Sentongo reviewed the medical policies proposed for approval.

Policy #28: Accessing Medical Care

Dr. Sentongo noted minimal changes have been made to this policy.

Policy #36: Same Day Discharge for Total Joint Arthroplasty Patients

Dr. Sentongo noted that the intent of the changes to this policy are to facilitate the same-day-discharge of patients that meet specified criteria. Currently, all patients who have Total Joint Arthroplasty are admitted. The change is consistent with the changes made by many other hospitals.

Policy #44 – Surgical Booking & Cancellation

Dr. Sentongo noted that, as indicated earlier, this is a new policy and seeks to ensure safety, maximize OR capacity, minimize cancellations and ensure compliance with surgical booking requirements. The policy was developed in consultation with the CNE, Chief of Staff, Chief of Surgery, and Chief of Anesthesia.

The Board noted that:

- There was an error on page five of the document, in the table in Appendix A. In the row for “Service Block – TOH Total Joint”, the comments in brackets noted in the columns labelled, “Maximum cases per block” and “Minimum required before cancellation / redistribution of OR Block/Clinic” should be removed. As a result, the entire row should read:

TOH Total Joint	4	4	2
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- KDH does not do emergency surgery.
- The procedures are divided into two categories of “KDH” versus “TOH” because the KDH procedures are funded out of the Hospital’s global funding allocation from the MOH, and those labeled with TOH are those which are funded by TOH.
- In the row labelled “KDH Orthopaedic Shoulder”, in the column labelled “Maximum cases per block” it is noted as “5 (6 with block room)”. This reflects having a trained anesthesia assistant assisting KDH in operations. The concept introduces a “block room” where nerve blocks can be done before a patient enters the OR, versus the current practice of doing the nerve blocking in the OR. This is an effort to help increase efficiencies and optimize the number of patients moving through the surgical program.

On a motion duly moved, seconded and carried, the Board approved:

- ***Policy #28 – Accessing Medical Care;***
- ***Policy #36 – Same Day Discharge for Total Joint Arthroplasty Patients;***
and

- **Policy #44 – Surgical Booking & Cancellation with the following amendment to the table in Appendix A, in the row for Service Block – TOH Total Joint:**
 - *The comments in brackets noted in the columns labelled, “Maximum cases per block” and “Minimum required before cancellation / redistribution of OR Block/Clinic” be removed and as a result the entire row should read:*

<i>TOH Total Joint</i>	<i>4</i>	<i>4</i>	<i>2.</i>
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8.3 Governance Committee

8.3.1 Governance Committee Chair Report

A. Vignuzzi reported that the Committee did not meet in January. The Board Member Recruitment Sub-Committee did meet in January. The Sub-Committee has noted three impending departures this year with a target of recruiting as many as four new members for 2024-25. A proposed advertisement has been finalized with a target of collecting submissions by March 8, 2024. While all applicants are welcome, the particular skills and expertise that will be sought are generally:

- Clinical / Healthcare / Health;
- Legal;
- Financial; and,
- Architecture / Construction / Infrastructure planning.

A. Vignuzzi further requested that each members provide the Recruitment Sub-Committee, through A. Vignuzzi, with three names that the committee may want to consider for Board recruitment.

The Board noted that the skills were selected based on feedback from the survey that was sent to the Board assessing skill competency levels of the Board, and that while further Board feedback on desired skills and experience will be considered, the skills identified are those that will be prioritized.

8.4 Quality & Safety Committee

8.4.1 Quality and Safety Committee Chair Report

M. Harrison indicated that the Committee’s updates were contained in the consent agenda and noted that Appendix G – Patient Experience Narrative Analysis will be formally accepted by KDH as a “Care Review” and is going to be circulated to relevant managers for consideration of the points highlighted in that report and determination of process or care improvements.

8.5 Corporate Services Committee

8.5.1 Corporate Services Committee Chair Report

S. Saslove noted that there are two motions for consideration that were recommended to the Board for approval by the Corporate Services Committee which met on January 25, 2024. The proposed motions are to approve the purchase of the GE Healthcare CT Scanner and related construction costs, and, to authorize KDH to obtain financing for CT Scanner purchase and implementation.

S. Saslove further noted that when accounting for planned and actual revenue sources for the CT Scanner project, it was confirmed that KDH has enough money to cover the cost of the proposed financing. However, since timing of various revenue sources is not necessarily congruent with timing for payment of expenses, the financing ensures that enough cash is available when required by the project.

