

BOARD OF DIRECTORS - OPEN MEETING – CONFERENCE CALL OPTION ONLY

Date: Monday, October 26, 2020
Meeting: 1600 – 1900 hours
Zoom Link: <https://zoom.us/j/99419609465>

Start	Time	Item	Topic	Lead	Purpose	Attachment
1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, CONSENT AGENDA ITEMS & APPROVAL OF AGENDA						
1600	10 min	1.1	Call to Order, Confirmation of Quorum, Conflict of Interest Declarations	O'Toole	Inform	Verbal
		1.2	Opening Value Statement: KHSC Mission, Vision & Values	O'Toole	Share	Link
		1.3	Consent Agenda Items a) Approval of Board minutes: August 25, August 27 and September 1 b) 2020-21 Board & Committee Work Plans c) KHSC Board & Committee Functioning d) KHSC Board Education Plan Update e) UHKF President & CEO Report	O'Toole	Decision	Briefing note & materials
		1.4	Approval of Agenda	O'Toole	Decision	Draft agenda
2.0 PATIENT & FAMILY CENTRED CARE						
1610	10 min	2.1	Connected Care – Ontario Health Team Update	Pichora	Discuss	Verbal
3.0 KEY DECISIONS						
1620	5 min	3.1	2021-22 Critical Path for Board Nominations	Hunter/Jones	Discuss	Briefing note
1625	5 min	3.2	2021-22 Critical Path for Board Officer Selections	Hunter/Jones	Decision	Briefing note
4.0 REPORTING & PRESENTATIONS						
1630	10 min	4.1	KHSC President & CEO + External Environment Update	Pichora	Discuss	Written report
1640	20 min	4.2	COVID-19 – Pandemic Planning Update for KHSC	Pichora/ Jones/Fitzpatrick	Discuss	Presentation @ meeting
1700	10 min	4.3	KHSC Organizational Risks Update & Integrated Risk Management Planning	Thesberg/ Carter	Discuss	Briefing note + Jan 2020 Board report & HIROC 21 Questions
1710	5 min	4.4	2020-21 Integrated Annual Corporate Plan & Indicators - Alignment of Integrated Risk Management Framework with Strategic Corporate Planning	Carter & Committee Chairs	Discuss	Presentation @ meeting
1715	15 min	4.5	Annual Occupational Health & Safety Report	Thesberg/ Carlton	Discuss	Written report
1730	10 min	4.6	Board Education: Credentialing at KHSC	Thesberg/ Fitzpatrick	Discuss	Verbal
1740	15 min	4.7	Medical Advisory Committee/COS Report	Fitzpatrick	Discuss	Verbal

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5.0 BOARD COMMITTEE REPORTING						
1755	5 min	5.1	Patient Care & Quality Committee	McCullough	Inform	Verbal
1800	5 min	5.2	Governance Committee	Hunter	Inform	Verbal
1805	5 min	5.3	People, Finance & Audit Committee	Thesberg	Inform	Verbal
6.0 IN-CAMERA SEGMENT						
1810	5 min	6.1	Motion to Move In-Camera	O'Toole	Inform	Verbal
10.0 REPORT ON IN-CAMERA MATTERS						
1845	5 min	10.1	Motion to Report on Decisions Approved In-Camera	O'Toole	Inform	Verbal
		10.2	Date of Next Meeting & Termination			
11.0 OPEN FORUM						
Opportunity for directors to reflect on how patients, families and the community were considered in today's discussions						
12.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY						
13.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT						

BOARD OF DIRECTORS OPEN MEETING: OCTOBER 26, 2020

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held by video-conference on Monday, October 26, 2020 from 1600 to 1920 hours. The Board Chair and Secretary determined, in advance of the meeting, that it was important to hold the meeting by videoconference in light of the government's directives for self-isolation and social distancing in response to the COVID-19 pandemic. The following are the open minutes.

Elected Members Present (voting): Alan Cosford, Mélanie Josée Davidson, Anne Desgagnés, Michele Lawford, Emily Leslie, Sherri McCullough, David O'Toole (Chair), David Pattenden, Axel Thesberg, Glenn Vollebregt and Sandy Wilson.

Ex-officio Members Present (voting): Dr. John Leverette.

Ex-officio Members Present (non-voting): Dr. Mike Fitzpatrick, Mike McDonald, Dr. Sonal Varma and Dr. David Pichora.

Regrets: Brenda Hunter and Dr. Jane Philpott.

Administrative Staff: Rhonda Abson (Recording Secretary), Amit Bansal, Elizabeth Bardon, Sandra Carlton, Brenda Carter, Val Gamache-O'Leary, Chris Gillies, Troy Jones, Renate Ilse, Theresa MacBeth, Steve Smith and Tom Zsolnay.

Guests: Steph Crosier, Multi-media Journalist, Kingston Whig Standard

1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, CONSENT & AGENDA APPROVALS

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

David O'Toole called the meeting to order and confirmed that all board members participating by video-conference and phone were able to hear the proceedings. Roll call was completed, the Secretary confirmed quorum, and the Chair introduced Steph Crosier from the Whig Standard.

Board members were reminded that their annual declarations to serve must be completed and filed with the Secretary. The Chair drew attention to the pre-circulated agenda and materials and invited declarations of conflict; no declarations were recorded.

Tim Horton franchise owners were recognized for their tremendous efforts during this year's Smile Cookie event raising in excess of \$150K in support of KHSC's Neonatal Intensive Care Unit. The Chair also drew attention to the written report of the UHKF President and CEO which was distributed as part of the consent agenda and highlighted the excellent content of the report.

