

## BOARD OF DIRECTORS – OPEN MEETING

Date: Monday, May 13, 2019  
 Meeting: 1600 – 1840 hours  
 Location: HDH Site, Henderson Board Room  
 Dial-in: 1-855-344-7722, 7673253#

Start	Time	Item	Topic	Lead	Purpose	Attachment
<b>1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, AGENDA &amp; MINUTES APPROVAL</b>						
1600	5 min	1.1	Call To Order, Confirmation of Quorum & Conflict of Interest	O'Toole	Confirm	Verbal
		1.2	Opening Value Statement: Innovation	Cosford	Share	Verbal
		1.3	Consent Agenda	O'Toole	Decision	Draft agenda
		1.4	Approval of Draft Minutes – April 8, 2019	O'Toole	Decision	Draft minutes
<b>2.0 PRESENTATION</b>						
1605	5 min	2.1	KGH Auxiliary Annual Report, Sandra Fletcher, President	O'Toole/ Fletcher	Discuss	Written report
<b>3.0 PATIENT &amp; FAMILY CENTRED CARE</b>						
1610	20 min	3.1	Connected Care – Ontario Health Teams Update	O'Toole/ Pichora/ Committee Chairs	Decision	Briefing note + Presentation @ meeting
<b>4.0 KEY DECISIONS</b>						
1630	10 min	4.1	KHSC Scorecard & Annual Corporate Plan	O'Toole/ Committee Chairs Pichora/Bardon/ Jones	Decision	Briefing note + draft scorecard & annual corporate plan
1640	5 min	4.2	Draft KHSC Board Committee TOR	O'Toole/ Pichora/ Committee Chairs	Decision	Briefing note + draft TOR
1645	5 min	4.3	Draft Signing Authority & Banking Resolution – Updated	Thesberg	Decision	Briefing note + guidelines
<b>5.0 REPORTING &amp; PRESENTATIONS</b>						
1650	5 min	5.1	KHSC Board Chair Update	O'Toole	Discuss	Verbal
1655	10 min	5.2	KHSC President & CEO Report & External Environment	Pichora	Discuss	Written report
1705	5 min	5.3	Medical Advisory Committee/Chief of Staff Report	Fitzpatrick	Discuss	Written report
1710	5 min	5.4	Medical Staff Association Report	Jin	Discuss	Verbal
1715	5 min	5.5	UHKF Interim President & CEO Report	Humphreys Blake	Discuss	Written report & events calendar

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<b>6.0 BOARD COMMITTEE REPORTING</b>						
1720	5 min	6.1	Patient Care, Quality & People Committee	McCullough	Inform	Verbal
1725	5 min	6.2	Governance Committee	Hunter	Inform	Verbal
1730	5 min	6.3	Finance & Audit Committee	Thesberg	Inform	Verbal
<b>7.0 GENERATIVE DISCUSSION – OPEN FOR DISCUSSION</b>						
<b>8.0 IN-CAMERA SEGMENT</b>						
1735	5 min	8.1	Motion to Move In-Camera	O'Toole	Inform	Verbal
<b>12.0 REPORT ON IN-CAMERA MATTERS</b>						
1825	5 min	12.1	Motion to Report on Decisions Approved In-Camera	O'Toole	Inform	Verbal
		12.2	Date of Next Meeting & Termination			
<b>13.0 OPEN FORUM</b>						
Opportunity for directors to reflect on how patients, families and the community were considered in today's discussions						
<b>14.0 IN-CAMERA ELECTED MEMBERS SESSION &amp; CEO ONLY</b>						
<b>15.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT</b>						

## **BOARD OF DIRECTORS OPEN MEETING: MAY 13, 2019**

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held at the Hotel Dieu site on Monday, May 13, 2019 from 1600 to 1830 hours in the Henderson Board Room, Sydenham 2. The following are the open minutes.

Elected Members Present (voting): Alan Cosford, Brenda Hunter, Emily Leslie, Bruce Lounsbury (phone), Sherri McCullough, David O'Toole (Chair), David Pattenden, Axel Thesberg, Glenn Vollebregt and Sandy Wilson.

Ex-officio Members Present (voting): Cheryl Doornekamp and Dr. Richard Reznick (phone).

Ex-officio Members Present (non-voting): Dr. Michael Fitzpatrick, Dr. Al Jin and Dr. David Pichora.

Regrets: Michele Lawford and Mike McDonald.

Administrative Staff: Rhonda Abson (Recording Secretary), Amit Bansal, Elizabeth Bardon, Sandra Carlton, Karen Humphreys Blake, Troy Jones and Theresa MacBeth.

Guests: Sandra Fletcher, President, KGH Auxiliary  
Ron Grice, Union Local President, Millwrights, Local 1410  
Bill Pearce, Union Local President, Electricians, IBEW

### 1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, AGENDA & MINUTES APPROVAL

#### 1.1 Call to Order, Confirmation of Quorum, Conflict of Interest

David O'Toole called the meeting to order and confirmed quorum. Brenda Hunter advised the Chair of her potential conflict in relation to agenda item #2.1 relating to the Ontario Health Team update as she also serves as President of the Kingston Community Health Centre. The Chair confirmed that board members joining by phone were able to hear the proceedings. The Chair introduced Sandra Fletcher, President of the KGH Auxiliary, who was attending today's meeting to provide the Auxiliary's annual report.

KHSC Board members recognized the contributions of Dr. Al Jin in his role as President of the Medical Staff Association. Dr. Jin will complete his term on May 30, 2019 and Vice President, Dr. Peggy de Jong will assume the role of President.

The Chair congratulated Brenda Hunter who was recently named a Paul Harris Fellow by the Rotary Club of Kingston.

The date of the next KHSC Board meeting will be Monday, June 10, 2019 at 1500 hours at the HDH site in the Henderson Board Room. As outlined on the Notice of meeting, the AGM of the Corporation will also take place followed by a special board meeting.

