

BOARD OF DIRECTORS - OPEN MEETING AGENDA

Date: Tuesday, September 30, 2014
 Tour: 15:00 – 15:45 hours (attendance optional)
 Time: 16:00 – 18:30 hours
 Location: Fenwick Conference Room, Watkins 2

Start	Time	Item	Topic	Lead	Purpose	Attachment
1. CALL TO ORDER & CONFIRMATION OF QUORUM						
1600	3 min	1.1	Approval of Agenda & Chair's Remarks	Carson	Decision	Agenda
1603	2 min	1.2	Approval of Previous Minutes – August 13, 2014	Carson	Decision	Draft minutes
2. CEO & COS REPORTS						
1605	10 min	2.1	CEO Report Highlights & External Environment Update	Flett for Thompson	Discuss	Written report
1615	10 min	2.2	COS Report Highlights	Zelt	Discuss	Written report
3. COMMITTEE REPORTS & NEW BUSINESS						
1625	15 min	3.1	Finance & Audit Committee Report	Janiec	Discuss	Verbal
		3.1.1	2014-15 Finance & Audit Work Plan		Discuss	Draft work plan
		3.1.2	Q1 Report		Discuss	Verbal
		3.1.3	H-SAA & Financial Update		Inform	Verbal
1640	20 min	3.2	Governance Committee Report	Carson	Discuss	Verbal
		3.2.1	2014-15 Governance Work Plan		Discuss	Draft work plan
		3.2.2	Q1 Report		Discuss	Verbal
		3.2.3	September 8 & 9 Board Education Session		Discuss	Verbal
		3.2.4	2013-14 Board Effectiveness Survey Results		Discuss	Briefing note
1700	30 min	3.3	Patient Care & People Committee Report	Hytonen	Discuss	Verbal
		3.3.1	2014-15 Patient Care & People Work Plan		Discuss	Draft work plan
		3.3.2	Q1 Report		Discuss	Verbal
		3.3.3	Credentialling Review Process		Inform	Presentation
1730	5 min	3.4	Medical Advisory Committee	Zelt		Verbal
		3.4.1	Appointments/Reappointments		Decision	Briefing note
		3.4.2	Housestaff Appointments		Decision	Briefing note
1735	15 min	3.5	KGH This Quarter – Q1 Reporting	Flett	Discuss	Briefing note
1750	10 min	3.6	2014-15 Board Work Plan	Carson/Flett	Decision	Briefing note
4. CONSENT AGENDA – Information Items						
		4.1	Update from the OHA Board of Directors	Flett for Thompson	Inform	June report
5. IN-CAMERA SEGMENT & BRIEF BREAK						
1800	5 min	5.1	Motion to Move In-Camera	Carson	Decision	Verbal
8. REPORT ON IN-CAMERA DECISIONS						
1825	5 min	8.1	Motion to Report the Decisions Approved In-camera	Carson	Inform	Verbal
1830		8.2	Date of Next Meeting & Termination	Carson	Inform	Verbal

BOARD OF DIRECTORS: OPEN MEETING OF SEPTEMBER 30, 2014

A regular meeting of the Board of Directors of Kingston General Hospital was held in the Tuesday, September 30, 2014 in the Fenwick Conference Room, Watkins 2, of Kingston General Hospital from 16:00 to 18:00 hours. The following are the open minutes.

Elected Members Present (voting): Annette Bergeron, Lynn Bowering, Scott Carson (Chair), Peng Sang Cau, Wendy Forsythe, Timo Hytonen, Donna Janiec, Susan Lounsbury, and Geoff Quirt.

Ex-officio Members Present (voting): nil.

Ex-officio Members Present (non-voting): Kishore Thain and David Zelt.

Regrets: Diane Kelly, Richard Reznick, Eleanor Rivoire, Bill Robertson, Leslee Thompson, and George Thomson.

Administrative Staff: Rhonda Abson (Recording Secretary), Brenda Carter, Jim Flett, Chris Gillies, and John Lott.

1.0 CALL TO ORDER & CONFIRMATION OF QUORUM

The Chair called the meeting to order, confirmed quorum and advised the Board that Jim Flett would assume the role as Acting Secretary in light of the fact that Leslee Thompson was unable to attend today's meeting. The next meeting of the KGH Board of Directors will be held on Tuesday, October 29. Prior to the Board meeting, starting at 15:30 hours, members are invited to attend a special event to recognize the financial support of the KGH Auxiliary in the naming of the Burr 0 Lobby.

1.1 Approval of Agenda & Chair's Remarks

The Chair drew attention to the pre-circulated new agenda format which will now highlight the important work of the committees and ensure that key issues are brought forward onto the Board's agenda for discussion. Board members were encouraged to provide comments back to the Governance Committee Chair, George Thomson, on the format of the new agenda.

Moved by Peng-Sang Cau, seconded by Geoff Quirt:

THAT the agenda be approved as circulated.

CARRIED

1.2 Approval of Previous Minutes

The August 13, 2014 draft open KGH Board of Directors meeting minutes were pre-circulated with the agenda.

Moved by Annette Bergeron, seconded by Timo Hytonen:

THAT the open minutes of the KGH Board of Directors meeting held on August 13, 2014 be approved as circulated.

CARRIED

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2. CEO REPORT

2.1 CEO Report Highlights and External Environment Update

The written CEO report was pre-circulated in advance of the meeting. Jim Flett reported that preliminary information has been received from the Ministry regarding Health Based Allocation Model (HBAM) and Quality Based Procedures (QBP) funding numbers. The KGH team is working with the SE LHIN to confirm calculations/methodology and an update will be provided at the October Finance and Audit committee meeting. The Ministry has scheduled a teleconference October 2 with hospital providers to explain the allocations and respond to questions.

Briefings/tours have been confirmed with the Deputy Minister of Health on Friday, October 17, and MPP Sophie Kiwala on Friday, October 24. Both meetings will provide KGH with an opportunity to highlight the needs to support Phase 2 redevelopment. In response to a question, Jim Flett confirmed that the government is presently prioritizing projects and the local ministry office is following up on our Phase 2. Jim Flett reported that KGH has received a verbal confirmation from the SE LHIN of Health Infrastructure Renewal Funding (HIRF) in the amount of \$3.1 million; an overview of the submission process for HIRF allocations was provided to the Board.

3. INTEGRATED BUSINESS

3.1 2014-15 Board & Committee Work Plans

The draft Board and committee work plans were circulated with the agenda package. The recent consolidation from 7 to 3 Board committees has resulted in substantive work plans. It was challenging for all three committees to complete their deliberations in September and further meeting time adjustments may be required to complete committee work each month.