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A new integrated care hub has opened on Montreal Street on November 1. Marginalized members of the community will have access to a variety of programs and services in a much more coordinated approach including nursing and counselling services, crisis support, harm reduction, relapse prevention counselling, and meal programs.

The Chair confirmed that there would be a five minute break between today's open and closed meeting segments.

1.2 Opening Value Statement: KHSC Mission, Vision and Values

The month of September marked a significant milestone in the history of the Religious Hospitallers of the Hotel Dieu, Kingston as it marked 175 years of service to the community. The Chair drew attention to the CEO's written report and the section on the legacy of the Hotel Dieu and Kingston General sites.

1.3 Consent Agenda Items

In advance of the meeting, the following items were provided as part of the consent agenda:

- Approval of Minutes: August 25, 2020; August 27, 2020; September 1, 2020
- Approval of the 2020-21 Board & Committee Work Plans
- KHSC Board & Committee Functioning
- KHSC Board Education Update
- UHKF President and CEO Update

The Chair invited amendments to the open agenda if there were consent agenda items that Board members wanted further discussion on. No adjustments were identified.

Moved by Glenn Vollebregt, seconded by Alan Cosford:

THAT the consent agenda be approved as circulated.

CARRIED

1.4 Approval of Agenda

On Monday, October 19, 2020 the open agenda and supporting materials were circulated to board members. The report of the Chief of Staff was provided in advance of today's meeting.

Moved by Sherri McCullough, seconded by Alan Cosford:

THAT the agenda be approved as circulated.

CARRIED

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2.0 PATIENT & FAMILY CENTRED CARE

2.1 Connected Care – Ontario Health Team Update

For the benefit of new board members, Ontario Health Teams were introduced to provide a new way of organizing and delivering care that is more connected to patients in their local communities. Under Ontario Health Teams, health care providers work as one coordinated team - no matter where they provide care. David Pichora provided a brief summary of Frontenac Lennox and Addington (FLA) OHT's full application submission to government to form the FLA-OHT. A steering committee was formed to guide the work and develop the following Year 1 projects: building a Health Home; mental health support integration; coordinated hospital discharge and attachment to primary care; and aging well at home through coordination with home care and community supports. With a common goal of better integrated care and services, a voluntary collaborative governance model will be important and project based. In the second round of submissions, the FLA-OHT is one of 17 and, if all are approved by government, OHTs will cover 80% of the province. In response to a question, David Pichora confirmed that there are currently 29 approved OHTs in the province. The FLA-OHT believes the government will be making an announcement in the coming weeks.

3.0 KEY DECISIONS

3.1 2021-22 Critical Path for Board Nominations

On behalf of Brenda Hunter, committee member Michele Lawford drew attention to the briefing note outlining the process for the 2021-22 board nominations. There are four term renewals in June 2021 and the Governance Committee was successful this past year in recruiting an individual with health informatics experience. For 2021-22, the board size will remain the same with 12 elected and 6 ex officio for a total complement of 18 members and includes the immediate past chair position. Michele Lawford confirmed that there are no vacancies for 2021-22 unless someone chooses not to renew. An update will be provided to Partnership Council at their next meeting.

3.2 2021-22 Critical Path for Board Officer Selections

Michele Lawford drew attention to the pre-circulated briefing note outlining the critical path for the 2020-21 board officer process. The Governance Committee is recommending that the KHSC board structure include a single vice chair for 2020-21 and a vice chair would not serve as a committee chair to allow for more leadership opportunities within the governing structure.

Moved by Michele Lawford, seconded by Mélanie Josée Davidson:

THAT, as recommended by the Governance Committee, the KHSC Board of Directors approves the governing structure of KHSC to have a single vice chair position for 2021-22;
and

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THAT, as recommended by the Governance Committee, the KHSC Board of Directors approves, as normal governing practices, the decoupling of committee chair positions from the vice chair role to increase leadership opportunities on the Board.

Discussion focused on the succession process outlined in the board policy V-B-1 in relation to the vice chair position.

CARRIED

4.0 REPORTING & PRESENTATIONS

4.1 KHSC President and CEO + External Environment Update

The written report of the President and CEO was pre-circulated to members with the agenda materials. Discussion focused on current labour shortages and, for KHSC, efforts are underway to recruit nurses for the medicine program. David Pichora noted that restrictions implemented at the start of COVID where staff were required to select one employer has created additional pressures. Health care providers are also seeing an increase in staff who are electing to take retirement earlier than planned as well as organizations trying to accommodate staff who are required to stay home and care for young children as well as the need to backfill positions where staff are under quarantine. Sandra Carlton, Joint Vice President and Human Resources Officer, added that the province's decision to fund new beds also adds pressure on recruitment. With wave 1 restrictions, hospitals had to make adjustments to multi-bedded rooms to create safe spaces; KHSC is now restoring floors/units as surgical procedures come back on-line.

David Pichora confirmed that Addictions and Mental Health Services Kingston Frontenac Lennox and Addington (AMHS-KFLA) Supervisor, Bruce Swan, has started work on a new governance model and KHSC will be invited to participate. Alignment with the FLA-OHT model will be important.

The 2020 National Science and Engineering Research Council (NSERC) CREATE program is designed to improve the mentoring and training environment for Canadian researchers. The program supports the training of teams of highly qualified students and postdoctoral fellows. David Pichora confirmed that KHSC would be an active partner in the recently submitted proposal and acknowledged the support provided by the Canadian Institute for Health Information as well as Matt Anderson with Ontario Health. The focus for the application would be a training program in medical informatics and digital health.

