

**Kemptville District Hospital (KDH)
Board of Directors Meeting
Thursday, February 29, 2024
Via Microsoft Teams Meeting
6:30 pm
Minutes**

1. **Call to Order:** J. Nolan, Board Chair, called the meeting to order at 6:33 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	√		J. Read	√		M. Laughton (Recorder)	√	
Lindsay O'Keefe	√		Diane (Patient)	√		J. Garneau	√	

3. **Re-affirming KDH Mission:** S. Mincoff re-affirmed KDH's Mission.

Doreen O'Sullivan arrived to the meeting.

4. **Education Session**

The Board held an education session with the purpose of receiving insight from a patient/family member/caregiver on their experience. Patient Relations Coordinator J. Garneau introduced the speaker, Diane. The insights and lessons highlighted were the following:

- That compassion and flexibility need to be afforded to patients in acknowledgement that there may be many things affecting them, separate from their visit to the hospital, in a moment in time.
- All steps should be taken to make a patient’s hospital and healthcare experience easier. For example, trying to book as many appointments on the same day rather than having multiple return trips to the hospital within the same short window of time.
- That easier access to and from the unique KDH gardens should be implemented so that patients can visit them more, especially if they are being encouraged to walk and be more mobile.
- That allowances should be made after hours to allow family and friends to visit patients who are staying at the hospital without needing to pass through the high traffic Emergency Department (ED).
- Care which occurs in the emergency room and which needs to be continued once the patient gets home, needs to be supported with teaching and supplies so that patients are able to be self-sufficient. This is especially important if there is a time gap between departing the ED and the commencement of a home care program.

Diane and J. Garneau departed the meeting.

- 5. Additions/Changes to the Agenda:** The Chair noted that item 7.3 of the agenda, Declaration of Compliance – Long-term Care Home Service Accountability Agreement (L-SAA), attached as Appendix G to the meeting package will be deferred until such time as the Chair may meet with management regarding the declaration.
- 6. Approval of January 25, 2024 Board Meeting Minutes**

On a motion duly moved, seconded and carried, the Board approved the January 25, 2024, 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 Policy Approvals

- 7.1.1. Policy #06: Risk Management*
- 7.1.2. Policy #03: Communication between Board and Management*
- 7.1.3. Policy #08: Investment*
- 7.1.4. Policy #17: Fiscal Advisory Committee – Terms of Reference*

7.2 Committee Appointments:

- 7.2.1. The appointment of Doreen O’Sullivan and Elizabeth MacPherson to the Quality and Safety Committee for the remainder of the Board year until the first Board meeting immediately following the Annual General Meeting.*

7.2.2. The appointment of KDH staff member, Lindsay O’Keefe, to fill the position of “1 member who works in the hospital who is not a physician or registered nurse” on the Quality and Safety Committee for the remainder of the Board year, until the first Board meeting immediately following the Annual General Meeting.

7.4 The receipt of the following items for information:

- 7.4.1. Compliance Report*
- 7.4.2. Strategic Indicators Dashboard*
- 7.4.3. Enterprise Risk Management Dashboard*
- 7.4.4. Insurance Coverage Review Update*
- 7.4.5. Q3 - 2023-24 Financial Report*
- 7.4.6. 2024-25 Budget Update*
- 7.4.7. Critical Incident Reporting*
- 7.4.8. Client Centred Care – Patient Stories*

8. Reports

8.1 Chief of Staff (COS)

8.1.1. COS Report

Dr. Sentongo reported that:

- Work continues on establishing the ED integrated medical model (IMM). KDH and The Ottawa Hospital (TOH) have jointly retained legal counsel to ensure legal due diligence on the model and establishing proposed governance models.
- Planning for the anesthesia assistant continues.
- A surgical visioning exercise was recently finished and provides the roadmap and guidance for senior leadership when approving additional surgical services. This will be presented to the Board at a later date.

The Board discussed recent reports of registered nurses with expanded abilities graduating and entering the health system. KDH senior leadership is open to exploring the use of these expanded abilities however the priority now is to continue stabilizing the ED and its transition to the ED IMM.