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## 1.2 Opening Value Statement: Partnership

*Partnership is at the core of how we work. We empower patients, families and our teams to do great work together, and with our community.* Alan Cosford led the opening value statement reminding members of all who partner with KHSC – patients, staff, physicians, learners, educational institutions, the University Hospitals Kingston Foundation. KHSC has a tremendous opportunity to further those partnerships through its work with Ontario Health Teams to meet the needs of the patients KHSC serves.

## 1.3 Approval of Agenda

Moved by David Pattenden, seconded by Glenn Vollebregt:

THAT the open agenda be approved as circulated.

CARRIED

## 1.4 Approval of Draft Minutes: April 8, 2019

The draft minutes of the April 8, 2019 open board meeting were circulated in advance of the meeting. Appended to the draft minutes was a copy of a presentation deck providing highlights of the Ontario Health Team readiness assessment process.

Moved by Sherri McCullough, seconded by Alan Cosford:

THAT the minutes of the KHSC Board of Directors held April 8, 2019 be approved as circulated.

CARRIED

## 2.0 PRESENTATION

### 2.1 KGH Auxiliary Annual Report – Sandra Fletcher, President

Sandra Fletcher drew attention to her written report which was provided to members in advance of the meeting. The KGH Auxiliary has had another great year financially. Café renovations were completed last August and the new food display cases have made a difference. KHSC Board liaison representative to the KGH Auxiliary, David Pattenden, highlighted the great work and dedication of Auxiliary members. Discussion focused briefly on the demise of the Hospital Auxiliaries Association of Ontario (HAAO) organization in November 2018 which has resulted in the elimination of regional conferences. This organization provided excellent opportunities to network and share ideas. Sandra Fletcher explained that an attempt was made to keep the Trenton-Kingston-Brockville region together, it was not possible although several members still come together on an informal basis to share ideas. The other significant loss in HAAO membership pertains to the appointment of Provincial Life Memberships which will no longer be

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available. This year's annual general meeting and luncheon of the Auxiliary will take place on Monday, June 10 at the Travelodge in Kingston. The Auxiliary will be announcing a sizable donation at this year's meeting and Board Chair David O'Toole confirmed his attendance at the event.

KHSC Board members recognized the work of the Auxiliary and thanked Sandra Fletcher for her leadership as President and to all members of the Auxiliary who serve the Kingston Health Sciences Centre.

Sandra Fletcher departed the meeting at 1615 hours.

### 3.0 PATIENT & FAMILY CENTRED CARE

#### 3.1 Connected Care – Ontario Health Teams Update

In advance of the meeting, Board members received a copy of the briefing note distributed to each KHSC Board committee at April meetings. The Governance Committee felt it was important for the KHSC Board to consider a motion/recommendation in support of KHSC's participation in the South East Ontario Health Team. Board members were encouraged to sign-up and receive regular updates from the Ministry's Connected Care website: [www.health.gov.on.ca/en/news/connectedcare/](http://www.health.gov.on.ca/en/news/connectedcare/)

Moved by Emily Leslie, seconded by David Pattenden:

THAT, as recommended by the Governance Committee, the Board of Directors of the Kingston Health Sciences Centre supports representatives of the Board and management being active participants in the South East Ontario Health Team (SE-OHT) and to sign-off the self- assessment submissions due May 15, 2019.

Dr. David Pichora drew attention to the slide presentation dated April 26, 2019, recently discussed by partner agencies who have expressed an interest in joining the SE-OHT, which highlighted the work to-date following the March 1, 2019 engagement session held at the Portsmouth Olympic Harbour. Dr. Pichora recognized the support of the secretariat members – Theresa MacBeth, Cynthia Martineau, and Amber Gooding, who have contributed a great deal of time and energy in bringing partner organizations together to move through the self-assessment process.

At the May board meeting, Dr. David Pichora and Theresa MacBeth reminded members of the expected outcomes of Ontario Health Teams at maturity. The guiding principles in the development of the SE-OHT must ensure that patients are partners in developing a person-centred model; that primary care is central with other health service providers working together to provide a fully integrated system; that rural needs are understood; the need to focus on prevention and population health to keep people out of the hospital; and to ensure shared decision-making across all teams. Board members were briefed on the region that would be served by the SE-OHT in terms of population size with over half of the population living in rural areas. An overview of the regional vision of the collaborative governance structure that would be divided up into three zones (West, Central, and East). Primary care would provide the foundation in each zone and

would be supported by partner providers to wrap the entire continuum of care around the patient. The collaborative governance structure would have zone representatives that would manage strategy, accountability and achievement of deliverables. A SE-OHT Strategic Alliance would provide administration and support in the areas of regional tertiary care services, digital health tools, quality standards, back office, regional pharmacy, lab, imaging services, addictions and mental health, etc.

The deadline for the self-assessment submission is May 15 and a copy of the current draft was provided with the briefing materials. Following review of the submissions by June 3, Ministry staff will then extend invitations for teams to complete a full submission by the middle of July. Bi-monthly meetings with the KHSC CEO, Board and Committee Chairs in the preparation of updates to support committee deliberations will continue into May and, as outlined in the briefing note, regular updates will be provided over the summer months. If the SE-OHT is not selected as an early adopter, Dr. Pichora confirmed that the Steering Committee members will continue to meet and prepare for the next wave of selections. Discussion focused on the resources needed to support the next phase and the implications for the signed Hospital Services Accountability Agreement. The government has confirmed that there is no additional funding available for the project.

CARRIED

Theresa MacBeth departed the meeting at 1635 hours.

#### 4.0 KEY DECISIONS

##### 4.1 KHSC Scorecard & Annual Corporate Plan

The draft annual corporate plan includes 14 indicators with potential for an additional one specific to education. The proposed plan and performance index were discussed at the April committee meetings. The Chair reminded members of the Board's role in performance monitoring and assessment: 1) to ensure that management has identified appropriate performance metrics; 2) to monitor hospital and board performance against board approved performance targets and performance metrics; and 3) to ensure that management has plans in place to address variances from performance targets and overseeing the implementation of any remediation plans.

