



## Board of Directors In Camera Meeting Agenda

Date: Thursday, November 28, 2024  
Time: 9:00 - 12:00  
Location: Boardroom / Microsoft Teams

Time	Agenda Item	Attachment
	<b>1. Call to Order (Dr. S. Robertson)</b>	
	1.1 Confirmation of Quorum	
	1.2 Adoption of the agenda	P. 1
	1.3 Declaration of Conflict of Interest	
	<b>2. Minutes (Dr. S. Robertson)</b>	
	2.1 Approval of previous meeting minutes - October 24, 2024	P. 2-3
	2.2 Business arising from minutes	
	<b>3. Matters for Discussion/Decision</b>	
	3.1 Foundation Update (Dr. S. Robertson)	
	3.2 Chief of Staff Report (Dr. L. MacKinnon)	P. 4
	3.3 Credentialing: 3.3.1 Dr. Rasveg Singh Grewal - Courtesy Privileges (QCH Cardiologist)	P. 5
	<b>4. Consent Agenda</b>	
	4.1 Draft MAC Report - November 5, 2024 THAT the Board of Directors approve and receive all documents as presented in the consent agenda.	P. 6-11
	<b>5. Adjournment (Dr. S. Robertson)</b>	

## MINUTES OF THE IN CAMERA MEETING OF THE BOARD OF DIRECTORS

Date	Thursday, October 24, 2024		
Time	9:00-12:00		
Location	Boardroom/Microsoft Teams		
Present:	Dr. S. Robertson, Chair	L. Boyling, Vice-Chair	C. Nagy, Treasurer
	Dr. R. Cardinal	F. Wetering	Dr. G. Raby
	C. Larocque	G. McDonald	G. Peters
	W. Rozon	H. Salib	F. Desjardins
	R. Alldred-Hughes, CEO	K. MacGillivray, CHRO	Dr. L. MacKinnon, COS
	L. Ramsay, CFO	R. Romany, CNE	
Regrets:	None		

Moved By: H. Salib  
 Seconded By: F. Desjardins  
 THAT the Board enter the in-camera session.

**CARRIED**

### 1. Call to Order

Dr. S. Robertson, Chair, called the meeting to order at 10:11.

#### 1.1. Quorum

A quorum was present.

#### 1.2. Adoption of the Agenda

The agenda was reviewed.

Moved By: H. Salib  
 Seconded By: F. Desjardins  
 THAT the agenda be adopted as presented.

**CARRIED**

#### 1.3. Declaration of Conflict of Interest

There were no conflicts of interest declared at this time.

### 2. Minutes

#### 2.1. Approval of the Minutes

The minutes of the last meeting held on September 26, 2024, were presented.

Moved By: C. Nagy  
 Seconded By: F. Desjardins  
 THAT the minutes of the meeting held on September 26, 2024, be approved as presented.

**CARRIED**

#### 2.2 Business Arising from the Minutes

There was no business arising from the minutes.

**3. Matters for Discussion/Decision**

**3.1 Foundation Update (R. Alldred-Hughes)**

L. Boyling attended the Foundation meeting and reported that all tickets for the Foundation raffle were sold. The Harvest Tastings at The North event takes place on Monday, October 28<sup>th</sup>, where the tickets will be drawn.

A capital plan is being worked on and is to be presented to the Foundation in November with an expected launch in December should the plan be approved.

Dr. S. Robertson and L. Boyling will enquire about the relationship between the hospital board and the Foundation board in Cornwall when they meet with the Board Chair.

**3.2 Chief of Staff Report (Dr. L. MacKinnon)**

The inpatient unit is looking to recruit two physicians to help cover the roster as one physician is currently ill and another will be going on maternity leave.

There is a new Family Health Organization lead whom Dr. L. MacKinnon and R. Alldred-Hughes will be meeting with to discuss the possibility of recruiting another family physician who could rotate on the inpatient unit.

**4. Consent Agenda**

The following were included in the meeting package under consent agenda and reviewed by members prior to the meeting:

**4.1 Draft MAC Report - October 8, 2024**

Moved By: Dr. G. Raby

Seconded By: Dr. R. Cardinal

THAT the Board of Directors approve and receive all documents as presented in the consent agenda.

**CARRIED**

**5. Date of next Meeting**

Thursday, November 28, 2024

**6. Closing Remarks & Adjournment**

The meeting adjourned at 10:30.