Each of the Committees has reviewed their draft work plans and the Governance Committee has discussed the Board's overall plan as presented. The Chair recognized that adjustments to each of the plans will be required during the course of the year. The By-law is currently under review and each of the committees has recently completed their respective reviews of Board policies.

The Chair reminded Board members that every effort must be made to review all meeting materials in advance of Board and committee meetings. Work is now underway for all materials to be posted on the Board portal; technical issues are/have been addressed in terms of speed; and options to improve password log-ins are being explored. Discussion focused on whether there was any opportunity to circulate board agenda items as soon as they are available to allow members more review time.

Moved by Timo Hytonen, seconded by Peng-Sang Cau:

THAT the 2014-15 work plans for the KGH Board of Directors, Finance and Audit, Governance, and Patient Care and People Committees are approved.

CARRIED

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3.2 2014-15 Board Policies

At September committee meetings, Board policies were distributed to the most appropriate oversight Board committee for discussion. While many of the amendments are minor, it is important for members to have orientation and an understanding of the policies to enable oversight accountability. The Briefing Note included a link to the entire manual of proposed revised policies. Appreciating the importance of this work and that the Governance Committee would be having further deliberations on at least one of the policies, it was agreed that the report would be tabled pending further review by the Governance Committee and to allow Board members sufficient time to review all of the proposed amendments.

Moved by Annette Bergeron, seconded by Timo Hytonen:

THAT the draft amendments to the KGH Board Policy Manual be tabled until the October meeting.

CARRIED

3.3 KGH Strategy: Q1 Reporting

In advance of the Board meeting, members received a detailed Briefing Note which provided an orientation to the monitoring of KGH's 110 approved indicators, targets, and corridors of performance. The Strategy Report consists of 27 targets and associated indicators that reflect KGH's overall performance as outlined in the Integrated Annual Corporate Plan. The Quality Improvement Plan (QIP) report consists of 12 indicators. The Strategy Report was appended to the Briefing Note along with the KGH This Quarter publication and slide deck which provides additional detail on overall progress, big wins, and red profiles.

Discussion focused on red profile areas including hand hygiene rates and the continued downward trend in Q1. David Zelt reported that this trend is now improving as the Infection Prevention and Control group continues to train and support new hygiene auditors. A Hand Hygiene Committee is reviewing past practice strategies and to raise awareness of the importance of hand hygiene. Areas with low compliance will be targeted and members of the Infection Prevention and Control team will be working closely with these groups. Discussion focused on the role that patients and family members can play in working with healthcare providers to ensure compliance. In terms of staff education, hand hygiene protocols are presented during staff/resident orientations. Canadian Patient Safety Week is October 27 to 31 and KGH will focus on the importance of hand hygiene by recognizing staff that are compliant. The need for improved hand washing signage at main hospital entrances was noted.

4. PATIENT CARE & PEOPLE COMMITTEE

4.1 ED Wait Times – Regional ALC Issue

A detailed Briefing Note highlighting the initiatives that are underway to improve patient flow and focusing on the regional alternate level of care issue was forwarded to the Board from the Patient Care and People Committee. This red profile indicator was discussed at the September Committee meeting. Board discussion focused on KGH's current gridlock challenges, the increase in ALC patients, the need to open overcapacity beds to handle patient volumes, and the level of acuity presenting at the Emergency Department was noted.

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Discussion focused on the marked increase in Emergency Department volumes compared to one year ago; management confirmed that it is difficult to obtain volume information from regional hospitals. Communication and information sharing with family physicians is underway. Work continues on understanding what the right number of acute beds should be for the region as well as the number of alternate level of care beds.

Opportunities to utilize social media to better inform the community on the resources available was noted. KGH continues to work closely with Hotel Dieu Hospital in terms of patient flow between Emergency Departments. The importance of ensuring the right providers are engaged in the sustainability discussions, particularly to address the alternate level of care patients, was emphasized.

4.2 Credentialing of Professional Staff

At the September Patient Care and People Committee, members were briefed on the credentialing processes at KGH and a copy of the presentation delivered at the committee meeting was provided in the Board package. David Zelt highlighted the role of the Board in granting and removing privileges and how the Board's accountabilities link to the Public Hospitals Act, the By-Law, and the Queen's/KGH Affiliation Agreement. Discussion focused on when the Board is engaged in granting provisional privileges. David Zelt explained that, similar to past practice, the Board would be provided with a certain level of detail and reminded that Articles 16 and 17 of the current By-Law provide an opportunity for the individual to request a hearing before the Board. David Zelt noted that the process for medical residents is a requirement for the University to confirm that the individual holds an active license. If the individual does not, the recommendation to appointment is upheld pending confirmation that his/her license is in good standing.

Moved by Lynn Bowering, seconded by Susan Lounsbury:

WHEREAS Section 36 of the Public Hospitals Act states "The Board may appoint physicians to a group of the medical staff of the hospital established by the by-laws; determine the hospital privileges to be attached to the appointment of a member of the staff; revoke or suspend the appointment of or refuse to reappoint a member of the medical staff"; and

WHEREAS Section 37.4 of the Public Hospital Act states "Each application shall be considered by the Medical Advisory Committee which shall make a recommendation thereon in writing to the Board within sixty days from the date of the application";

BE IT RESOLVED THAT the KGH Board of Directors confirms that the Medical Advisory Committee oversees the credentialing process for physicians, extended class registered nurses, dentists and midwives as set out in the KGH By-Law; and

THAT, based on the presentation provided at the September 30, 2014 Board meeting, the Board has been assured by the Medical Advisory Committee that all of the necessary or advisable due diligence required by the Hospital By-Law and policies as part of the credentialing process are in place.

CARRIED

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5. MEDICAL ADVISORY COMMITTEE

5.1 Chief of Staff Report

The written report of the Chief of Staff was circulated in advance of the meeting. David Zelt confirmed that the Medical Advisory Committee is in the process of reviewing the By-law governing the medical, dental, midwifery and extended class registered nurses. The estimated completion date for this work will be either the December or January Board meeting.

Discussion focused on this year's flu shot immunization program. An update will be provided at the October Patient Care and People Committee.

5.2 Deputy Heads – Departments of Pathology & Diagnostic Radiology

The recommendations from the Medical Advisory Committee were pre-circulated. David Zelt explained the appointment process noting that Deputy Head appointments typically expire three-months post Department Head appointment.

Moved by Annette Bergeron, seconded by Geoff Quirt:

THAT Dr. SenGupta be reappointed as Deputy Head, Department of Pathology and Molecular Medicine effective 2014 October 1 until three months past the appointment date of the new Head; and

THAT Dr. B. Mussari be reappointed as Deputy Head, Department of Diagnostic Radiology effective 2014 December 1 to 2015 September 30.