8.5.2 Endorsement of Proposal for CT Scanner Purchase from GE Healthcare

B. Rivard noted the information in the memorandum attached as Appendix O to the meeting package.

On a motion duly moved, seconded and carried, the Board:

- 1. Formally endorsed the proposal for purchasing a CT scanner from GE Healthcare.*
- 2. Agreed to the proposed GEHC CT purchase price of \$865,000, and the SDI Turnkey construction price of \$3,263,185, recognizing that this investment is critical for enhancing our diagnostic capabilities.*
- 3. Authorized the Executive team, led by the CFO, Brittany Rivard, to proceed with final negotiations and formalize the agreement with GE Healthcare.*
- 4. Approved that, upon successful negotiation, the CFO will oversee the implementation of the CT scanner, ensuring its integration into the hospital's systems and operations.*

8.5.3 Authorization to Obtain Financing for CT Scanner Purchase and Implementation

B. Rivard noted that the wording of the motion intentionally facilitates the ability to pursue financing from the Ontario Financing Authority (OFA) for overall financing of the project because they have a lower interest rate by two percent. However, because OFA is limited in their timelines for disbursement of the funds, it also allows for short-term financing to be sought from Scotiabank to cover immediate costs between disbursements by OFA, when cash is needed.

The Board noted the following:

- That the financing is for purchase and implementation of the asset not the operation of the asset.

- That only necessary amounts will be borrowed, and not necessarily the full amount approved. However, this is contingent on the requirements and stated purpose of the various revenue sources. KDH will need to balance the goal of accessing as little of the financing as possible to avoid financing costs, while also ensuring that sufficient cash is available to pay vendors, which the financing will ensure.
- When KDH initially received approval to purchase a CT Scanner the healthcare and financial landscape was very different than it is now. Based on the present environment, Senior Leadership is submitting a business case to the MOH to ensure that overall hospital needs are funded, inclusive of the operations of the CT Scanner, and not solely for the addition of the CT Scanner. Senior Leadership noted that they must live up to their mission and mandate as a healthcare provider and operate in good faith with the MOH.
- The Board noted that, in addition to the Foundation which has been focussing on the CT Scanner campaign, the Auxiliary remains an important source of revenue for the Hospital.

On a motion duly moved, seconded and carried, the Board of Directors authorized the CFO, Brittany Rivard, to obtain financing from a preferred lender such as the Ontario Financing Authority (OFA) or another lending institution for up to the amount of \$5 million consistent with internal policies on loans and financing for the purpose of purchasing and implementing a CT scanner at Kemptville District Hospital.

8.6 KDH Auxiliary

A. Rancourt provided an update highlighting:

- The positive support from senior leadership for the KDH Auxiliary coffee bar and gift shop including:
 - The production of signs to promote the KDH Auxiliary shop; and,
 - Encouraging staff to shop at the KDH Auxiliary shop.
- This year's Hey Day Annual Giant Garage sale will be held on June 7 and 8, 2024.

9. KDH Board Action Registry: *No outstanding actions.*

10. Next Meeting: Thursday, February 29, 2024, at 6:30 pm via Microsoft Teams.

11. *On a motion duly made and seconded, the meeting went in-camera.*

12. *On a motion duly made and seconded the meeting came out of in-camera.*

13. Credentialing

Motion: On a motion duly moved, seconded and carried, the Board approved that hospital privileges for the following physicians, who have been credentialed as set out

under Article 7 Appointment and Reappointment to Professional Staff of the Professional Staff Bylaws, be approved by the Board of Directors:

Temp	App	Re-App	Physician	Privilege Category	KDH Primary	Change in Category	Other
	√		Dr. Lukasz BARTOSIK	Courtesy – Anaesthesia			
	√		Dr. Khaled ALMOHAIMEDE	Courtesy – Radiology			
	√		Dr. Ian SILVER	Courtesy - Radiology			
		√	Dr. Jennifer TYNAN	Courtesy – Radiology			
		√	Dr. Benjamin WALSH	Courtesy-Surgery, Surgical Assist			


Temp	App	Re-App	Physician	Privilege Category	KDH Primary	Change in Category	Other
	√		Dr. Khaled Almonhaimede	Courtesy, Radiology			
			Dr. Geoffrey Dervin	Courtesy, Surgery, Orthopaedics		√	<i>Adding Admitting Privileges</i>
			Dr. Robert Feibel	Courtesy, Surgery, Orthopaedics		√	<i>Adding Admitting Privileges</i>
			Dr. Wade Gofton	Courtesy, Surgery, Orthopaedics		√	<i>Adding Admitting Privileges</i>
			Dr. Georgios Grammatopoulos	Courtesy, Surgery, Orthopaedics		√	<i>Adding Admitting Privileges</i>

			Dr. Paul Kim	Courtesy, Surgery, Orthopaedics		√	<i>Adding Admitting Privileges</i>
			Dr. Tammy LeRiche	Courtesy, Surgery- Obstetrics and Gynecology		√	<i>Adding Admitting Privileges</i>

STATEMENT OF COMPLIANCE

It is attested that currently all physicians practicing at Kemptonville District Hospital hold valid privileges.

- 14. Meeting Termination:** There being no further business, the meeting was terminated on a motion at 8:13 p.m.



 F. Vassallo, CEO



 J. Nolan, Board Chair