K-L. Massia, Recording Secretary



## **Report of the Chief of Staff November 2024**

### **Cardiologist Group from QCH Applying for Privileges:**

HGMH is in the process of implementing the Baxter Cardio Server at Queensway Carleton Hospital (QCH), with a planned go-live date of January 2025. This integration will streamline our workflow, allowing ECGs to automatically upload into Meditech for cardiologists to review and generate reports.

A group of cardiologists from QCH will be applying for privileges, with one application already received. At present, we have only one cardiologist who reads and provides reports for us.

### **Chief of Emergency Department**

Dr. E. El Salibi has decided not to renew his contract as Chief of Emergency and will step down effective December 1, 2024. He will continue to provide services in the Emergency Department. The position will be posted internally.

November 5, 2024

**Privileges for New Physician**

The Credentials Committee reviewed the application of **Dr. Rasveg Singh Grewal** for **Courtesy** privileges and deemed that his file is complete and in good standing.

The recommendation was made at the Medical Advisory Committee meeting of November 5, 2024, that **Dr. Rasveg Singh Grewal** be accepted under the **Courtesy (Cardiology)** category until the recredentialing period of December 31, 2025.

Moved by: Dr. E. El Salibi

Seconded by: Dr. D. Read

THAT the MAC Committee put forward the recommendation to the Board of Directors for Dr. Rasveg Singh Grewal, Cardiology Consultant, to receive Courtesy privileges.

The Medical Advisory Committee asks that the Board of Directors consider these privileges.

Regards,



Dr. Lisa MacKinnon,  
Chief of Staff

## MAC Minutes



### MINUTES OF THE MEDICAL ADVISORY COMMITTEE MEETING

November 5, 2024, at 12:00pm

Present: Dr. L. MacKinnon Dr. E. El Salibi Dr. D. Read  
Dr. C. McCudden R. Alldred-Hughes, CEO R. Romany, CNE

Absent: Dr. D. Pepper

#### **CALL TO ORDER**

The meeting was called to order at 12:05 p.m.

#### **Quorum**

A quorum was attained.

#### **Adoption of Agenda**

The agenda was adopted as presented with the following additions:

ADD: 5.5 Troponin Results

Motioned by: Dr. El Salibi

Seconded by: Dr. L. MacKinnon

THAT the Medical Advisory Committee approve the agenda as presented with the recommended additions.

**CARRIED**

#### **Declaration of Conflict**

There was no declaration of conflict noted.

#### **REPORT OF THE LAST MEETING**

##### **Approval of the Minutes**

The minutes of the last meeting held on October 8, 2024 were included in the package and approved as presented.

Motioned by: Dr. D. Read

Seconded by: Dr. E. El Salibi

THAT the Medical Advisory Committee approve the previous meeting minutes as presented.

**CARRIED**

#### **STANDING ITEMS**

##### **Attendance Summary**

The attendance summary included in the meeting package was reviewed and discussed.

##### **Physician HR Plan**

The 2024-2025 Physician HR Plan, included in the meeting package, was reviewed and discussed.

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### Key Points:

- Inpatient Unit: It was agreed that recruiting 1-2 physicians is appropriate, and a job posting will be necessary.
- Emergency Department: It was agreed that recruiting one physician is appropriate. Dr. El Salibi is currently in contact with potential candidates, so there is no need to post a vacancy at this time.

A discussion was held regarding solutions for rehab coverage. Suggestions included posting for locum/rehab vacation coverage (5 weeks per year) or incorporating language such as “rehab coverage up to 5 weeks” in the new Inpatient Physician posting. Dr. Read will collaborate with Dr. Kucherepa on drafting this posting.

### **BUSINESS ARISING**

#### **Appointment Privilege Categories**

Dr. MacKinnon followed up with BLG for guidance on the appropriate language for credentialing physicians who may not require it in order to access the necessary services. An additional letter will be sent to these physicians/NPs requesting that they reconsider their re-application if they are not actively providing services to the hospital.

A discussion took place regarding the wording of the new by-law categories and the possibility of adding more detail to the *Courtesy* category. The current by-law categories were adopted from the OHA prototype and are consistent with those used by other hospitals. The Chiefs will review Dr. Marleau and Dr. Lajoie’s situations individually, as they have both provided services to this hospital for many years.