CARRIED

6. FINANCE & AUDIT COMMITTEE

6.1 Hospital Support – W.J. Henderson Centre for Patient Oriented Research

Donna Janiec, Finance and Audit Committee Chair, drew attention to the committee's recommendation regarding bridge financing to support the construction project for the W.J. Henderson Centre for Patient Oriented Research. The anticipated costs and funding plan to support the project was contained in the Briefing Note. Jim Flett added that, if the Centre is unable to secure this support, there is approximately \$1.2 million in grant monies at risk. It was noted that, while the W.J. Henderson Centre has additional plan for equipment purchases beyond the current request, these purchase orders will not be released until funds are secured for these items. Jim Flett confirmed that the space being renovated on Connell 4 is mainly clinic and office space that, if at some point in the future, the space was no longer required, it would still be of use to the hospital. This is seen as very unlikely as research demand for space is not expected to shrink. The relationship with KGH and the Research Institute was discussed and, similar to other important relationships, the Governance Committee will receive updates from the Institute. Board members were reminded that the Institute is an independent entity with its own Board and decision-making structures.

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Moved by Donna Janiec, seconded by Wendy Forsythe:

THAT the Board of Directors approve the hospital providing interim financial support to facilitate the construction of the W.J. Henderson Centre for Patient Oriented Research, not to exceed \$500,000.

CARRIED

6.2 Annual Review of Investment Guidelines/Compliance

The recommendation from the Finance and Audit Committee was pre-circulated to the Board. Donna Janiec drew attention to the Briefing Note which provides Board members with an overview of management's recommendation that \$5 million be retained for the future Hospital Information System. Jim Flett noted that the funds would not be required for approximately 2 years. Discussion focused on clarifying the extent and timing of the project, the role of the SE LHIN in this particular project if a decision is made to proceed earlier than the two year timeframe, and how this might affect the investment. Jim Flett assured Board members that the timeline for the project is 3 to 5 years, especially as we have not yet released the Request for Proposals.

Moved by Donna Janiec, seconded by Peng-Sang Caug:

THAT the Board of Directors approves the investment of funds designated for the future replacement of the Health Information System (currently \$5 million), within the parameters of the established investment guidelines.

CARRIED

7. GOVERNANCE COMMITTEE

7.1 2013-14 Board Effectiveness Survey Results

The results of the board effectiveness survey were reviewed by the Governance Committee Chair, George Thomson, and reported at the September Governance Committee meeting. Three key areas of focus were highlighted in the Briefing Note and the Committee will continue discussions at their October meeting.

7.2 Sustainability Project

Several KGH Board members attended the September 22, 2014 SE LHIN Governance session to receive an update on the sustainability project. For the benefit of Board members who were unable to participate in this session, a copy of the slide deck, key messages, and charter were appended to the Briefing Note. Jim Flett advised that the management is completing a document for KPMG recommending staff resources to participate in the various working groups. The final document appended to the Briefing Note confirms that KGH participants attending the October 30 Visioning Day session with Governance Committee members confirming their attendance at the session. Discussion focused on the design of the consultation structure being implemented. The Chair assured the Board that regular updates/communications and input would be sought from the Board.

Staff members departed the meeting at 17:45 hours.

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8. IN-CAMERA SEGMENT

Moved by Annette Bergeron, seconded by Wendy Forsythe:

THAT the Board move into an in-camera session.

CARRIED

12. REPORT ON IN-CAMERA DECISIONS & TERMINATION

12.1 Motion to Report the Decision Approved In-Camera

Moved by Annette Bergeron, seconded by Geoff Quirt:

THAT the Board rise from committee of the whole and the Chair report.

CARRIED

The Chair reported on the following in-camera decision/discussion items: the Board received the draft minutes of the Governance, Finance and Audit, and Patient Care and People Committees; the Board approved naming opportunities for Dan and Debbie Corcoran and McKenna's Dream; the Board approved a number of appointments and reappointments to the medical, dental, midwifery staff and housestaff.

12.2 Date of Next Meeting & Termination

The Chair confirmed that the date of the next meeting is: Wednesday, October 29, with a donor recognition event for the KGH Auxiliary starting at 15:30 hours in the Burr 0 lobby followed by the KGH Board meeting at 16:00 hours.

The meeting terminated at 18:00 hours on motion of Wendy Forsythe.

13. IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY

A brief session was held post-meeting with Jim Flett.

14. IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT

A brief session was held post-meeting with elected members only.

Scott Carson
Chair

LESLEE THOMPSON, PRESIDENT & CEO

Submitted to: Board of Directors

Date of Issue: September 23, 2014

Period Covered: August 7 – September 23, 2014

This note provides an update on major issues and activities that CEO and management have been addressing since the Board meeting held on August 13, 2014 (regular). Since I am unable to attend the September 30 meeting, board members are welcome to send questions in prior to my departure for Copenhagen on September 27. Jim Flett will be at the Board meeting and also available to respond to all of your questions.

1. General Update – KGH activities

Latest editions are attached and I encourage Board members to read the great articles and profiles that have been highlighted!

2. University Hospitals Kingston Foundation Update – Cheers to Your Health

On Sunday, September 21, I attended the *Cheers to Your Health* event at Mac Voisin and Marcela Bahar's home on Simcoe Island. We were whisked away by water taxi from Portsmouth Olympic Harbour to the Island where we spent the afternoon with UHKF supporters, community members, former Governors, KGH staff and volunteers, and other celebrities. The Foundation continues to engage our community in the next phase of renewal and Sunday's event was part of this important process. Through the generosity of community members and the Voisin's, more than \$200K was raised to purchase a second MRI at KGH.

Another *Cheers to Your Health* event that Board members might like to consider is Clark Day's dinner on Saturday, November 1 at the Delta Hotel. This event will also support the KGH MRI fund and tickets are \$225.00 per person and can be reserved by calling UHKF at 613-549-5452, Ext. 5915.

UHKF would welcome Board members who want to host an event (and thanks for members who have already signed up!) Community and hospital champions choose a date to invite friends to be their guests at an event. The event can be anything – dinner, a sports activity, a wine tasting, or high tea. The host registers the event with UHKF and sets up a web page to promote the event and accept donations. The host extends the invitations to guests. The host covers all of the costs of the event, and asks guests to make a gift directly to the Cheers! MRI project. Guests are encouraged to make a donation equivalent to what they would normally spend going out for a nice evening on the town. Guests make their contributions online in advance or in a sealed envelope at the event. (Hosts don't have to pitch for donations during the event.) Guests get a tax receipt for their contribution.