Moved by Alan Cosford, seconded by David Pattenden:

THAT, as recommended by the Governance, Finance and Audit, and Patient Care, Quality and People Committees, the KHSC Board of Directors approves the annual corporate plan for 2019-20 and scorecard as presented at the May 13, 2019 meeting.

Sherri McCullough, Chair of the Patient Care, Quality and People Committee, sought clarification from management as to whether Strategic Direction #4 – Launch KHSC as a leading centre for research and education” should be monitored by this committee. Elizabeth Bardon, Vice President Missions, Strategy

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and Communications, confirmed that it is proposed that the learners/academic mandate oversight would remain with this committee.

KHSC Board members recognized the work management has undertaken this past year to arrive at the draft plan. Members confirmed their support in having a reduced number of indicators.

Axel Thesberg, Chair of the Finance and Audit Committee, highlighted the \$25M indicator target for capital reinvestment as well as the requirements for Phase 2, the requirements for the hospital information systems project and the committee's oversight responsibility to ensure that the programs under the multi-sector accountability agreement achieve a balanced position in the upcoming year are all significant deliverables. Ensuring that effective decision making support/analytics are in place will also be critical to KHSC's success.

Brenda Hunter, Chair of the Governance Committee, confirmed the committee's support and that members founds the new performance index to be precise and succinct.

CARRIED

#### 4.2 Draft KHSC Board Committee Terms of Reference

At the April Board committee meetings, members were briefed on the proposed changes to the terms of reference to support the Board's work going forward. Sherri McCullough reported that, while committee members support the change to move the "People" mandate to the Finance and Audit Committee to allow for more focused attention on the "Quality" mandate of the committee, ensuring that Finance and Audit Committee's orientation program captures the human resource function is important. Axel Thesberg reported that, based on recent discussion at the committee, members felt strongly that the committee's name to adjusted to the "People, Finance & Audit Committee". Brenda Hunter noted that the Governance Committee will re-evaluate these changes in the new year to ensure there is an effective balance in terms of workload.

Moved by Glenn Vollebregt, seconded by Brenda Hunter:

THAT the KHSC Board of Directors approves the renaming of the Patient Care, Quality and People Committee to the Patient Care and Quality Committee and the Finance and Audit Committee to the People, Finance & Audit Committee; and

THAT, the terms of reference, as presented at the May 13, 2019 KHSC Board meeting, be approved as circulated.

CARRIED

#### 4.3 Draft Signing Authority & Banking Resolution - Updated

Axel Thesberg drew attention to the Finance and Audit Committee's recommendation regarding KHSC's signing authority and banking resolution. The signing authority has been aligned to capture the two vice chairs as well as incorporating the recent changes to the senior executive team. Troy Jones, Chief Operating Officer, added that additional changes were made with respect to Hospital Shared Services of Southeastern Ontario (3SO).

Moved by Emily Leslie, seconded by Alan Cosford:

THAT, as recommended by the Finance and Audit Committee, the Board of Directors approves the updated signing authority and banking resolution for the Kingston Health Sciences Centre.

CARRIED

#### 5.0 REPORTING & PRESENTATIONS

##### 5.1 KHSC Board Chair Update

David O'Toole reported that he will be meeting with Susan Fitzpatrick, the newly appointed interim CEO of the Ontario Health Team later in May. The Chair advised members that he recently participated in the "Designing Health Data Strategies for 21<sup>st</sup> Century Health Care – Making Better Data Choices more Accessible to Provide Better Data Choices" at Queen's on May 9.

##### 5.2 KHSC President and CEO Report & External Environment

The written report of the President and CEO was distributed in advance of the meeting. Dr. Pichora reported that Dr. Barry Guppy has been appointed President and CEO of the Perth Smiths Falls District Hospital. Prior to accepting this appointment, Dr. Guppy held positions with the Ministry of Health and Long-term Care as well as working at the Central East Local Health Integration Network and Quinte Healthcare Corporation.

KHSC awaits further confirmations from the Ministry in terms of one-time funding allocations for 2019-20. The OHA and Ministry are hosting a webinar on May 16, 2019 to provide an overview of 2019-20 budget allocations and several members of the KHSC team will be participating in this session. In response to a question on process and release of information from government on funding and involvement/engagement at the LHIN level, the KHSC team remains concerned about the remaining one-time funding allocations yet to be confirmed. The SE LHIN has confirmed receipt of their own operating budgets earlier in the month but no details have been shared.



Dr. Pichora advised members that he will be attending the spring plenary hosted by Catholic Health International in Montreal as well as this year's Catholic Health Alliance of Canada National Conference. KHSC executive team members Brenda Carter and Mike McDonald have been invited to participate on a Rotman Study Tour focused on the UK's National Health System.

### 5.3 Medical Advisory Committee/Chief of Staff Report

Dr. Michael Fitzpatrick, Vice President Medical Affairs and Chief of Staff, provided the following highlights from his written report. To align recent KHSC executive structural changes, the Medical Advisory Committee (MAC) will also adjust its membership. A two-day physician wellness event will be held on November 21 and 22 and Dr. Liselotte Dyrbye, who co-leads the physician well-being program at the Mayo Clinic, will be a featured speaker. At the April meeting, Christine Wilkinson, Program Operational Director of Perioperative Services, provided an update on the major challenges facing this program in terms of staffing shortages, budget challenges, and operating room utilization. As well, MAC members received an update from representatives of Quinte Health Care Corporation – a copy of their presentation was appended to the MAC report.

### 5.4 Medical Staff Association Report

Dr. Al Jin, President of the Medical Staff Association, provided a brief report confirming that a new MSA executive will be elected at the upcoming May 29 meeting. The next President slated to serve is Dr. Peggy DeJong as well as announcing the Clinician of the Year.