#### **ER P4R Patient Flow Update**

Dr. El Salibi provided an update on the P4R physician short shift, noting its success.

- The percentage of patients who visited the ED and left without being seen by a physician:

	Apr	May	Jun	Jul	Aug	Sep
Total ED Visits	1453	1642	1486	1620	1633	1679
Total Left Without Being Seen	142	203	149	150	111	125
% Left Without Being Seen	9.8%	12.4%	10.0%	9.3%	6.8%	7.4%

- 90<sup>TH</sup> percentile emergency department wait time to inpatient bed:

	Apr	May	Jun	Jul	Aug	Sep
Total ED Visits	1453	1642	1486	1620	1633	1679
Total Admits	39	41	37	29	35	31
% Admits	2.7%	2.5%	2.5%	1.8%	2.1%	1.8%
Time to Inpatient Bed - 90th %tile (hrs)	2.8	3.1	3.2	3.7	3.0	3.5

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- Total ED LOS – 90<sup>th</sup> percentile

	Apr	May	Jun	Jul	Aug	Sep
Total ED LOS - 90th %tile (hrs)	10.7	14.6	14.8	15.4	11.8	9.2

The P4R program has had a good influence on our ED. Dr. El Salibi will send out a big thank you to the ER team for a job well done!

### ITEMS FOR DISCUSSION/DECISION

#### **Annual Endorsement of Medical Directives**

The annual endorsement of medical directives was reviewed and approved.

A discussion took place regarding Medical Directive / Delegation #25 – *Initiation of X-ray Ordering for Isolated Injury in the ED*. Sometimes the physician deems additional XR views necessary for comprehensive assessment, resulting in the patient being sent back to the x-ray department

This item will be included in the agenda for the next ER Physicians meeting. If a revision of this medical directive becomes necessary, it will be brought back to MAC for further review at that time.

Motioned by: Dr. E. El Salibi

Seconded by: Dr. D. Read

THAT the Medical Advisory Committee approve the Annual Endorsement of Medical Directives.

**CARRIED**

#### **Coverage of Back-up physician accommodations/travel**

Dr. MacKinnon reported that we are exploring incentive options to encourage physicians to provide urgent coverage on the inpatient unit. A comparison of offerings from other local hospitals will be presented to Senior Leadership for review. Further updates will follow.

#### **HGMH to Adopt the recommended TGLN Provincial Organ and Tissue Donation Policy**

This policy was included in the meeting package for MAC's feedback and approval. Once approved, it will be formally adopted by HGMH and converted into standard policy format. J. Chapman, RN Specialist from TGLN with expertise in hospital implementation, presented at last week's ER physicians meeting to educate staff on the program. We are now reporting all deaths and expected or imminent deaths in the ER and on the inpatient unit when the appropriate criteria is met. On-site TGLN coordinators will only be responsible for removing ocular tissue for donation; multi-tissue donations (including skin, heart valves, bones, and tendons) will take place at the Chief Coroner's Office in an OR.

R. Alldred-Hughes pointed out that we will also receive regular scorecards tracking the number of calls to TGLN versus the number of available opportunities.

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Motioned by: Dr. E. El Salibi

Seconded by: Dr. D. Read

THAT the Medical Advisory Committee approve the recommended the TGLN, Provincial Organ and Tissue Donation Policy be adopted by HGMH.

**CARRIED**

### 5.4 Troponin Results

#### ADDED

Dr. McCudden is currently investigating recent discrepancies in Troponin lab results and has advised that if a lab result seems unclear or inconsistent, it should always be repeated or sent to CCH for further testing. If you notice anything unusual, please don't hesitate to reach out.

Dr. McCudden also mentioned that he is working on implementing high-sensitivity Troponin testing and will provide a presentation once the timeline for this transition is confirmed.

There was a recent issue with some routine lab results being significantly inaccurate, which is under investigation. One possibility being considered is that the issue may have been related to how the samples were collected.

Dr. McCudden reminded everyone that they can always reach out with concerns—if you see something, say something.

### CREDENTIALS

#### Application for Appointment

Dr. Rasveg Singh Grewal, Consultant Cardiologist (QCH cardio-server project) has applied for privileges. This application was approved by the credentialing committee and MAC recommends that the Board of Directors approve Courtesy, (Cardiology) privileges.