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3. UHKF Culture of Philanthropy Workshop

Annette, Bill and I attended a workshop on how to better support and build a culture of philanthropy in our hospitals. There were about 70 people from across the hospitals there and it was an excellent session. We will share some of the materials with board when it is circulated.

4. Executive Vice President and Chief Nursing Executive Selection Process

As an update, we have now selected the executive search firm and the process to secure Eleanor Rivoire's replacement is underway. We are pleased that Timo has accepted our invitation to serve on the selection committee of this important position. Of note, in addition to a cross section of other leaders we have a patient experience advisor on our committee as well.

5. Fellows to the Royal Society of Canada

Congratulations to Vice President Health Research, Roger Deeley, who was recently elected to the Royal Society of Canada. Roger, who also works in the Cancer Research Institute, developed approaches to cloning genes based on their level of activity, leading to the discovery of a multidrug resistance protein that's associated with resistance to chemotherapy in cancer and some forms of leukemia.

6. Special Recognition for KGH Auxiliary Members

On September 22, Jenny Raymond, Shannon Graham and I had the privilege of spending time with Shirley Abramsky and Marion Attack so are celebrating 55 and 50 years of volunteer services respectively at KGH. Both Shirley and Marion shared stories about all the changes that have taken place over the last five decades! Again, our thanks to Diane for accepting the 'nomination' to support and work with the Auxiliary this year in the Board liaison position. Attached to this month's report is the latest monthly newsletter which highlights Diane and George Thomson's recent attendance at the Auxiliary Council meeting to discuss our recent governance changes.

7. Kingston Frontenac Lennox & Addington Public Health – KGH receives another Award!

Congratulations to Shannon and her team on our recent "Workplace Wellness Gold Award". The award recognizes KGH's ongoing commitment and support for workplace wellness initiatives. KGH was successful in achieving this recognition by demonstrating our commitment to awareness-raising, motivation/skill building, environmental support and policy development in the following three areas: physical activity, tobacco free living, and work stress! Public Health noted that KGH's wellness website (www.kghwellness.ca) is innovative and a robust resource to help promote wellness among KGH staff.

8. Media Report

Attached to my report is the quarterly media report providing members with top media highlights in Q1. I would encourage Board members to review this report and remind members that all media coverage updates are posted on the Board portal.

9. Meeting with Deputy Minister, Dr. Bob Bell & KGH Phase 2 Update

We have now received confirmation that the Deputy Minister will tour KGH on Friday, October 17. We have a number of key areas, including the operating rooms, to focus on during his visit. Paul Huras has also arranged a meeting that afternoon with hospital CEOs in the region.

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10. Meeting with MPP Sophie Kiwala

Earlier this month, Cathy Szabo, David Pichora and I met together with our new local MPP. It was a great opportunity for us to talk about some key issues including health research. I used the CAHO research hospital campaign slide deck as platform and we provided an initial brief on the evolving joint research enterprise with Queen's. We will have another meeting with the Dean included on this in the future. Ms. Kiwala has already toured the other 2 hospitals and we have arranged a meeting and tour on Friday, October 24 at KGH. We will focus on phase 2 so she is updated as well as health research.

11. Ontario Hospital Association

The OHA will be celebrating their 90th anniversary at this year's convention. As part of the program, KGH was invited to participate in a special video to commemorate this significant achievement. In particular, the OHA asked us to focus on our patient- and family-centred care initiatives and talk about the importance of engaging patients in their care, talking about how the system is becoming more responsive to patient needs and how we see this approach evolving in the years to come. Patient Experience Advisor Karen Nicole Smith joined me in the video shoot.

This year's OHA AGM and convention will be held in Toronto from November 3 to 5. I am pleased to Peng and Sue will be joining attending this year's conference. Attached to my report is the latest update from the OHA Board of Directors, President's Report and OHA CEO Connection relating the post-election environment and OHA's government relations. Again, these documents provide excellent insights into key system issues.

OHA has put together a provincial advisory group of CEOs on Health System Funding Reform and I am now part of this group which provides us with another good link to what's happening on this front.

12. Framework for the Redistribution of Hospital Services

Last week, the OHA and OMA released a joint framework to guide health service providers as they consider and/or implement the redistribution of clinical services. Board members interested in reading the framework can [click here](#). This will be a good document to support work on the sustainability project with the LHIN.

13. External Presentations – CEO

In my role as Chair of the Canadian Foundation for Healthcare Improvement, I was invited to appear before the Federal Advisory Panel on Healthcare Innovation in Toronto on September 23. The main focus of my speech was to describe CFHI's unique approach to healthcare improvement and to pitch for additional funding.

I will be in Copenhagen on September 29 addressing national, regional and municipal health politicians, top management of Danish hospitals, Danish health practitioners and scientists, along with representatives from Danish patient organizations focusing on patient engagement and safety. This is being sponsored by a national think tank called Monday Morning and they have already done a major profile on KGH as part of the lead up to the meeting (its currently in Danish, we will have it translated!)

Please don't hesitate to contact me with any questions or concerns arising from this report.

Leslee J. Thompson
President and Chief Executive Officer



A Message from Our President Jenny Raymond

Welcome back and I hope you enjoyed the summer.

Two guests, George Thomson and Diane Kelly attended the Board and Council meeting on September 2 to tell us about the changes to the KGH Board of Directors. Please turn to the back page to read about these changes in detail.

This summer, the Policy and Procedures committee added a couple of extra clauses to the Leave of Absence Policy #7 to address maternity leave for our "Mom to be" in the Tuck shop. A new Interim Manager for the Gift/Tuck shop has just been hired and she began work on September 8. Talking about the Gift Shop, keep out an eye for a new sign, as this should be installed in the next couple of weeks!

Congratulations to our new Provincial Life Members, Linda Patry and Janet Rosser, both of whom are going to the annual HAAO banquet at the Royal York Hotel on November 4.

We have just approved the purchase of some interesting equipment for Imaging Services and Karen Pearson, its Director, is really excited and is coming to our General Meeting on September 29th to tell us all about it.

Do plan to attend and bring a friend, the location is Cooke's Portsmouth Church. See you there!



SEPTEMBER

GENERAL MEETING & LUNCH

Monday, September 29, 2014

To be held at

**Cookes Portsmouth Church
Norman Rogers Drive in Calvin
Park**

***PLEASE BRING A
PROSPECTIVE NEW
MEMBER***

10:30am	Registration
11.00am	Meeting
12 noon	Lunch
1.00pm	Guest Speaker

MENU

Quiche
Salad
Squares
Coffee and Tea
Cost \$15.00

Speaker

Karen Pearson
Director Imaging Services

Please RSVP to 613-549-6666
Ext.6352 or

E-mail kghaux@kgh.kari.net by
Friday September 19.