In other updates, Chair O'Toole noted the recent announcement by Premier Ford for a new hospital in Quinte; David Pichora confirmed that the government is accelerating this project having confirmed an additional \$8.7M to support the planning and design of the new QHC Prince Edward County Memorial Hospital. Discussion focused on fundraising capacity for KHSC's redevelopment project.

4.2 COVID-19 – Pandemic Planning Update for KHSC

In advance of the presentation, David Pichora reported that wave 2 of the pandemic was predicted months ago and the increase of cases across the country and province is not a surprise and the lack of a flu surge at this time of year is reassuring. Lockdown protocols were implemented rapidly; however, trying to get the system to ramp up, while ensuring that KHSC is available to provide care when case numbers go up and outbreaks occur within the system, will need to be carefully managed. Keeping the system open and not increasing the backlog caseload is necessary. The province is trying to keep the economy and school system open and functioning and, for KHSC, every effort continues to be made to keep the health-care system open. Dr. Pichora added that trying to find a balance in terms of KHSC's visitor's policy has not been easy but must be respected for the safety of patients and staff; KHSC currently has no COVID-19 cases within the hospitals.

Troy Jones, Chief Operating Officer, provided the Board with an update on current COVID-19 activity across the public health units served by KHSC. At the time of preparing the presentation, KHSC did not have any patients in isolation. An update on screening volumes at both the Beechgrove and Queen's Assessment Centres were provided and well as lab testing capacity and volumes. Troy Jones noted that the new appointment scheduling software has greatly in flow and access. KHSC continues to address surgical and procedure backlogs and planning is underway at the HDH site to provide more capacity to help alleviate backlogs. KHSC continues to preserve emergency services for cardiac, renal and cancer patient populations. The supply chain is well managed and the only disruption recently reported at Incident Command related to a disruption in glove supply which has not been remedied. Board members were briefed on the patient safety and feedback to-date. KHSC continues to ensure alignment of visiting policies to directions provided by the provincial medical officer of health and virtual visiting options have been implemented. At the time of preparing the presentation, KHSC had zero COVID-19 positive employees with three employees in self quarantine due to exposure to a position community case. Troy Jones confirmed that the next staff virtual open forum is being planned for November 5 and a slide outlining the support resources available to staff and physicians was provided. In terms of legislative changes, the Attorney General of Ontario introduced Bill 218, *Supporting Ontario's Recovery and Municipal Elections Act, 2020* on October 20. The proposed legislation provides protection from legal action arising from direct or indirect result of an individual being infected or exposed to COVID-19. Most provincial Orders under the *Reopening Ontario Act, 2020* have been extended to November 21, 2020. KHSC leadership, Incident Command and risk management continue to monitor legislation and regular briefings take place with the Health Insurance Reciprocal of Canada. Risk management staff continue to participate in weekly networking teleconferences for information sharing and discussion of emerging issues.

Dr. David Pichora then presented a brief update on the planning table activities across the region. The East Planning Group, chaired by Renato Discenza, continues to meet and the South East Planning group, co-chaired with Cynthia Martineau holds weekly meetings.

Dr. Mike Fitzpatrick, Chief of Staff and Vice President Medical and Academic Affairs, noted that ambulatory care activity at KHSC has ramped up to 70% capacity and on-line pre-screening has helped to expedite the screening process. New beds at the HDH site will also help to increase surgical caseload. In response to a question regarding alternate level of care patients, David Pichora confirmed that there are 50 patients at this

time. In terms of providing access and support for addictions and mental health programs and services, the care teams/emergency department have not seen a decrease in numbers. The announcement that Providence Care will be opening a Transitional Care Centre is good news; Dr. David Pichora indicated that it will be ready in approximately 3-5 months and that Providence Care teams are actively engaged in planning for this project.

4.3 KHSC Organizational Risks Update & Integrated Risk Management Planning

Axel Thesberg, Chair of the People, Finance and Audit Committee, drew attention to the update on the update provided at the September committee meeting on KHSC's organizational risks and integrated risk management planning. In the fall of 2019, KHSC completed an enterprise wide risk assessment resulting in the identification of nine top organizational risks which were subsequently endorsed by the KHSC board at a session held on January 27, 2020. Following this work and in light of COVID-19 pandemic planning, new risks have emerged that have influenced activities on the recently revised annual corporate plan for 2020-21. As a result, the following updates have been made to the KHSC organizational risks: a) a new category of "pandemic" has been added which now captures the risk of infection transmission; reduced inpatient capacity; staff challenges; PPE shortages; and b) a placeholder has been added for "governance" which will require further discussion.

Brenda Carter, Chief of Quality & Clinical Transformation, noted that KHSC will complete the annual review of risk assessment checklists provided by HIROC in Q3. This work will form the basis of KHSC's annual risk assessment process and the results will be shared in January 2021.

4.4 2020-21 Integrated Annual Corporate Plan & Indicators

- Alignment of Integrated Risk Management Framework with Strategic Corporate Planning

Brenda Carter presented members with an update on KHSC's 2019 top risks and how they are aligned to the integrated annual corporate plan. Each risk category, risk indicator and corresponding description, board committee oversight and alignment to the 2020-21 integrated annual corporate plan's objectives and tactics is now in place.