8.1.2. Medical Staff Policies

Dr. Sentongo reviewed the following proposed policies for approval:

- Policy #5: Residents, Fellows, and Medical Students;
- Policy #8: Admission of Patients and Inpatient Coverage; and,
- Policy #26: Discharge Summaries for Elective Surgeries.

On a motion duly moved, seconded and carried, the Board approved the following Medical Staff Policies, as presented:

- ***Policy #5: Residents, Fellows, and Medical Students;***
- ***Policy #8: Admission of Patients and Inpatient Coverage; and,***
- ***Policy #26: Discharge Summaries for Elective Surgeries.***

8.2 Hospital

8.2.1. Chief Nursing Executive (CNE) Report

J. Ellis noted that:

- Focus remains on Health Human Resources through many initiatives such as:
 - Building capacity of Registered Practical Nurses (RPNs) in the ED.
 - Continued use of agency nurses to fill nursing gaps.
 - Use of clinical scholars.
 - Retention efforts.
- KDH continues work to improve rates of Barcode Medication Administration (BCMA).
- KDH continues to plan for implementation of the CT scanner.

8.2.2. CEO Report

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

- He attended a primary physicians' job fair at Queen's University, promoting the North Grenville community and the Hospital;
- KDH continues to work with, and promote its desires and needs to, all levels of government;
- That the ED IMM is progressing well, with thanks to the work of Dr. Sentongo, Dr. Hébert, and Cameron Love, with excellent collaboration on all sides.
- The launch of KDH's same-day discharge laparoscopic hysterectomy program was highlighted in the Ontario Hospital Association's *Healthscape* publication and *Hospital News*. This is another feather in the cap of KDH's Women's Health Program.

8.3 Corporate Services Committee

8.3.1. Corporate Services Committee Chair Report

S. Saslove reported that the financial information for this meeting was included as information items in the consent agenda, including the Q3 2023-24 Financial Report.

The Board noted the following:

- The effects of the wage settlements resulting from the repeal of Bill 124 compounded the already deficit position of many hospitals including KDH.
- KDH has submitted business cases to the Ministry of Health requesting funding to eliminate the deficit.
- KDH is trying to balance the provision of care to the community with our financial obligations, but that is becoming increasingly challenging due to factors not in the hospital's control.

- That without clear direction from the Ministry of Health regarding our funding, KDH cannot adequately plan. Should funding not meet the needs of the Hospital, management will need to take steps towards achieving a balanced budget including potential austerity measures.

8.4 Governance Committee

8.4.1. Governance Committee Chair Report

A. Vignuzzi reported the following:

- The Committee is discussing, given the operational pressures, how to maintain alignment between management’s operations and the strategic priorities of the organization. He noted that various priorities and initiatives may need to be prioritized over others. It is important that management be supported in their achievement of strategic priorities through these challenging times.
- Board Recruitment efforts continue. Once the application period closes, the recruitment sub-committee will meet to review the applications.
- The Governance Committee has also been discussing how to align the timing of the period to submit nominations to serve as an officer of the Board with the recruitment deadlines. In this way a full picture of the state of the Board can be used in the recruitment of new Directors.

8.4.2. Governance Documents

A. Vignuzzi noted that the rationale for the changes to the by-laws and the presentation of articles of restatement was outlined in their briefing note received as Appendix X to the meeting package.

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

- 1. The amendments to the By-laws as presented, to be effective from the date of the Board resolution and that the amendments shall be submitted to the Members at the next Members’ meeting at which time the Members may confirm, reject, or amend the by-law, amendment, or repeal by ordinary resolution.*
- 2. WHEREAS it is in the best interests of the Corporation to consolidate its letters patent dated September 21, 1954, and its articles of amendment dated January 30, 2024, into one set of articles by filing restated articles of incorporation in the form presented to the Directors (the “Restated Articles”).*

RESOLVED that:

- a. the Restated Articles are hereby approved; and*
- b. any two (2) Directors or Officers of the Corporation are hereby authorized and directed to sign all documents, including the Restated Articles, with such further amendments as they may determine to be necessary or desirable to comply with the requirements of any governmental authority having jurisdiction, without the need for*

further approval of the Directors of the Corporation, and to do on behalf of the Corporation all things necessary or desirable to carry out and give to effect to this resolution, including the filing of the Restated Articles with the Director appointed under the Not-for-profit Corporations Act, 2010 (Ontario).