TREASURER'S REPORT

Peter Ginn



**Surplus allocated to KGH
as of July 31, 2014**

\$169,777.51

**THE
Auxiliary
Newsletter**

MEMBERSHIP

By Lorraine Coull



NEW MEMBERS

Dave Mitchell

Thank you to all those members who have paid their fees for this year. If you have forgotten, we will gladly receive your cheque or cash at the office or at the September General Meeting.

Again, we ask each member to notify the Auxiliary Office of any changes of address, phone number or email address. We receive quite a few returned Newsletters each time with the notation "Moved". We want our members to receive their mail and if we are kept up to date, it saves money and time. A quick phone call or a short email will do the job. Thank you.

IN THE SPOTLIGHT

By Sandra Fletcher



We have two members "In the Spotlight" for this Newsletter – our new Provincial Life Members for 2014! Both will be attending the HAAO Convention banquet to be held on November 4 to receive their certificates and pins.

Linda Patry joined the Auxiliary in 1997. Linda became a volunteer at Kingston General Hospital that year. She has been an active member in the Auxiliary and in the hospital since that time.

She joined our governing Council in 2008 as the Convenor of the Library Cart. She continues in this role and with her committee she visits waiting rooms, sunrooms on patient floors and other public areas on a weekly basis to distribute magazines. Since 2012 she has also volunteered in our Café as a hostess.

A Certificate of Appreciation was awarded in 2008 and an Outstanding Service pin was given in 2009 in recognition of her ongoing and dedicated service to our hospital and organization.

Linda will receive her HAAO Life Membership in the Long and Reliable Service category.

Janet Rosser joined the Auxiliary in 2002 and became a volunteer at Kingston General Hospital in that year. She has been an active member in the Auxiliary and the hospital since that time and has attended most of our General meetings.

She joined our governing Council in 2004 as a member at large and became the Convenor of Artistic Outreach in 2005. She continues in this role and with her committee she visits patient rooms to hang new artwork to improve the ambience of the hospital room. In addition, from 2004 to 2006, she volunteered in our Café as a hostess and continues to work at our Annual Christmas Bazaar.

A Certificate of Appreciation was awarded in 2009 and an Outstanding Service pin was given in 2010 in recognition of her ongoing and dedicated service to our hospital and organization.

Janet was nominated for an HAAO Life Membership in the Leadership and Executive Service

NEWS FROM FUND-RAISING



GIFT SHOP – Our buyers attended the Gift Show in August and picked out some fantastic new items for the Shop!

Check out the shelves: smart, well-priced tops and sweaters, lovely lingerie, jewelry, purses for the fall season, scarves, gloves, umbrellas, and lots of gifts for all occasions. There are great items for the Fall season and wonderful gifts for Christmas for the whole family are coming soon.

Don't forget the delightful baby items for that new baby in your life. We sell gifts, toys, books, clothing, quilts, knitted blankets and hand knit baby sets as well as hand knitted sweaters for the older child.

We have now found an interim manager to take over until our long time manager, Linda, returns to work. Come in sometime and meet her.

If you are interested in volunteering in the Gift Shop, or know someone who would like to join our team, we would love to hear from you as we need more volunteers. We guarantee you will love it!



TUCK SHOP – This small corner near the Connell elevators is always a hive of activity – especially at staff break times. Fresh made sandwiches and milk are offered in the Tuck Shop and are very popular. For the reader, check the racks daily for low priced used paper and hard cover books.

Don't forget our dry-cleaning service – competitive prices and convenient pick up.

One of our staff members is going on maternity leave at the end of September and we are hoping to have hired her temporary replacement by the time you read this.

We wish our new mom-to-be all the best and an enjoyable time with her new baby.



CAFÉ – Our Café has had a busy summer, thanks in part to delicious and varied daily specials. All our specials - sandwiches, hot and cold - are freshly made as are our muffins, cookies and desserts. Another popular treat this summer was the ice cream from our machine. Delicious!

Our summer students were a great help filling in for those of our regular hosts & hostesses who took the summer off. However, we have shifts to fill for the coming Fall and Winter months. Are you able to help?

Contact the volunteer office if you would like to join the Café team as a new volunteer or the Auxiliary office if you want a change from your existing volunteer position.

LOTTERY BOOTH – We had a good summer at the Lottery Booth.

We are now able to open on Mondays thanks to our latest new volunteer, Colin, who has joined our great group.

Due to volunteers filling in spots made vacant by our regulars going on holiday, we managed to keep the booth open most of the summer. We could always use a few more volunteers, so if you can spare some time please contact the Volunteer Office.



HAIR SALON – The Salon is open for business on Tuesday, Thursday and Friday from 9.00 am. We will be happy to serve your hairstyling needs on these days. It is best to call for an appointment but walk-ins are welcome if the Salon is not busy. Wigs are also offered for sale. These are donated wigs which are cleaned and refreshed and cost from \$30 and up. If you have a wig to donate, (especially a long one) please drop off at the Salon, Information desk in the main lobby or the Auxiliary Office

CHRISTMAS HARVEST BAZAAR 2014

Merna Manders & Alice
Robertson

The annual Bazaar will be held in November, 2014. We will have:

- Coffee & muffins/scones
- Wreaths and hand crafted items from local artisans;
- Toys, Plush & children's books as well as lingerie and new jewelry from the Gift Shop;
- Home-made baked goods and candy;
- Paperback and hard cover books;
- Second time around jewelry;
- Silent Auction

More details in the November Newsletter!



The 2014 Teddy Bear Campaign

Under the leadership of Heather Breck and Alice Robertson, this committee held its initial organizational meeting for the 2014 Teddy Bear campaign on September 9

It is hoped to raise at least \$20,000 from this year's campaign and this will be used to purchase equipment for the NICU and Paediatrics.

Anyone interested in helping out may contact Theresa at the Auxiliary office at 613-549-6666 Ext. 6352 or Heather at 613-544-7450.

For more information about any of our activities or to donate items, contact Theresa at the Auxiliary office at 613-549-6666 Ext. 6352 or by e-mail at hiltt@kgh.kari.net

IMPORTANT CHANGES TO KGH BOARD GOVERNANCE

A meeting was held on July 23, 2014 with KGH CEO, Leslee Thomson, V.P. & Chief HR Officer, Shannon Graham, George Thomson, KGH Board Vice-Chair, Jenny Raymond, President, and Sandra Fletcher, Vice-President, to discuss changes to the governance of KGH Board Standing Committees and how this will affect the Auxiliary. The changes relate to the ongoing focus to strengthen the essentials of good board governance to effectively govern the hospital. The vision, guidelines/policies and processes have evolved and have been put in place over the past five (5) years. During winter/spring 2014 the KGH Board assessed the current policies, processes and committee structures in order to continue to meet the current legislative requirements, streamline board roles and responsibilities, and better understand trends in healthcare and future needs of the community as the leading tertiary academic centre.