### 5.5 UHKF Interim President & CEO Report

The written report of the Acting President and CEO was circulated with the agenda. Karen Humphreys Blake provided brief highlights from the report and thanked those who were in attendance at the recent UHKF board retreat. She recognized the contributions of Drs. Fitzpatrick and Simpson at the retreat and confirmed that a report would be prepared outlining a number of further opportunities to be explored.

UHKF is working on a prospect research project which will bring additional rigour to the Foundation's current practices and help to guide best approaches and targets going forward. The Campaign Team met earlier in the day and UHKF's Development Committee continues to search for additional members to serve. Priority setting for fundraising is being addressed and the financial leaders of KHSC, Providence Care and UHKF are meeting to move this forward.

Karen Humphreys Blake reported that the announcement of the President and CEO is imminent and she thanked Sandra Carlton and Elizabeth Bardon for their contributions in the selection process. KHSC Board members were reminded of the upcoming Rose of Hope Golf Tournament slated for July 30 at the Cataraqui Golf and Country Club as well as the Celebration of Giving slated for June 12, 2019. Appended

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to the Interim CEO's report was a listing of all upcoming events and Board members who have an interest in participating should simply contact UHKF to obtain more information.

## 6.0 BOARD COMMITTEE REPORTING

### 6.1 Patient Care, Quality & People Committee

Sherri McCullough reported that the committee received the quarterly patient safety and quality report at its last meeting as well as the quarterly patient feedback report. Committee members were also briefed on critical incident processes. An update health human resource planning was also presented at the April meeting and strategies KHSC has in place to address vacancies.

### 6.2 Governance Committee

Brenda Hunter provided a brief update on the board recruitment process and the focus remains on securing a member of the Francophone community fill the current vacancy. The committee hopes to have a recommendation in advance of the June meeting.

### 6.3 Finance & Audit Committee

Axel Thesberg reported on the committee's recent deliberations as outlined in the committee's recommendations already addressed earlier in the meeting. The executive team is preparing an update on KHSC's capital plan investments needed and members of the KHSC Board are welcome to attend the upcoming meeting slated for May 27, 2019. Axel Thesberg confirmed that the committee will be bringing forward a report to the Board on all elements of capital requirements for the next 10 years. The May committee meeting will focus mainly on the draft audited financial statements.

## 7.0 GENERATIVE DISCUSSION – no discussion.

## 8.0 IN-CAMERA SEGMENT

### 8.1 Motion to Move In-camera

The Chair invited a motion to go in-camera and for executive committee members to attend the session. Guests departed the meeting and members of the executive team were invited to remain for the in-camera portion of the meeting.

Moved by Alan Cosford, seconded by Sandy Wilson:

THAT the Board move into an in-camera session.

CARRIED

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## 12.0 REPORT ON IN-CAMERA MATTERS

The Chair reported on the following in-camera decision/discussion items: the board approved the in-camera board minutes from the April meeting; the board received the final approved minutes from March committee meetings and the draft April committee minutes; briefing notes/backgrounders were provided to the board on patient feedback report, patient safety and quality report and an update on health human resource planning; the board approved a number of appointments and reappointments to the medical staff as well as housestaff appointment; the board approved the annual compliance report to Partnership Council at its May meeting; the board was briefed on KHSC critical incident processes; an update on the recent visit by Michael Hillmer, Assistant Deputy Minister, Capital Branch was provided; the Board discussed the SE-OHT submission, and the approach to this year's annual CEO and COS evaluations was delivered.

The date of the next KHSC Board will be Monday, June 10, 2019 starting at 1500 hours at the HDH site in the Henderson Board Room. The meeting terminated 1830 hours on motion of Sherri McCullough.

## 13.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY

A brief session was held.

## 14.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT

No session was held.

David O'Toole  
Chair

# Briefing Note

<b>Topic of Report:</b>	<b>CEO REPORT</b>	For Decision
<b>Submitted to:</b>	Board of Directors – May 13, 2019 Medical Advisory Committee – May 14, 2019	For Discussion      X For Information
<b>Submitted by:</b>	Dr. David R. Pichora, President and CEO	
<b>Date submitted:</b>	May 8, 2019	

## Background

This note provides an update on activities at the HDH and KGH sites that relate to our mission and annual corporate plan since our April meetings. As always, I welcome feedback and suggestions in terms of content and focus for these regular updates.

## Current State

### 1. 2019 Ontario Budget

On April 11, the government released the 2019 Ontario Budget and we believe the budget provides an increase of \$384 million (approximately 2.0% overall) for hospitals. Other key announcements include \$17 billion over the next 10 years to build and renovate hospital sites, amendments to the Public Sector Labour Relations Act, 1997, and further investments in the home and community care sector. The province announced that it would return to fiscal balance in five years. As well, the deficit has been reduced by \$3.3 billion to an estimated \$11.7 billion, with a projection to reduce this number by an additional one billion dollars in the 2019/2020 fiscal year to \$10.3 billion.

### 2. 2019-20 Funding Allocations

The Ontario Hospital Association and the Ministry of Health and Long-Term Care will be hosting a webinar on Thursday, May 16 to provide an overview of 2019/20 Hospital Funding Allocations following the release of funding letters and funding workbooks. The overview will include a formal presentation by the ministry and a moderated question and answer period. The webinar will help hospitals and LHINs understand the current state of hospital funding allocations and will provide more in-depth information on technical changes to the hospital funding methodology and funding workbooks. Members of the KHSC team have registered and will be participating in the upcoming webinar. Once we have had an opportunity to review this information, we hope to provide a more detailed briefing at the KHSC Finance and Audit Committee at its May 27 meeting.

### 3. Public Sector Compensation Consultations

The OHA participated in a government consultation process in mid-April accompanied by a representative from each of the most recent ONA, OPSEU, and joint Service (CUPE/SEIU/Unifor)

central bargaining teams. It is important to note that the government consultation is not collective bargaining. The OHA and hospital representatives focused on questions raised by government and did not enter the consultation with a mandate nor the necessary authorization to conduct any negotiations on behalf of hospitals.