4.5 Annual Occupational Health & Safety Report

Ensuring a safe place for all who work and practice at KHSC is important and one of the responsibilities of the People, Finance and Audit Committee is to receive the annual health and safety report prepared by the Occupational Health, Safety & Wellness group. Axel Thesberg drew attention to the pre-circulated annual report noting that the committee discussion at the September meeting focused on three key areas: 1) workplace violence; 2) impact of COVID-19 and ensuring that appropriate screening protocols are in place; and 3) financial impact of workplace incidents/injuries and to ensure that processes are in place to ensure that key recommendations and reporting is in place.

Sandra Carlton, Joint Vice President and Chief Human Resources Officer, drew attention to page 3 of the report highlighting the Ministry of Labour inspections at KHSC. In 2019-20, there were 8 visits to the KGH site with one Order being issued to ensure compliance with the *Occupational Health and Safety Act*. A detailed

summary of the Ministry of Labour visits to the KGH site was appended to the report including a listing of outcomes. Attention was also drawn to the musculoskeletal injury data with MSIs accounting for 37% of all staff injuries and 52% of all approved WSIB claims. While the number of reported incidents of workplace violence towards staff has increased at both KGH and HDH sites, KHSC continues to focus on workplace violence initiatives. Workplace injury and illness costs has resulted in a KGH site surcharge this year owing to a higher number of psychological claims as well as increased MSI claims. A new WSIB rate framework was introduced on January 1, 2020 which now classifies employers in a different way. The annual report described the new rate framework and costs for KHSC. WSIB is now accepting claims for post-traumatic stress disorder beyond first responders to include nurses. Employers can expected to see increased WSIB claims and resulting costs. Sandra Carlton noted that KHSC has seen a significant increase (30%) in the number of WSIB claims submitted. This is related to more significant injuries requiring health care treatment and longer periods of modified work or inability to work in any capacity. In response to a question regarding work accommodation, Sandra Carlton confirmed that KHSC continues to work with its unions and managers so that work can be 'bundled' across several unions in order to create a position for a return to work employee.

Discussion focused on privacy concerns and videotaping. Troy Jones, Chief Operating Officer, explained that, while KHSC has had some incidents, issues to-date have been resolving with the parties working with the privacy office. As care delivery models continue to move into the virtual space, further considerations in terms of policy protocols, etc. will need to be explored.

In response to a question regarding the reuse of PPE, Sandra Carlton confirmed that KHSC has not had to reuse PPE and that the team has clear guidelines for collecting and reusing PPE should the need arise. KHSC has continues to engage staff, provide education, and connect with unions in this regard.

4.6 Board Education: Credentialing at KHSC

At every board meeting, members receive a recommendation from the Medical Advisory Committee for appointments and reappointments to the professional staff. Board members have a responsibility to assure itself that KHSC has solid credentialing processes and the Board's role in that process. Axel Thesberg explained that Dr. Mike Fitzpatrick presented an excellent presentation at their September committee meeting and discussion focused on the recruiting elements and how positions are identified. Dr. Fitzpatrick explained that the credentialing process is overseen by Chris Gillies, Director of Medical and Academic Affairs, who reports to the Credentials Committee who, in turn, provide their recommendation to the Medical Advisory Committee once they are satisfied that the incumbent meets all process requirements. The MAC considers and brings forward a recommendation to the Board to grant privileges. The Credentials Committee is chaired by Dr. Aaron Campbell, and activities are governed by the *Public Hospitals Act*, the affiliation agreement between KHSC and Queen's, and the Corporate and Professional Staff Bylaws. Dr. Fitzpatrick described the initial impact analysis process and how a position is funded either as part of the alternate funding plan (AFP) or fee for service. The Southeastern Ontario Academic Medical Organization plays a key role in also providing its approval/support for the position. Hospital approvals at the impact analysis stage include the program operations and medical directors, space planning, vice president medical and academic affairs, chief of staff and CEO. Dr. Fitzpatrick explained a key piece of the *Public Hospitals Act* and an individual's right to a hearing

if the MAC recommends removing privileges. Due to this requirement, the Board needs to ensure it remains at arm's length so that, should a formal hearing be called, Board members would be unbiased in the deliberations. In response to a question relating to the confirmation or validation that an individual meets professional standards, Dr. Fitzpatrick highlighted a physician's requirements and they must demonstrate that they are in good standing with the College of Physician and Surgeons of Ontario; the Medical Affairs Office obtains this information directly from the College. Staff who are credentialed include: physicians and medical residents, dentists, extended class nursing staff/nurse practitioners and midwives. In response to a question, individuals seeking privileges are required to provide reference checks, both from a clinical and academic perspective, and a minimum of three referees are required.

4.7 Medical Advisory Committee/COS Report

Dr. Michael Fitzpatrick drew attention to this written report that was pre-circulated to the Board. At the September and October MAC meetings, members were briefed on the regional hospital information system project, an update on virtual care was also presented, and the MAC endorsed their work plan for 2020-21. Krista Wells Pearce, Vice President, Planning at KHSC also provided MAC members with an update on the redevelopment project. An update was presented by Brenda Carter on bundled care noting that management does not anticipate any changes to the bundles or quality based procedures (QBPs) for the remainder of the fiscal year. Discussion focused on the ratio of in-person versus virtual care visits and the impact this could have on hospital funding. Dr. Fitzpatrick highlighted the change management practices and care delivery redesigns that have been rapidly implemented and that further analysis will be needed to better understand the impact virtual care is having on KHSC.