The Governance Committee of the KGH Board of Directors reviewed best practices of board committee structures and mandates and in March 2014 the Governance Committee determined the preferred option which was approved in May 2014. The recommendation was to streamline accountability and amalgamate the six existing committees into three committees. The Final Terms of References were approved by the KGH Board of Directors in June 2014.

The amalgamated committees are:

- 1) **Patient Care & People Committee**
- 2) **Finance & Audit Committee**
- 3) **Governance Committee**

The Patient Care & People Committee is the one that impacts the participation of the Auxiliary. This committee is responsible to the Board of Directors to promote and oversee excellence in the quality and safety of patient care and to ensure that effective processes are in place to monitor and review quality, safety and risk and academic activities. The Committee is responsible for "People" which includes all human resources and occupational health/wellness for employees, credentialed staff (physicians, dentists, midwives, and registered nurse (extended class) staff, learners and volunteers.

All KGH Board Directors will now serve on only one committee for a term of 2 years. They will be required to have a suitable knowledge and education of most aspects of the committee on which they serve. The committee member will be oriented into the workings of that committee and expected to work diligently in all aspects of the committee's mandate. These requirements are onerous and would make it difficult for an Auxiliary member to sit on one of these committees as ex-officio. The ex-officio members of the Patient Care & People Committee will be limited and consists of the Chief of Staff, Chief Nurse Executive, Community Physician and a member of the Patient and Family Advisory Council. Thus the Auxiliary ex-officio position will no longer be available. However, as a stakeholder, the Auxiliary will be contacted by the executive leads of the committees if items of interest or concern are up for consideration.

The Auxiliary liaison position on the Quality of Patient Care Committee was intended to provide a close contact between the KGH Board and the Auxiliary. To maintain this close contact, another means will be provided by the KGH Board. This will be in the form of designating a KGH board member to act as a liaison with the Auxiliary. Guidelines for this position will be drawn up to ensure this relationship is sustained. The KGH Board liaison will maintain contact through quarterly meetings with the Auxiliary President, Vice-President and Chief HR Officer. The Board Liaison will attend General meetings and, if time permits, Board & Council meetings. It was noted that KGH Board meetings are open for observers but committee meetings are held "in Camera". Minutes of the Board of Directors' meetings are available on line through the KGH Intranet, but are accessible only in the hospital. In addition, the Auxiliary President will continue to report annually to the KGH Board.

George Thomson, on behalf of the KGH Board of Directors, and the newly appointed Board Liaison for the Auxiliary, Diane Kelly, attended the September 2nd meeting of the Board & Council to explain the changes and reassure the members of the KGH Board's interest in the Auxiliary activities and their intent to sustain our relationship.

Due to these changes, an Auxiliary By-law amendment will be required and this amendment will be presented to the membership for approval at the November General Meeting following the normal internal process at the Auxiliary committee level.

From: Marcia Visser <mvisser@oha.com>
Sent: Friday, September 12, 2014 9:14 AM
Subject: Update from OHA's Board of Directors
Attachments: OHA President's Report August 2014.pdf

SENT ON BEHALF OF MARCIA VISSER, CHAIR and ANTHONY DALE, PRESIDENT & CEO

The following is a summary of the Board's discussions on August 13, 2014. Also, for your reference, attached is the President's Report to the Board which provides information about initiatives that were not otherwise before the Board for discussion.

Government Relations

The Board engaged in discussion of the post-election political landscape and the government's health agenda. Discussion considered the priorities of the provincial government, the government's ability to achieve its fiscal objectives, and areas where OHA priorities could align with provincial aims.

Pierre Noel, President and CEO of Pembroke Regional Hospital and Vice-Chair of the OHA Board, presented the final recommendations of the Special Committee: Government Transition Preparedness. The Board endorsed the four core areas of emphasis in the post-election strategy as (1) strengthening health system funding reform, (2) initiating health system capacity planning, (3) moving forward with the next phase of the mental health and addictions strategy, and (4) labour relations reform.

The Board also considered the government's commitment to cap or cut hospital parking rates for patients and families who frequently go to hospitals and the OHA's role in facilitating the development of provincial guidelines.

Quality Oversight

The Board welcomed Dr. Michael Sherar, President & CEO, Cancer Care Ontario and Dr. Rocco Gerace, Registrar, College of Physicians and Surgeons of Ontario to discuss the Quality Management Partnership (CCO/CPSO QMP). This presentation was the first opportunity for dialogue between the OHA Board and leaders of the QMP initiative – an initiative which could have significant impact on hospitals and their quality improvement reporting activities.

Drs. Sherar and Gerace presented a status report on the progress of the QMP and its mandate to apply identical quality standards to services regardless of the facility in which those services are delivered. It is intended to facilitate quality monitoring and improvement at the local level across the province.

Given that increased awareness and engagement of this initiative is key to its success, the Board asked management to consider ways to work with the QMP and other organizations to support broader understanding of the program.

In addition to QMP, the Board reviewed the status of the Health Quality Ontario work regarding the development and implementation of a province-wide peer review program for Diagnostic Imaging, the government's review of the *Quality of Care Information Protection Act*, and ways for OHA to contribute to alignment of various activities in quality oversight.

OHA Board nominations

The Board approved the recommendation from the Nominating Committee of nominees for election to the Board at the November Annual Meeting of Members. The following individuals are nominated for election to the Board of Directors:

- Brad Holman, Past Chair, Hanover and District Hospital;
- Johanne Levesque, Trustee, Children's Hospital of Eastern Ontario;
- James McCracken, Chair, The Ottawa Hospital;

- Gay Wrye, Chair, Windsor Regional Hospital;
- Jeanette Despatie, President & CEO, Cornwall Community Hospital / Hôpital communautaire de Cornwall;
- Kevin Empey, President & CEO, Lakeridge Health;
- Derek Graham, Chief Executive Officer, Manitoulin Health Centre;
- Gillian Kernaghan, President & CEO, St. Joseph's Health Care, London;
- Karim Mamdani, President & CEO, Ontario Shores Centre for Mental Health Sciences;
- Pierre Noel, President & CEO, Pembroke Regional Hospital;
- Eric Vandewall, President & CEO, Joseph Brant Hospital; and
- Kwame McKenzie, CEO, Wellesley Institute.

Mr. McCracken, Mr. Graham, Mr. Noel, and Mr. Vandewall currently serve on the Board.