Motioned by: Dr. Elias

Seconded by: Dr. Read

THAT the Medical Advisory Committee recommend that the Board of Directors approve that Dr. Rasveg Singh Grewal have Consultant, Cardiology privileges.

**CARRIED**

### REPORTS

#### Chief of Staff

Dr. MacKinnon reported that she will be away on vacation for 3 weeks starting November 10th. Dr. Read will cover the first 2 weeks, and Dr. El Salibi will cover the final week.

As a reminder, per the Professional Staff By-Laws, all leaves of absence must be requested in writing to the Chief of Department and recommended by MAC before the Chief of Staff can approve any leave lasting up to 12 months. According to the Hospital Access Suspension During Leaves of Absence policy, for leaves longer than 30 days, the hospital will suspend access to its systems and facilities for both employees and

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physicians. Currently, two physicians (Dr. Crevier and Dr. Rossbach) will need to submit written requests for their leaves of absence, which must be approved through MAC.

Dr. MacKinnon also shared that physicians have been asking whether the P4R coverage will continue moving forward. R. Alldred-Hughes explained that P4R funding is approved based on the number of visits at the time of the initial application. Since the number of ED visits has increased since the original application, R. Romany will look into how the funding is calculated, including whether it is based on a calendar year.

A discussion followed regarding the expectations for P4R coverage hours. Dr. El Salibi will send out a communication outlining the expectations, including 4-hour blocks from 10 AM to 2 PM and a minimum target of ten patients.

The ER physicians have also inquired about the hospital applying for additional funding to support the hiring of a second physician for longer hours due to the increased acuity in the ED.

### Primary Care Providers

Defer.

### Chief of Emergency

Dr. El Salibi reports he needs to discuss patient flow during "life or limb" situations with Dr. Ton That. He has already had discussions with Hawkesbury regarding this matter.

### Chief of Inpatient and Ambulatory Care

Dr. Read reported that Dr. Rivest-Gaudreault has again decided to retain some of her patients—those she saw during her backup week the previous week which causes confusion with the nurses and covering physician. Dr. Read will speak with Dr. Rivest-Gaudreault about the situation, and if it cannot be resolved, she will bring it to MAC for recommendations on how to address the issue.

### Professional staff Association meeting

Defer. The next meeting scheduled for January 30, 2024.

### Chief Executive Officer

R. Alldred-Hughes provided an update on the Q2 financial report, which is balanced; however, the projections still indicate a deficit that they are working to address.

R. Alldred-Hughes also mentioned that the team is finalizing the surgical capacity exploration exercise. Once completed, the findings will be shared with the Medical Advisory Committee (MAC). The summary will outline a staged approach for increasing surgical procedures at our hospital, starting with the services we already offer and can expand upon.

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Additionally, R. Alldred-Hughes shared that the Board has approved moving forward with a pre-capital submission, which will enable us to apply for grants. The goal is to complete this submission by the end of the fiscal year. The initial phase will be self-funded, with the hope of securing Ministry funding for subsequent phases.

Regarding the CHAMP-Meditech Value Analysis, open virtual sessions will be held (both day and evening) to discuss the reasons for the evaluation and the results. There will also be a few sessions for physicians and staff to review the EPIC system. The aim is to present a recommendation to the Board by the end of January.

### Chief Nursing Executive

R. Romany reported that a recent memo has been circulated announcing an extension of operating hours for X-Ray in the Diagnostic Imaging Department, effective November 18, 2024. This change is intended to better meet patient needs and improve access to services. The new hours of operation will be as follows:

- Monday to Thursday: 7:30 AM – 10:00 PM
- Friday: 7:30 AM – 8:00 PM
- Weekends & Statutory Holidays: 8:00 AM – 4:00 PM

R. Romany also mentioned that she has been in communication with the VP of Clinical Services in Cornwall regarding a recent urgent orthopedic transfer involving a patient from Quebec. According to CCH, unless the situation is emergent, they will ask Quebec patients to seek treatment within Quebec.

Additionally, R. Romany inquired about the status of the "Choose Wisely: Foley Catheters" initiative discussed in the IPAC report included in the package. Dr. Read will follow up with K. Brunet and C. Fournier to approve the recommended changes in Meditech to help ensure Foley catheters are removed appropriately.

### Date and Time of Next Meeting

The next meeting is scheduled for December 3, 2024, at 12:00 PM.

### Adjournment

The meeting was adjourned at 13:35 pm.

S. Laframboise, Recorder