5.0 BOARD COMMITTEE REPORTING

5.1 Patient Care & Quality Committee

Sherri McCullough, Chair of the Patient Care & Quality Committee, provided a brief update on September meeting activities. The committee received a presentation from the cardiac program and an outcome from the discussion was how the program deals with procedures when funding volumes have been reached. The other presentation was an overview of how the diagnostic imaging group is handling the COVID-19 backlog. The second MRI that was installed last year has helped tremendously in managing back-log cases.

5.2 Governance Committee

Michele Lawford, on behalf of Committee Chair Brenda Hunter, indicated updates have been provided under separate cover relating to the board slate timelines for 2020-21 and the board officer selection process.

5.3 People, Finance & Audit Committee

Axel Thesberg provided a brief update on the committee's September deliberations. A financial update was presented for the period ending August 2020 and the committee will continue to monitor increased expenditures

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in light of COVID pandemic planning. Resumption of elective procedures will be important to ensure QBP volumes are met; he noted that KHSC had a strong balance sheet at the start of the year. The committee also discussed some of the 'one of' funding commitments that have been confirmed by the province.

6.0 IN-CAMERA SEGMENT

6.1 Motion to Move In-Camera

The Chair invited a motion to go in-camera and for executive committee members to attend the session.

Moved by Sandy Wilson, seconded by Sherri McCullough:

THAT the Board move into an in-camera session.

CARRIED

The Chair thanked Theresa MacBeth and Steph Crosier for their attending the meeting.

10.0 REPORT ON IN-CAMERA MATTERS

10.1 Motion to Report the Decisions Approved In-Camera

The Chair reported on the following in-camera decision/discussion items:

- The board approved the closed minutes of the August 25, August 27 and September 1 Board meetings;
- The board received the draft and final board committee minutes as outlined on the consent agenda including the financial package for the period ending August 2020;
- The September 29 and October 5 electronic vote results on MAC recommendations and the Hybrid OR were provided for the corporate record;
- The board approved appointments and reappointments to the medical, midwifery, RN extended class staff, and housestaff as recommended from the October 2020 MAC meeting;
- The board received the quarterly patient feedback report;
- The board received the approach to the 2020-21 CEO performance evaluation framework;
- The board approved the 2020-21 CEO Pay for Performance Agreement;
- The board received the quarterly patient safety and quality report;
- The board received an update on the mental health program;
- The board received an update on COVID-19 pandemic planning;
- The board approved the awarding of a tender for the Fluoro room at the HDH site;
- The board approved the appointment of Deputy Heads in the Departments of Medicine, Surgery, Pathology and Molecular Medicine and also Urology.
- The board approved a motion relating to a research matter

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10.2 Date of Next Meeting & Termination

The date of the next KHSC Board meeting is Monday, December 14, 2020 starting at 1600 hours. The meeting terminated at 1920 hours on motion of Alan Cosford.

11.0 OPEN FORUM – no session was held.

12.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY – no session was held.

13.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT – no session was held.

David O'Toole
Chair



76 Stuart Street
Kingston, ON Canada K7L 2V7
Tel: 613.549.6666
www.kgh.on.ca www.hoteldieu.com

Briefing Note

Topic of Report:	CEO REPORT	For Decision
Submitted to:	Board of Directors	For Discussion X
Submitted by:	Dr. David R. Pichora, President and CEO	For Information
Date submitted:	October 19, 2020	

Background

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

Current State

1. HDH and KGH Legacies

Article 4 of the Operating Agreement between the RHSJ Hotel Dieu, Kingston General, and the Kingston Health Sciences Centre Board requires KHSC to: *recognize and respect the unique histories and traditions of HDH and KGH by ensuring the HDH Campus and KGH Campus continue to operate in a manner consistent with their respective histories, traditions, missions and values, by adopting separate campus-specific mission statements.* To achieve this and following the recent September Board orientation session, my update this month recognizes the 175 years of service of the RHSJ Hotel Dieu to the community as well as sharing the rich history of both hospital sites.

To learn more about this history, please take a few minutes and visit [HDH Legacy](#) and [KGH Legacy](#).

2. Mission Awards – HDH Site

In honour of past and present Religious Hospitallers of Saint Joseph (RHSJ), the Hotel Dieu Hospital Mission Awards honour the Venerable Jeanne Mance and Venerable Jérôme Le Royer. The group and individual who receive these distinguished awards are recognized for embodying the legacy Hotel Dieu Hospital Mission and Values. Nominations closed last week and a selection committee will now review each nomination and how the group or individual exemplifies the spirit and qualities of the honoured Religious Hospitallers will be considered, as well as how they live the HDH Mission and Values.

3. KHSC – KGH Auxiliary Donation

Last month the KGH Auxiliary announced another impressive donation towards the Phase 2 redevelopment project at KHSC-KGH site when members gathered by ZOOM to attend 115th annual general meeting – Past President Sandra Fletcher presented a cheque in the amount of \$554,684 to Sandra Carlton, Chief Human Resources Officer & Joint VP. This donation represents the third instalment of the Auxiliary's \$2.5M pledge.



Others who will benefit from this extraordinary donation include the Auxiliary's Millennium Bursary program and the pediatrics program – for the purchase of patient care monitors. Sandra Fletcher is to be commended for her dedication and commitment while serving as President. Our congratulations to Heather Breck who succeeds Sandra as President.

4. HR Information Systems Project Update

As background, Human Resources Information System (HRIS) is software that provides a central place to store all employee information needed to support core human resources processes. It is a smart database that makes it easy to access, manage and report information. Prior to integration, Hotel Dieu utilized QHR for this type of work and KGH utilized SAP. While a difficult decision to select one system over the other, it was determined that the SAP platform met the needs of KHSC and would be used to support HRIS requirements.