The Board's recommendation and biographies of the nominees will be included in the materials for the members' meeting which is scheduled for 4:00 p.m. on Sunday, November 2, 2014.

The Board thanked Giles Meikle and Drupati Maharaj for their contributions to the Board during their terms.

Other Business

The Board also:

- Received the President's Report (appended);
- Received the Chair's report, including the third quarter report on the Board's annual work plan;
- Re-appointed Martin Reid as Trustee of the Healthcare of Ontario Pension Plan;
- Received the fourth quarter operating results and the investment portfolio performance results for the fourth quarter;
- Amended Board governance policies; and
- Admitted three associate members to the OHA:
 - HealthForceOntario Marketing and Recruitment Agency;
 - N'Mninoeyaa Aboriginal Health Access Centre; and
 - Research Institute of St. Joseph's Hamilton.

Next Board Meeting

The next regular meeting of the Board is scheduled for October 8, 2014. For a schedule of 2013-2014 Board meetings, please go to www.oha.com and click on "About Us" and "OHA Board of Directors".

If you have any questions or comments, please don't hesitate to contact me at mvisser@oha.com or Anthony Dale, President and CEO, OHA at adale@oha.com.

Yours truly,



MARCIA VISSER
Board Chair

Ontario Hospital Association
200 Front Street West, Suite 2800
Toronto, ON M5V 3L1
Email: mvisser@oha.com

President's Report

July 2014 – August 2014

I am pleased to present a brief report of key activities undertaken within the months of July 2014 through August 2014. This report is in addition to items included on the agenda for the Board meeting.

MEMBER OUTREACH ACTIVITIES

A Members' Hospital Tour has been arranged for July through November, targeting up to 20 hospitals, covering all five regions. During this period, OHA senior management will be visiting and meeting directly with the leaders of hospitals and learning more about the issues and concerns they face while providing healthcare services to their communities. These meetings are primarily between OHA's President & CEO and the hospital President & CEO, but may include others at the hospital's invitation and a tour of facilities. In July, meetings were held at five Member hospitals in Region 4 and August will include four Members in Region 1. From September to November, meetings are confirmed with Members in Regions 2, 3, and 5.

In addition, presentations have been made to the Boards of three hospitals and outreach meetings with four additional hospitals in Regions 3 and 4 have occurred.

IMPLEMENTING STRATEGIC PLAN 2013-2016

OPERATING PLAN UPDATE

The table below provides an update on the activities to address the priority areas in the Operating Plan 2014/2015 that was approved by the Board in June.

Priority Area	Update
1. Health System Reconfiguration	<p>Work has begun on OHA's Capacity Planning effort. Hay Group has been contracted to build a "proof of concept" capacity planning model that involves a range of activities such as setting benchmarks for things like the number of hospital beds, long-term care beds, assisted living spaces, and home care hours that are necessary to meet the needs of the different populations using services. Ministry staff have also accepted OHA's offer to participate in our initiative.</p> <p>The OHA has launched a Health Analytics Advisory Panel to provide guidance to the OHA regarding development of new and enhanced capacity in hospitals in the area of health analytics and defining the appropriate role for OHA leadership in this regard.</p>
2. Patient Experience Strategy	<p>The OHA has begun work on replacing the current patient satisfaction measurement service contract. A Steering Committee of hospital subject matter experts will advise on strategic matters and help shape the upcoming RFI (to be released in August 2014) and RFP (scheduled for release in late fall). They will be supported by three sub-committees that will review non-proprietary patient survey instruments from CIHI and other jurisdictions, to determine their suitability for Ontario hospitals.</p>



Priority Area	Update
3. Hospital-Physician Alignment	A two-year work plan is being finalized. The first component of the new work plan is to develop a template hospital-physician compact with PHIC by winter 2015.
4. Collective Bargaining and Labour Relations	<p>Unable to reach a negotiated settlement earlier this year, the Participating Hospitals and OPSEU proceeded to arbitration on June 25. An award could be issued as early as the end of August.</p> <p>Negotiations between the Northern Group of Hospitals and Unifor ended in July without a settlement being reached; however, the parties have maintained openness to resuming negotiations prior to referring the matter to arbitration.</p>
5. Health Human Resources Leadership	<p>The OHA's Attendance Support Guide is in final stages of a thorough legal review and will be available to members in late summer.</p> <p>In August, the HOODIP LTD Offset Working Group is overseeing the development of tools and resources for hospitals addressing their deemed offset cases.</p>
6. Education Delivery Models	<p>The OHA has increased the number of scheduled Hybrid events (from 6 to more than 20) and Blended programs (from 8 to 11) for new fiscal year. For Hybrid events offer attendees the choice between participating in person or online. Blended programs require online learning as well as in-person training.</p> <p>Over a dozen Regional Sessions are currently being planned, including QBP sessions as well as a follow-up round of Health Care Transformation sessions.</p> <p>The new OHA Training Centre is well underway with design drawings being finalized and a target delivery date to be confirmed (pending building permit approvals from the city).</p>
7. HSFR/QBPs	<p>The OHA President and CEO confirmed with the new Deputy Minister that the Ministry will be performing a comprehensive review of HSFR to shape any necessary "course corrections" required to ensure that HSFR is as effective as possible and achieves its intended outcomes. OHA's new HSFR CEO Advisory Group was offered as a key informant in that review process and will have its first meeting in September.</p> <p>Discussions are underway with Health Quality Ontario on a possible Memorandum of Understanding that could better align and leverage the resources of both organizations, including areas regarding indicator alignment and QBP clinical engagement. OHA continues to plan for a significant QBP clinical education effort this fall and has consulted the OHA Provincial Physician Leadership Council on potential approaches.</p>

Priority Area	Update
8. System Integration	<p>OHA's research study on ALC Long Stay issues is underway with Dr. John Hirdes, from the University of Waterloo. The research will look at the clinical profiles of the ALC long-stay Mental Health and Addiction and the ALC long-stay CCC populations and what services they are waiting to access in the community to determine the level of support required to transition these patients.</p> <p>The Multi-Sector Rural Health Hub Advisory Committee, supported by the OHA and the OMA, continues to develop a framework to assist rural and northern communities with the implementation of rural health hubs within their communities. The working group has met many times over the spring to provide input into the development of the framework and is scheduled for completion by the end of the calendar year.</p>

ADVANCING INTEGRATED CARE

Multi-Sector Rural Health Hub Advisory Committee. Since January, the Multi-Sector Rural Health Hub Advisory Committee (Advisory Committee) has been working to develop a framework to assist rural and northern communities with the implementation of rural health hubs within their communities. In March, the Advisory Committee tasked a small working group, with representation from the OHA, Ontario Medical Association, North East LHIN, Association of Community Health Centres and the Ontario College of Family Physicians, with the development of the framework. The working group has met many times over the spring to provide input and on June 27th had an opportunity to update the Advisory Committee on the work underway. More specifically, the framework will:

- Inform the development of a common vision and principles of a coordinated health care delivery model;
- Identify the policy and regulatory barriers impeding integration; and
- Identify successful rural health hub models and leading practices across the province that can be profiled

This work will continue over the summer and a revised framework will be shared with the Advisory Committee in September. The framework is scheduled for completion by the end of the year.