#### **4. KHSC Announces the Appointment of Renate Ilse, Interim Vice President, Clinical Programs**

As a next step in the clinical restructuring at Kingston Health Sciences Centre, on May 22, 2019 Renate Ilse will be joining the KHSC team as Interim Vice President, Clinical Programs, effective May 21, 2019. Reporting directly to Brenda Carter and working in close partnership with Mike McDonald, Renate will have executive accountability for the Critical Care and Cardiac Programs as well as the Inpatient Surgical Units, and will support work related to advancing key priorities identified in the F20 annual corporate plan. Mike McDonald will retain leadership of the OR and peri-operative services. It is anticipated that Renate will be with us at KHSC in this interim position for a 9-12 month period and will work with executive, operational and medical leaders to lay the ground work for organizational redesign within the clinical portfolio.

Renate is coming to KHSC as a recognized leader with more than 30 years of healthcare experience, most recently as Vice-President of Clinical Programs at The Ottawa Hospital where she provided leadership for Patient Flow, Emergency, Critical Care, Medical and Surgical Inpatient Services, Ophthalmology/Eye Care Centre, Pharmacy, Geriatric and Transitional Care, Ambulatory Care, the Rehabilitation Centre and a variety of regional programs (Geriatric, Stroke, Base Hospital, Dialysis/Nephrology, Bariatrics and Trauma). She is a registered nurse with a doctorate in health-care administration and a Master of Business Administration (MBA) in finance. She is also a Fellow of the American College of Healthcare Executives (FACHE) and a Certified Health Executive (CHE).

#### **6. Dean, Faculty of Health Sciences/Director, School of Medicine & CEO, SEAMO**

Dr. Reznick's second term ends on June 30, 2020. In accordance with the procedures established by Queen's Senate, Dr. Tom Harris will chair a committee to advise the Principal on the future direction of the Faculty of Health Sciences and on the selection of the next Dean. Members of the University community are invited to submit comments on the present state and future prospects of the Faculty and to suggest names to serve on the Advisory Committee by May 14. As outlined in the Affiliation Agreement with Queen's, KHSC will be represented on this important search.

#### **7. KHSC's Report to the Community**

In keeping with past practice, staff recommend preparing a *Report to the Community* for release in mid-to late-June. A plan is in development to create a highly visual, digital report that can be pushed out through a variety of means both internally and externally including via the Intranet, websites, social media (Facebook, Twitter) and email (e-newsletter).

Over the past year, KHSC has received very positive community feedback and tremendous traction with stories shared via social media, particularly those featuring individuals or small teams (staff, patients, volunteers, etc.) Using our values to guide the focus for the *Report to the Community*, the communications team will generate a small number of highly visual, high impact stories that can be shared broadly to generate awareness about and pride in KHSC. It is anticipated that a preview will be ready in time to present to the Board at its June meeting prior to any public release.

In keeping with past practice, staff recommend preparing a *Report to the Community* for release in mid- to late-June. A plan is in development to create a highly visual, digital report that can be pushed out through a variety of means both internally and externally including via the Intranet, websites, social media (Facebook, Twitter) and email (e-newsletter).

## 8. Workshops Focus on Caring for Patients with Addictions

After standing-room-only crowds at the KGH site in March, workshops designed to better equip staff to care for patients struggling with addictions are now scheduled for the HDH site in May. The two March sessions were attended by about 130 staff. RNs gave the workshops a resounding thumbs-up, calling them the “best education opportunity” they had experienced and highly recommending them to co-workers across KHSC.

The workshops hold multiple lenses up to the issue of addiction. The family perspective comes from a KHSC employee who lost a loved one to substance abuse, while a lived experience advisor talks about struggling with alcoholism and a family doctor shares his own experience with opioid addiction. Other presenters explore the medical side of substance abuse—how it changes our brain structure—and provide overviews of the opioid crisis in Kingston, the connections between addiction and a history of trauma, and the ethics of taking a harm reduction approach to addiction.

## 9. Research Update – May 2019

### Addressing the complexities of pain

Kingston Health Sciences Centre and Queen’s University are working at the leading edge of pain research. These institutions comprise a multi-site laboratory where researchers and KHSC clinicians as well as nurses, therapists and social workers work together with patients to study the complex problem of pain, from the mechanisms that cause it, to the treatments that alleviate it. Enhancing this work is the formation, in 2018, of a research group, The Collaborative for Pain Research & Management (official name TBD). This group is a partnership between KHSC, Queen’s and the Kingston community. Examples of current pain research:

Director of Clinical Pain Research **Dr. Ian Gilron** (Anesthesia and Perioperative Medicine and Biomedical and Molecular Sciences, Queen’s), is globally recognized for research that leads to better frontline treatments for pain. Dr. Gilron is also co-leader of the Chronic Pain Network (CPN), a Canada-wide, \$25M CIHR-funded Strategy for Patient-Oriented Research initiative that is targeting new treatments to manage and prevent chronic pain. Within the CPN, Dr. Gilron is also Chair of a new Clinical Pain Research Network involving 12 chronic pain clinics across Canada. Here at KHSC/Providence Care/Queen’s, Dr. Gilron is Principal Investigator of three new clinical trials of innovative chronic pain strategies, funded by CIHR and PSI Foundation.

**Dr. Nader Ghasemlou** (Anesthesia and Perioperative Medicine and Biomedical and Molecular Sciences, Queen’s) leads the Pain Chronobiology & Neuroimmunology Lab, carrying out translational research into the molecular and cellular mechanisms that cause pain. In one of these studies, working with **Dr. Gilron**, and other clinicians and patients at the Chronic Pain Clinic, he is uncovering intriguing connections between circadian rhythms – the internal ‘clock’ that regulates the body and its cells – and responses to pain. Ultimately he hopes to identify biomarkers in the blood that explain these changes in pain, leading to the development of better treatments and care for patients with chronic pain.