Congratulations to the HRIS project team who recently accomplished a significant milestone bringing together the two HR systems (QHR and SAP) to access employee information. This is great news and has streamlined services around HR processes including payroll and recruitment. As I know many can appreciate, KHSC had to consolidate hundreds of employees into a single HR information system – new workflows were created to configure the SAP system so that it aligned with terms and conditions of employment and collective agreement language for all employee groups. It started with the non-union group last September, moved to CUPE and then Ininev Patient Services this past March, and the project finally ended with the Kingston Central Ambulance Communications Group, ONA and OPSEU. Well done!

5. LifeSpeak October Campaign – Focus on Mental Illness, Trauma and Resilience

For the benefit of new board members, KHSC introduced a new digital platform to support all who work at KHSC called "LifeSpeak" in 2019. The program provides staff with access to webchats, wellness videos on a variety of topics designed to support individuals who are experiencing anxiety, addictions, grief, mastering stress, etc.

There is no question that this year has been mentally exhausting for so many at KHSC. From anxiety about contracting COVID-19 to stress concerning work and finances to depression surrounding systemic racism, we've been through a lot. It's understandable that many people are seeking resources on how to cope given these especially trying circumstances. LifeSpeak's Mental Illness, Trauma, and Resilience campaign aims to address this critical need and to destigmatize conversations surrounding mental illness and allows us to better understand complex subjects like eating disorders, sexual violence, and addiction.

6. Patient Safety Week at KHSC

KHSC will be participating in Canadian Patient Safety Institute's 'Canadian Patient Safety Week' during the last week in October which will provide an opportunity to highlight changes in delivery of care through a focus on Virtual Health. Additionally, Patient Safety Week will serve as the kick off to the Patient Safety Culture Survey campaign which is required by Accreditation Canada and helps us understand our safety culture at Kingston Health Sciences Centre.

This year has been particularly challenging for all healthcare workers. However, during challenging times it is more important than ever to maintain our commitment to promoting a just culture and supporting staff to speak openly about patient safety incidents and engage in improving patient care. The Patient Safety Culture Survey will help us measure the presence and degree of the safety culture at KHSC, provide valuable insight into staff and physician perceptions of patient safety and indicate both strengths and areas for improvement. The survey will be underway for a two-week period starting October 26 and a schedule of virtual events will be released later this week.

7. KHSC is Hiring ...

Everyone knows someone who knows a nurse! Hospitals throughout the province and across the country are experiencing shortages for these highly trained professionals including KHSC. We need your help to get the word out and encourage people to consider working and living in the Kingston area! There are many ways that members of the KHSC Board can help by checking KHSC's social media accounts and sharing with the community our virtual career fair slated for November 10, 2020. The aim for this year's fair is recruitment for KHSC medicine program.

8. Fiscal Advisory Committee

Regulation 965 of the *Public Hospitals Act* requires the Board to ensure a Fiscal Advisory Committee is in place. The KHSC corporate bylaw, Article 29.2 also states that the CEO will be responsible for establishing the membership and appointing the Chair.

The Regulation also allows the "administrator" to delegate this responsibility and I have selected Sandra Carlton, Chief Human Resources Officer and Joint VP to assume the Chair. At the October 14 meeting, the new membership reviewed the terms of reference, received an update on KHSC's budget, and discussed COVID-19.

9. Diversity, Equity and Inclusion Committee

KHSC Board members will recall my September communication outlining our commitment to Diversity, Equity, and Inclusion at KHSC. As part of this commitment, we hosted our inaugural Diversity, Equity and Inclusion Advisory Group meeting on October 6. This meeting provided the first of many opportunities for staff to share their lived experiences and their ideas for creating positive change at KHSC. The meeting summary and next steps for this important work will be finalized and shared with the Advisory Group as well as the Executive Team. The positive feedback received following this meeting has been encouraging. The insight gained from this meeting will be used to shape our future work in Diversity, Equity, and Inclusion. This conversation was the initial step in our journey to creating meaningful change and building a more inclusive culture at KHSC.

10. New Expert Panel on Cyber Security

The government's commitment to strengthening cyber security infrastructure has resulted in the creation of a ten person expert panel to provide advice to Minister of Government and Consumer Services Lisa Thompson. Representing hospitals on the panel is Scott Currie, CIO with the Hospital for Sick Children and the group includes other public sector agencies such as School Boards, educational institutions, Toronto Hydro, Royal Bank of Canada, and municipalities. The final report is expected in the fall of 2021.

11. Ontario Health’s Operating Model: Patient Perspective and Integrated Top-Line Organizational Structure – www.ontariohealth.ca

In mid-September, Ontario Hospital CEOs received Ontario Health’s new operating model designed to reflect the perspectives of Ontario patients, long-term care residents, community clients, caregivers, volunteers, and diverse communities including Indigenous, Francophone, the Black community and persons with disabilities. Matt Anderson shared with us the government’s vision to unify and create a “single team” to “execute the government’s strategy, oversee health care delivery, improve clinical guidance, and extend and strengthen quality and performance improvement capacities. Ontario Health’s mandate is clear – to connect and coordinate the province’s health care system in ways that we have not done before.