Lindsay O'Keefe joined the meeting.

8.5 Quality & Safety Committee

8.5.1. Quality and Safety Committee Chair Report

H. Zipes, in M. Harrison's absence, provided the Quality and Safety Committee report and noted that the regular patient stories were included in the consent agenda in light of the patient education session which occurred.

H. Zipes noted that L. O'Keefe will present the Quality Improvement Plan (QIP) for the Board's approval and to be submitted to Ontario Health (OH).

8.5.2. Quality Improvement Plan 2024-25

L. O'Keefe reported that:

- For the 2024-25 plan OH has indicated the following four priority areas that hospitals and long-term care centres need to monitor:
 - Access and Flow;
 - Equity;
 - Experience; and,
 - Safety.
- Organizations can choose any indicators within these priority areas.
- The path to developing the 2024-25 Quality Improvement Plan (QIP) included the following steps:
 - Consultation with hospital staff and patient advisors. During this stage indicators were discussed and rated and picked in accordance with current priorities of the organization as well as those which have poor performance and would benefit from quality initiatives.
 - Consultation with the Patient and Family Advisory Committee (PFAC) during which indicators were reviewed.
 - A consultation with the Quality and Safety Committee for which endorsement of the QIP initiatives and indicators was given;
 - Consultation with the Residents' Council of the Interim Long-Term Care unit, during which there was enthusiastic support for the indicators chosen.
 - Brought to the Board for feedback and approval.

The Board noted that:

- Other quality indicators such as “falls”, “prevalence of pressure ulcers”, and “hand hygiene” will continue to be monitored throughout the year, but not included this year's QIP.

- A more aggressive target for reporting of workplace violence incidents was not established because, historically, it has been difficult to foster the culture change of staff coming forward with reports of violent incidents, perpetrated either by patients or other staff members. However, there has been some progress over the last year. “Near miss” reporting should also be encouraged.

L. O’Keefe reported on the proposed indicators and targets for the 2024-25 QIP, as follows:

- Under the priority area of “Access and Flow” KDH will focus on “Timely” care, seeking to decrease wait-times in the ED to inpatient bed by 25% by applying for Pay for Results (P4R) funding and related action plan. The time would decrease from 18.13 hours to 13.5 hours.
- Under the priority area of “Equity” KDH will seek to enhance our equity, diversity and inclusivity (EDI) work by ensuring that greater than 80% of our full-time and part-time staff have completed one relevant EDI/Anti-Racism education module. A correction was noted as the target indicated in the documentation was 75%.
- Under the priority area of “Experience” and with a focus on “Patient-Centred” care, KDH will increase the percentage of residents of our Interim Long-Term Care unit who respond positively on resident surveys to greater than 90%. This continues our work to ensure that residents of the unit feel listened to by the staff. L. O’Keefe noted that current performance is 88.9% but that performance has fluctuated across different quarters.
- Under the priority area of “Safety” KDH will focus on two areas:
 - The first is Bar Code Medication Administration (BCMA) and KDH will increase the rates of BMCA in the Emergency Department, Inpatient Medical Unit, and Perioperative Unit to 80%. Recently the team did an education blitz regarding BCMA and this did show a corresponding increase in rates.
 - The second is increasing staff reporting of workplace violence incidents to 20. Management wishes to continue the momentum in this area of culture change.