**Dr. Curtis Nickel** (Urology, Queen's) is an award-winning clinician-scientist addressing the often neglected issue of pelvic pain, including diseases of the urinary tract and prostate gland. He is a Tier 1 Canada Research Chair in Urologic Pain and Inflammation, and his current research is supported by more than \$3M in research funding from CIHR and the National Institutes of Health.

Does getting moving more quickly after surgery reduce postoperative pain? **Dr. Michael McMullen** (Anesthesia and Perioperative Medicine, Queen's) and members of the Acute Pain Management Service are exploring the interaction between patient mobility, measures of pain interference and patient report outcomes, including quality of recovery. Currently in its early stages, this study will use ankle-mounted commercial mobility trackers on patients to see if a rapid return to mobility leads to shorter recovery times and faster discharge. Dr. Ghasemlou's lab is following up this research to identify pathways/targets of interest.

The Chronic Pain Clinic at KHSC's Hotel Dieu Hospital site, under the direction of **Dr. Scott Duggan** (Anesthesia and Perioperative Medicine, Queen's) offers patients a comprehensive pain management program. This clinic, with Research Coordinator **Dr. Etienne Bisson** (Anesthesia and Perioperative Medicine and School of Rehabilitation Therapy, Queen's), is also a key resource in chronic pain research collaborations both locally and nationally. As part of the Chronic Pain Network, the clinic is involved in a five-year national study of adults using cannabis for chronic pain, led by a team at McMaster University.

Locally, one notable research effort of the clinic is the creation of a chronic pain registry that includes patient self-reported outcomes. This registry, used clinically, is an outstanding resource for observational research. For example, one recent study used this data to examine the incidence and risk factors of falls in adults with chronic pain. Several other studies initiated at the clinic are looking at barriers and facilitators to exercise in people with chronic pain, evaluating the clinic's compliance to intrathecal therapy guidelines, and comparing the efficacy of two different psychological therapies for chronic pain. Knowledge gained through these studies leads to better treatment and care locally and nationally.

## 10. Behavioural Crisis Alert



The Behavioural Crisis Alert (BCA) must be on the radar of anyone who encounters patients during the course of their work day. When there's a history of violence or the patient violence risk assessment identifies increased risk, the BCA is the mechanism that flags that potential. However, it does not end with identifying the risk: any patient with an active BCA must have a corresponding Risk Reduction Plan that identifies behavioural triggers and safety precautions to be taken for staff and patient safety.

A BCA will be flagged as a purple triangle in the Patient Care System (PCS) and a purple flag in the Emergency Department Information System (EDIS). Flagging also takes the form of BCA signage at entry to the patient's room and a BCA sticker affixed to the spine of the patient chart and Kardex (patient profile) where used. The Occupational Health & Safety Act requires employers to provide specific information to staff about the risk of patient violence and the precautions to be taken to ensure the safety of all.

## 11. Autologous Stem Cell Transplant Program

Congratulations to the Malignant Hematology Team on the very successful launch of the Autologous Stem Cell Transplant Program's Day + 1 Transfer Partnership with Lakeridge Health. After several months of hard work, we transferred the very first patient to Lakeridge Health today one day after their transplant. The autologous stem cell transplant program at KHSC transplants around 50 patients per year. Approximately 20 of these patients are from Lakeridge Health (Ajax, Whitby, Oshawa).

The Day + 1 program allows us to repatriate patients back to Lakeridge early on in the transplant process. This allows us to decrease the number of inpatient bed days utilized at KHSC. It allows us to provide shared care with Lakeridge and allows patients to access care closer to home. As part of this process, we presented a multidisciplinary CME day at Lakeridge in April. We underwent a process to ensure that the two institutions had similar care plans for autologous stem cell transplant patients. The team has also been very busy in recent months as we have been seeing extra referrals diverted to us due to the temporary closure of the Toronto Autotransplant Program due to capacity issues. The team has accommodated the extra workload flawlessly.

Other initiatives have also gone live recently in the Malignant Hematology Unit including:

- 1) Development of a protocol to transplant patients with relapsed Germ Cell Tumour – We transplanted our first patient for relapsed GCT last week
- 2) Update/development of a protocol to transplant patients on dialysis – we have done about 4 to date (these patients are higher risk and have higher mortality rates)
- 3) Development of a protocol to transplant patients with Primary CNS Lymphoma – We transplanted 4 to date
- 4) Transition to the NP Model of Care Post Autotransplant Consult
- 5) And many other initiatives – too many to count – it is a dynamic unit!

Again, congratulations to Dr. Sita Bhella, Stem Cell Transplant Program Medical Director and the team for all their hard work in making all of this possible – another example of patient- and family-centred care.

## 12. Survey Sheds Light on Patient Satisfaction with Communication During Hospital Stay

A national survey demonstrating that Canadians generally feel satisfied with their care during a hospital stay rings true as well for patients at Kingston Health Sciences Centre. On April 17, the [Canadian Institute for Health Information \(CIHI\)](#) released the results of its [Canadian Patient Experiences Survey on Inpatient Care \(CPES-IC\)](#), which asked patients how they felt about communication during their stay, including with and between care providers, about medications and when leaving hospital. The report captured responses from 90,000 respondents in more than 300 acute care hospitals in five participating provinces: British Columbia, Alberta, Manitoba, Ontario and New Brunswick.

The team has reviewed the detail report and KHSC results are similar to national results. Overall, 62% of patients across Canada and 65% in Ontario said their hospital experience was very good - at KHSC, 65% of surveyed patients reported their overall hospital experience was very good.



### *Communication and Explanation of Care:*

More than 2/3 of patients across Canada said that doctors and nurses always listened carefully and explained things clearly.

#### *What did KHSC patients say?*

- 64% of nurses and 67% of doctors always listened carefully to me.
- 65% of nurses and 67% of doctors always explained things in a way I could understand.

Across Canada, 54% of patients felt that their medication was always explained well and 24% said that hospital staff never described possible side effects of a new medicine in a way they could understand.