The Ontario Health website also provides links to a series of corporate documents (www.ontariohealth.ca/corporate-documents) including the transfer orders to the various agencies that are now under Ontario Health; a copy of the Memorandum of Understanding between the Minister of Health and the Chair of Ontario Health. The Mandate Letter between the Ministry of Health and Ontario Health is also posted and the following key priorities have been identified for OH:

- Continue to support pandemic planning including establishing a province-wide supply chain management model to PPE
- Continue to operationalize Ontario Health by bringing together a ‘single team’ from agencies and organizations already transferred to Ontario Health
- Work with the Ministry to create a regional structure for Ontario Health
- Work with the Ministry to establish and support Ontario Health Teams across Ontario
- Work with the Ministry to expedite the transition of home care responsibilities and resources to point of care and aligned with the Ministry’s implementation of Ontario Health Teams
- Leverage the experience of cancer care to further operationalize the Mental Health Addictions Centre of Excellence at Ontario Health as well as applying the cancer care model to chronic diseases and conditions by developing and offering patients new evidence informed programs and treatments
- Ensure the successful planning, implementation and operation of a province-wide lab network, including genetic testing, by conducting an assessment and developing recommendations
- Leverage Ontario Health’s expertise in health quality for regular public reporting on the performance of Ontario’s health system per Quadruple Aim Framework at the provincial and regional levels
- Provide leadership on patient safety through the public reporting of data and the development of clinical and quality standards for patient care and safety
- Collaborate with the Ministry and implement the Ministry’s Digital First for Health Strategy

Ontario Health is required to address the above priorities in the agency’s first annual business plan which will cover the period from April 1, 2020 to March 31, 2023. The new operating model and reporting structure for the leadership team is included in the September update ([click here](#)).

12. Patient Ombudsman Special Report Focused on Long-term Care and COVID-19

Ontario's Patient Ombudsman has released a special report: *Honouring the voices and experiences of Long-term Care Homes residents, caregivers and staff during the first wave of COVID-19 in Ontario*. While the report is focused mainly on long-term care homes, issues were identified related to hospitals in the areas of visitation, infection prevention and control, communication, quality of care, staffing, discharges/transfers, testing, access to treatment, personal protective equipment, and delays in care. Recommendations in the above report include: adjustments to visitation policies that permit essential caregivers, dedicated resources for communication with families, and enhanced whistleblower protection for healthcare workers.

13. New Investments to Expand Access to Mental Health and Addictions Services

In early October, the government announced an additional \$176M in funding for the current year to expand access for critical mental health and addictions supports during COVID-19. The increased funding will help address urgent gaps in care, enhance access to mental health and addiction services, create new supports and expand programs in several priority areas including: 1) community based services in English and French including services for children and youth; 2) mental health and justice services; 3) supportive housing for individuals with serious mental health and addiction challenges and who are either homeless or at risk of becoming homeless; 4) community and residential addictions including treatment and care for opioid addictions; 5) increased supports for Indigenous peoples, families and communities; and 6) more hospital inpatient beds for mental health and addiction patients.

As part of the funding the government is investing in targeted community and residential addictions services including:

- \$4M for nurse practitioners for detox services to improve the medical management of clients who are withdrawing from substance use in residential withdrawal facilities
- \$8M for addictions day and evening care to increase access to intensive non-residential addictions and substance use treatment services for youth and adults
- \$3-5M for in-home/mobile withdrawal management services to increase access to community withdrawal management services for hard to service clients including those in rural areas
- \$900K for an additional four inpatient beds at the Centre for Addiction and Mental Health to support capacity pressures

14. CIHI Release – National Hospital Harm Data for 2019-20 – www.cihi.ca

The Canadian Institute for Health Information (CIHI) has announced that it shared its embargoed Hospital Harm Results for 2019-2020, which will be released publicly on October 22, 2020. Results will include only aggregated national-level results, excluding Quebec.

The overall rate of hospital harm, and the distribution of harmful events across the four categories of harm and the 31 clinical groups will be published in data tables on CIHI's Hospital Harm Project webpage.

CIHI has no plans to develop hospital harm into a comparable indicator. Hospitals can continue to monitor their own results in YHS: Insight tool.

15. The Ontario Hospital Association – www.oha.com

This past week, OHA Board Chair, Sarah Downey (who also serves as the President and CEO of the Michael Garron Hospital in Toronto), reminded member hospitals of the importance of community partnerships to support outreach to marginalized communities. I would encourage Board members to visit: [Pathways to Vulnerable Populations Lies Outside Hospital Walls](#) which describes some of approaches by the Michael Garron Hospital teams and the need, more than ever, to keep the Ontario Health Team work moving forward. The article describes the key role family physicians play.

For new board members, I would encourage you to sign-up for an OHA account.

16. The Change Foundation – www.changefoundation.ca

Both the OHA and Change Foundation Boards continue discussions to develop stronger alignment between the two organizations. Building a deliberate and focused capability within The Change Foundation to conduct and sustain applied research and learning in the field of leadership make it the ideal structure to fill this gap in Ontario's healthcare landscape. These parameters were endorsed and approved by the TCF Board at its October 1 meeting, and teams are now working towards implementing on the target date of April 1, 2021. With this clarity on alignment, the foundation will spend the intervening months further developing this strategic reset and identifying a complementary vision and set of strategic priorities.

The Change Foundation Board has confirmed the need to pause all externally-focused activities effective December 1, 2020 and use the following few months to set a new strategic focus for the future based on a strong foundation of alignment with the [Ontario Hospital Association](#). The Change Foundation will continue to focus on establishing a relevant and impactful contribution to positive change in Ontario's healthcare system going forward. During this time, the foundation's website and social media channels will remain active but by and large dormant. Access to the rich content available to health leaders will remain, but there will be little added that is new.