L. O’Keefe reported on the QIP narrative for 2024-25, noting that:

- The QIP reflects KDH’s core values of quality, safe, efficient, and evidence driven care, with patients and families at the centre.
- The process to develop the QIP involved many stakeholders and the process included reviewing current performance and drivers of quality improvement.
- The narrative focusses on six key areas:
 - Access and Flow, which captures the Emergency Department wait-times;
 - Equity and Indigenous Health, which captures the staff EDI education.
 - Patient/Client/Resident Experience, which captures the initiative regarding resident surveys.
 - Provider Experience, while not having a specific indicator in the QIP, includes providing training and development opportunities and enabling

- a strong culture of quality and safety for our staff and in the care of the people we serve.
- Safety, which includes the QIP initiatives of increasing the number of workplace violence incidents reported by staff as well as improvement in the rates of BCMA.
 - Population Health Approach, while not having a specific indicator in the QIP, includes building a more integrated and seamless health service ecosystem by:
 - Extending services to include gynecological surgical and outpatient care, including performing KDH's first ever laparoscopic hysterectomy and,
 - Continuing to optimize the partnership with TOH to provide more options for quality care for people in the communities we serve.
 - The narrative also includes a section on Executive Compensation in which executives earn performance pay of 3% of their base salary, while adhering to any legislative directions regarding compensation, by achieving two of the following three initiatives in this year's QIP:
 - Continue quality improvement work in the area of Equity, Diversity and Inclusion (EDI) by ensuring that greater than 80% of full-time and part-time staff have completed at least one meaningful education module through the Surge learning portal.
 - Continue our important work on Workplace Violence Prevention by increasing the number of workplace violence incidents reported by staff to at least 20 per year.
 - Ensuring the residents of the Interim Long-Term Care Unit feel heard by the staff through distribution of resident surveys.
 - A progress reported based on last-year's QIP targets also needs to be submitted. Management reviewed the status of the 2023-24 QIP indicators to date and noted, in particular, the progress on BCMA rates in the Emergency Department which rose from 8.9% to 79%. The rise is due to the identification of workflow issues with EPIC, which when eliminated increased the rate of BCMA to 79%.
 - Management further noted that at Q3 the performance of Medication Reconciliation at Discharge was 80.3%. The yearend target is 90%. Management noted that challenges in Best Practice Medication History (BPMH) reporting and measurement are impacting this performance in a few areas of the hospital. Management has not been able to correct these challenges at the data level and feel that performance of this indicator is higher than the data represents.

On a motion duly moved, seconded and carried, the Board approved the proposed 2024-25 QIP.

8.5.3. Senior Leadership Walkarounds

H. Zipes reported that the members of the Quality and Safety Committee will be joining senior leadership in their safety walkarounds. H. Zipes extended an invitation to members of the Board to join in these walkarounds and stated that members of the Board should contact her if they were interested in joining.

Lindsay O’Keefe departed the meeting.

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

10. Next Meeting: Thursday, March 28, 2024, at 6:30 pm via Microsoft Teams.

11. In-Camera

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

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

12. 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:

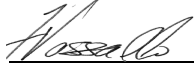
Temp	App	Re-App	Physician	Privilege Category	KDH Primary	Change	Other
	√		Dr. Mannpreet KOMAL	COURTESY, Family Medicine			
	√		Dr. Susan HOBDEN	LOCUM, Surgery, General Surgery			
	√		Dr. Brian CHEN	COURTESY, Emergency			
√			Dr. Barbra MILLER	TEMPORARY, Emergency			<i>Privileges until December 31, 2024</i>
			Dr. Siman CHAN	LOCUM, Surgery, Orthopaedics		√	<i>Adding Orthopaedics on a temporary basis</i>

			Dr. Khaled ELGADI	LOCUM, Surgery, General Surgery		√	<i>Change from Courtesy to LOCUM</i>
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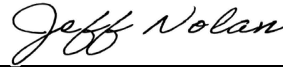
STATEMENT OF COMPLIANCE

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

13. Meeting Termination: There being no further business, the meeting was terminated on a motion at 8:18 p.m.



F. Vassallo, CEO



J. Nolan, Board Chair