#### *How did KHSC fare? KHSC performed BETTER than the national results:*

- About 68% of patients said that hospital staff always explained the purpose of a new medicine and always told them what the medicine was for.
- 77% said that hospital staff always described possible side effects in a way they could understand.

### *Coordination of Patient Care:*

About half of Canadian patients felt that their care was always well coordinated by hospital staff.

#### *How did KHSC compare?*

- 54% of KHSC respondents felt there was always good communication about their care between doctors, nurses and other hospital staff.
- 52% of respondents said that doctors, nurses and other hospital staff always seemed informed and up to date about their hospital care.

### *Support when leaving the hospital:*

Across Canada, 3 out of 4 patients said they had good planning for discharge from the hospital. Two-thirds of patients felt completely informed of their condition, treatment and medication at discharge. However, 40% said they didn't receive enough information about what to do if they became worried about their condition and treatment after leaving.

#### *How supported did KHSC patients feel before being discharged?*

- 51% responded "completely" when asked if they had a better understanding of their condition than when they entered hospital.
- 58% responded "completely" when asked if they received enough information about what to do if they were worried about their condition or treatment after they left the hospital.

Understanding patients' health care experiences is important and will guide KHSC staff in improving the quality of patient-centred care.

## **13. Partnership with Algonquin College – OR Perioperative Nursing Certification**

KHSC has partnered with Algonquin College to provide KHSC registered nurses or registered practical nurses with an opportunity to gain access to specialized training in the OR Perioperative Nursing certification. Now available on-site at KHSC to existing nursing staff, trainees had to go to Algonquin in Ottawa or George Brown College in Toronto to complete their practical lab work. Like most hospitals

across Canada, KHSC is challenged by a shortage of OR nurses. They are critical members of the surgical team, and without enough of them, our ORs are unable to operate at full capacity.

Christal Scheel's has a new role as a Clinical Learning Specialist to help support and guide this training on-site here at KHSC. A former OR nurse of 13 years, she will be leading students through their practical learning, which includes setting up an OR, checking equipment and instruments, gowning and gloving surgeons, positioning patients, documenting procedures, communicating effectively with Central Processing Services, and handling lab specimens. In addition to the 12 nurses who started their full on-site training this month, and who will be starting and completing their 4-week placements this summer, four more OR nurses recently finished their placements and four others are starting their placements this week. By mid-summer, KHSC will have a total of 20 new OR nurses fully trained and contributing their expertise to the surgical team. Over the long-term, it is anticipated that this new effort to hire more OR nurses will have positive effects on the wait times our patients experience for surgery.

#### 14. Ethics Blog: Matters that Matter: The ethics of governance at KHSC

*We close out this discussion about the **KHSC Ethics Framework** by turning our minds to governance ethics, which informs the functioning of the KHSC Board and the Partnership Council. The governance structure of KHSC is complex, reflective of our society's growing interdependence among health care organizations. The Board is made up of members whose role it is to represent the health needs of our communities and ensure the priorities of KHSC reflect the needs of people being served.*

*The Board also ensures KHSC responds to government standards for operating and funding in the contexts of interdependent relationships with health care partner organizations. It makes decisions and monitors the activity of KHSC to ensure the organization meets the many standards required to operate a health care organization.*

##### *Facing ethical dilemmas at the Board level*

*The KHSC Board can face ethical dilemmas when competing needs and values are presented. For example, the Board has oversight for financial decisions, including reviewing and approving capital and operating budgets. It often needs to balance competing priorities such as the requirement to fund its share of a much-needed regional Hospital Information System (HIS) when there is also a very long list of capital equipment that we need to buy each year to provide safe and modern patient care. Both needs are very real and require the Board to prioritize knowing that we might not have a large enough supply of capital dollars to fund everything all at once. The Board may also consider the ethical implications of surge – how do we provide the best possible care to our acute patients when we have up to 100 Alternate Level of Care (ALC) patients in acute care beds on a given day?*

*This type of question might prompt the Board to ask for various types of information including:*

- **from management...**so that they can provide appropriate oversight to the hospital and the CEO, who is an employee of the Board
- **about our Professional Practice processes...**to help the Board understand how management ensures the right staffing mix to manage the variation in patients between ALC and acute patients
- **about oversight to our partnerships and relationships...**so the Board can understand how corporate partnerships with Home & Community Care or other providers could help transition our ALC patients safely back to our community.

*Each of these situations requires the Board to apply KHSC values to inform their approach to their governance role. The Mission and Values of KHSC and the ASSIST Decision-making Guide help the Board in its decision-making.*

*This year, our Patient Care, Quality & People Committee welcomed an education session by our two ethicists. Using the ASSIST tool, the ethicists walked members through a fictional clinical case study based on the types of actual complexities faced by our care teams. The process demonstrated how the tool helps us to apply ethical discernment to any of the work we do as we work together to meet our mission of providing care to patients, families and each other.*

*The KHSC Ethics Framework structures our approaches to ethics: clinical, organizational, research and governance. We hope these four blog submissions help you understand the KHSC ethics framework and we welcome any questions you might have.*

*In the coming months we will be discussing the ASSIST decision-making guide. Watch for the kick-off blog by David Campbell, Ethicist at KGH. Elizabeth Bardon is the Vice-President that provides reports to the KHSC Board related to ethics. We thank her for agreeing to co-author this blog submission.*

*Neil Elford, Director, Spiritual Health, Mission & Ethics, HDH site*

## **15. Fourth Interim Report on Medical Assistance in Dying Released by Health Canada**

Health Canada has announced the release of the [4th Interim Report on Medical Assistance in Dying](#). This final report covers a 10-month period from January 1 to October 31, 2018. Since Canada's federal legislation on MAID was implemented in 2016, Health Canada has released three interim reports.