17. OHA-HIROC Benefits Strategy for Delivery of Hospital Employee Group Benefits

Earlier this year, the Ontario Hospital Association (OHA) and Healthcare Insurance Reciprocal of Canada (HIROC) announced that they were working together to jointly develop a proposed voluntary province-wide plan for employee group benefits. Following this announcement, the OHA and HIROC initiated work to develop the design of such a provincial plan, including the investigation of the key structural, regulatory, legal, governance and other operating questions that need to be addressed. In order to examine these elements, the OHA and HIROC began consulting with legal experts as well as an advisory group of hospital representatives in order to ensure that the ultimate design of a provincial plan is focused on member needs. This work explored key requirements that any entity responsible for a provincial plan would need to operate as a not-for-profit corporation that is accountable to plan members.

Now, after some delays due to the onset of the COVID-19 pandemic, the OHA and HIROC are embarking on the detailed financial analysis that is necessary to design a provincial plan. Ontario hospitals are facing unparalleled financial challenges this year, working around the clock to plan for and to combat COVID-19. In this environment, it is now more important than ever before, to pursue a significant overhaul to the current approach to group benefits. The upcoming analysis will provide an understanding of the value proposition for a provincial structure and how it can result in the maximum

return on investment for all sizes of hospitals, maintain individual hospital flexibility on determining plan design and provide better protection against risk while avoiding cross-subsidization.

As a next step, the OHA and HIROC have retained the services of Willis Towers Watson in order to assist us with the financial analysis of the provincial benefits strategy for hospitals. Willis Towers Watson is a well-known global consulting, insurance broking and business advisory firm, with a particular focus on risk analytics, actuarial modelling and organizational benefits plan delivery. Data collection will be an integral part of the financial analysis, and the OHA will be engaging members in the time ahead to seek key pieces of data necessary to perform this analysis.

18. Local and Regional Partner Updates

For the benefit of new board members, sharing links to the local and regional hospitals that KHSC partners with. Each plays a vital role in providing care in the south east region.

Providence Care – www.providencecare.ca

Providence Care here in Kingston consists of Providence Care Hospital, Providence Manor long-term care, as well as community sites across the region. Last week, the Minister of Health announced that the former St. Mary's of the Lake Hospital (currently owned by Queen's University) will provide up to 64 new transitional care beds at this site and Providence Care will lead this project.

Lennox & Addington County General Hospital – www.lacgh.napanee.on.ca

The Lennox & Addington County General Hospital is located in Napanee and currently operates 52 beds and a number of outpatient clinics. With an emphasis on general medicine and general surgery, specialists from Kingston regularly hold clinics at L&A. The hospital offers a comprehensive range of diagnostic services supported by a well-equipped laboratory and diagnostic imaging department.

Quinte Health Care Corporation – www.qhc.on.ca

Mary Clare Egberts will be retiring from her position as President and CEO of QHC in early January. It has been my absolute pleasure working with Mary Clare over the last several years. She has accomplished so much for the communities served by the four-sites of QHC located in Belleville, Trenton, Picton and Bancroft and she and her team should be so very proud of these achievements. Last week the QHC Board of Directors announced the appointment of Stacey Daub as the new CEO effective January 4, 2021. Ms. Daub is currently the vice president strategy, integration and digital health at North York General Hospital in Toronto. Prior to her appointment as North York General, she served as President and CEO of Headwaters Health Care Centre in Orangeville. She also held the appointment as CEO of the Toronto Community Care access Centre. I look forward to working with Ms. Daub on her arrival in the South East.

Brockville General Hospital - www.brockvillegeneralhospital.ca

President and CEO Nick Vlacholias was recently handed the keys to the new patient tower at BGH last month. Patient occupancy is expected in October 2020 and the new tower will house 93 inpatient beds increasing BGH's overall bed count to 160. A majority of the rooms will be private with the ground floor providing support services, the 1st floor will see 29 inpatient mental health beds, the 2nd floor will house inpatient rehabilitation and integrated stroke unit of 32 beds, the 3rd floor will support complex medical management beds totalling 32 with 10 palliative care beds and the 4th floor will house mechanical systems.

Perth Smiths Falls District Hospital – www.psfhdh.on.ca

In 1995, the hospital corporations of The Great War Memorial Hospital of Perth District and the Smiths Falls Community Hospital merged to form the new corporation “Perth Smiths Falls District Hospital”. The merger allowed for the rationalization of inpatient and outpatient services across the two hospitals sites. Comprised of 85 beds, the hospital serves 60,000 residents within the tri-county region of Lanark, Leeds and Grenville providing a wide range of services and programs.

17. Catholic Sponsor Affairs Update

Catholic Health Association of Ontario AGM

David O’Toole and I, along with Caroline Manley from the HDH Board, participated in the CHAO annual general meeting on October 19, 2020. Standard items addressed at this year’s annual meeting – annual report of the Chair/President, election of board officers, treasurer’s report including the approval of the audited financial statements, appointment of the auditor, and resolution to approve membership fees for 2020-21.

Catholic Health Association of Ontario Board Chair/CEO Session

For the benefit of new board members, the RHSJ Hotel Dieu Board is a member of the Catholic Health Association of Ontario and the HDH board chair, Laurie Newport and I will be participating in the next Board Chair/CEO session “*Ontario Health Reform – Supportive Housing*”, followed by the next session scheduled for November 6: “*Own your future or be disrupted by it.*”

18. Q1 Media Report

The Q1 media report for KHSC is attached for information.

Respectfully submitted



David R. Pichora
President and CEO