### Summary of Findings

- 2, 614 Canadians received MAID between January 1 and October 31, 2018.
- MAID has accounted for approximately 1.12% of the estimated total deaths in Canada during this reporting period.
- The setting for the provision of MAID continued to be primarily divided between a hospital (44%) and a patient's home (42%).
- MAID was largely provided by physicians (93%).
- Following this report, the federal government will start to produce annual reports beginning in spring 2020. This expanded data set will provide the following:
  - Better understanding of MAID requests;
  - Insight into the circumstances under which MAID is administered; and
  - The reasons why requests for MAID may go unfulfilled.

## **16. HQO Seeking Input on Draft Quality Standard for Transitions from Hospital to Home**

Health Quality Ontario is requesting for feedback on a draft quality standard for transitions from hospital to home, and its accompanying patient guide. The draft standard outlines quality care for people being discharged from hospital and continuing their care at home, and is based on the best evidence along with input from clinicians, patients and caregivers. Accompanying the draft standard is a patient guide to help people ask questions and have informed discussions with their health care providers.

## 17. Government Announces Interim CEO for Ontario Health

Last month, the government announced that Susan Fitzpatrick will be acting as Interim Chief Executive Officer (CEO) for Ontario Health, while a comprehensive recruitment process for a permanent CEO is underway. According to the announcement, Fitzpatrick will play an important role in the next phase of setting up Ontario Health. She most recently held the position of CEO at the Toronto Central Local Health Integration Network, and was previously the Associate Deputy Minister at the Ministry of Health and Long-Term Care.

## 18. Six Hospitals to Deliver Enhanced Care to Patients in Unique Restorative Care Facility

Six Greater Toronto Area hospitals are working side by side under one roof to provide specialized care for patients who no longer require acute hospital services. Thanks to funding from the Ministry of Health and Long-Term Care, the Reactivation Care Centre – Church Site has been newly refurbished and modernized for patients who can benefit from specialized restorative services.

Following ten weeks of extensive preparations, starting May 5, patients from Trillium Health Partners, Southlake Regional Health Centre, William Osler Health System, and St. Joseph's Health Centre Toronto began moving into the newly renovated site, which has capacity for 214 beds. As owner of the site, Humber River Hospital, has led the complex redevelopment of the building and overseen all aspects of the plan to bring the latest four hospitals into the building. Ninety-two patients from Humber and Sunnybrook Health Sciences Centre have been receiving care in the Reactivation Care Centre since December 2018. At the Reactivation Care Centre, patients receive the specialized care and support they need, including occupational therapy, recreational therapy and physiotherapy, to improve their health outcomes and patient experience. Each hospital operates its own standalone unit within a wing or floor of the building and employs its own nursing staff and therapists, among others.

The initiative is making use of existing infrastructure to provide patients with safe, high quality care in the most suitable location. At the same time, it is addressing the challenge of hallway health care by improving access to services and reducing wait times in these hospitals' acute care sites.

## 19. Legislative & Regulatory Update

As highlighted at last month's board meeting, the provincial government introduced **Bill 74, *The People's Health Care Act, 2019***, which proposes a series of amendments to several pieces of legislation as part of the provincial government's efforts to end hallway medicine. Key highlights of the proposed legislation may result in significant structural reforms for Ontario hospitals and health service providers. On April 18, 2019, the provincial government announced that Bill 74 has passed third reading and received royal assent.

## 20. Mission Moment

I want to take this opportunity to recognize the extremely compassionate and caring efforts of the OR team to support a colleague who recently lost a family member. Leaders came together to make adjustments to the OR schedule in order to pause a number of surgical suite rooms to allow staff to attend the funeral. It was truly a testament to our values of compassion, respect, partnership, excellence, and innovation.

## 21. Upcoming Events

### UHKF Event: We Walk for Comfort & Care

On **Saturday, June 22** the University Hospitals Kingston Foundation's annual "**We Walk for Comfort and Care**" will take place starting with a pancake breakfast at Providence Care Hospital at 9:00 am with the walk starting at 10:00 am from Lake Ontario Park. Funds raised will support patients and clients pay for some of the non-medical costs of care. This fund provides social workers with a source of flexible funding to help cover expenses such as travel, emergency child care, clothing, gas cards, parking, food, prescriptions and assistive devices. Participating teams may designate the funds they raise to the healthcare site or program of their choice. Sign up as an individual, join a team or become a captain and spend a fun-filled morning at Lake Ontario Park for the sixth annual We Walk for Comfort and Care. Can't make the walk? Help your colleagues by donating now or come to the family-friendly pancake breakfast, with proceeds supporting the Comfort and Care Fund.

### UHKF Event: Celebration of Giving

Hold the date on **Wednesday, June 12** at 1630 hours for the annual **Celebration of Giving** taking place at St. Lawrence College, Conference Facility. This year's guest speaker is Mike Laughlin – Canada's only above-the-knee amputee firefighter. I hope that members of the KHSC Board will join me at the event to meet the care team from KHSC and Providence Care who helped Mr. Laughlin to recover and return to active duty. We will also be announcing the recipients of the Ian Wilson Award for Volunteerism in Fundraising and the Davies Award for Philanthropic Leadership. Reception at 4:30 pm - presentations at 5:00 pm and **retirement tea** for Denise Cumming starting at 6:30 pm.

### KHSC Event: Kingston Pride Parade

This year, KHSC is organizing a presence for the annual Kingston Pride Parade. This family-friendly event taking place on **June 15** will feature a KHSC group walking together in the parade to reflect the diversity of both our staff and patient populations. Spearheaded by one of our physicians, a working group of enthusiastic staff volunteers has been pulled together to organize logistics and to ensure that all KHSC physicians, staff, volunteers and learners are aware of the opportunity to be part of the KHSC delegation.

Last month, I participated in the spring plenary hosted by **Catholic Health International** in Montreal. Next week, I will be travelling to Banff on May 14 to participate in this year's **Catholic Health Alliance of Canada National Conference**.

Respectfully submitted



Dr. David R. Pichora  
President and Chief Executive Officer