Service Redistribution Framework. The OHA and OMA have finalized their joint document entitled A Framework for the Redistribution of Hospital Services, which was developed with help of our joint Physician Hospital Issues Committee (PHIC) to provide guidance to Health Service Providers (HSPs), Local Health Integration Networks (LHINs), clinicians and other agencies as they consider and/or implement the redistribution of clinical services. As system partners, hospitals and physicians are fully committed to supporting the goals of health system transformation. Through this framework, our aim is to facilitate the many large-scale changes underway by helping to enable a seamless transition for patients and health care providers alike, and by maintaining a focus on quality, access and collaboration. The framework identifies principles and guidance that should be carefully considered by all stakeholders involved when making these important decisions.

To ensure early engagement of the Ministry of Health and Long-Term Care and the LHINs, an advance copy of the framework was shared with Dr. Bob Bell, Deputy Minister, as well as with Bill MacLeod, Mississauga-Halton LHIN CEO. This generated positive comments and acknowledgment that there is a need for such guidance in the health care sector. The framework was forwarded in confidence by Bill MacLeod to all LHIN CEOs with an invitation to OHA and OMA Presidents to formally present the framework at an upcoming meeting of the LHIN CEOs. The OHA and OMA intend to disseminate the framework to their respective memberships in mid-late August.

REALIZING QUALITY

Patient Experience Measurement Update. The OHA has begun a process that will culminate in replacing our current patient satisfaction measurement services contract. The current contract with National Research Corporation Canada (NRCC) expires at the end of March 2015. Through mid-May the OHA's Innovation and Adoption department held five focus groups attended by over 70 hospitals. These groups were used to outline the upcoming RFP process, indicate how hospitals can be engaged and to learn from hospitals both their aspirations for the future of Patient Experience Measurement and their impressions of the current offering. In June, the OHA formed a representative Steering Committee of hospital subject matter experts to advise on strategic matters and help shape the upcoming RFI (to be released in August 2014) and RFP (scheduled for release in late fall).

Early strategic questions for the Steering Committee include 1) how, as a community, we can coalesce around a common, validated, non-proprietary survey instrument, 2) realistic timelines for being ready to go to market, and 3) whether a temporary extension of the current contract is necessary to optimize sector readiness to go to market. To assist in determining availability of validated non-proprietary survey instruments in the market, the OHA's Innovation and Adoption team is in the process of creating sub-committees of hospital subject matter experts to review non-proprietary patient survey instruments from CIHI and other jurisdictions, to determine their suitability for Ontario hospitals. Recommendations from these sub-committees will be shared with the Steering Committee and, in combination with the results of the RFI, will be used to inform the RFP procurement strategy.

DELIVERING VALUE

OHA Health Analytics Advisory Panel. To support hospitals, the OHA has launched a Health Analytics Advisory Panel. The panel's aim will be to provide guidance to the OHA regarding: development of new and enhanced capacity in hospitals in the area of health analytics; and defining the appropriate role for OHA leadership in this regard, with the overall goal of supporting hospital decision making in the new HSFR environment. A proposed list of panel members has been developed which comprises individuals from a range of hospital positions spanning CEO, VP and Director of Decision Support levels. OHA Staff recently attended a demonstration event for health care organizations at Deloitte. "Deloitte Greenhouse" is a business and data analytics service designed to improve the usefulness and power of data used by organizations and can be applied to health care.

Capacity Planning Project Launch with Hay Group. The OHA has long advocated for a provincial-level capacity planning process to help determine and plan for future health service requirements. Recently, we have contracted with Hay Group to develop a "proof of concept" inter-sector capacity planning model for Ontario.

The model will incorporate demographic and other factors to determine service volumes and capacity requirements for a range of services across different sectors including: hospitals, long-term care, home care, selected community service areas and additional sectors including primary care, where data are available.

The proof of concept model will demonstrate that:

- The operation of each element of the system lends itself to modelling
- The interactions between and among the various system elements lend themselves to modelling
- Sufficient data exist to support a system capacity planning model.

When completed, the model will be used to further promote the need and feasibility of conducting capacity planning in the province.

Senior MOHLTC staff members have been informed of this initiative in recent meetings and have indicated a favourable response regarding the need for capacity planning in general and this project specifically. In addition, staff members from the Ministry's Transformation Secretariat are now participating in the project to the extent that they are involved in project meetings and will have first-hand understanding of the work. While this initiative is OHA directed and funded, the engagement of Ministry staff throughout the project will strengthen their support for the work and will further OHA's efforts in promoting a full development and implementation of a capacity planning tool.

Hospital On Call Coverage [HOCC]. On July 22, representatives from the MOHLTC, OMA and OHA met to review OHA's feedback on the MOHLTC revised template Hospital Funding Agreements-Physician Payment Programs with specific reference to the HOCC Program. The OHA's most recent feedback was presented to Pauline Ryan, Director Negotiations and Accountability Management Division Health Services Branch in a letter dated April 22, 2014.

Concerns expressed in this letter included:

- The need to involve the OHA and hospitals in the development and negotiation process for this Agreement
- The lack of accountability mechanisms between physicians and hospitals
- The ongoing and perhaps increased administrative burden created by the Agreement

Unfortunately because of the Physician Services Agreement negotiations, the major recommendation of the HOCC Implementation Subcommittee of the Physician Services Committee (PSC), a 'Per Diem'/claims based program, has not been implemented. This new funding system was designed as the first phase in dealing with the expressed concerns of the hospitals.

The new fee-code based funding and payment process ('Per Diem') would:

- Ensure that on-call coverage meeting program and coverage requirements would be coordinated by a Physician Lead of each group
- Groups submit a fee code for group on-call coverage for a 24 hour period
- Funding flowed to hospital based on submission of fee codes with reports from the ministry to hospital showing coverage and payment by group
- Hospital distributes payment to physicians based on information provided

The OHA recognizes that this as a reasonable first step but expressed concern that distributing the Template without reference to the 'Per Diem' would cause considerable concern at the hospital level. The MOHLTC representatives indicated that further directions as to how to move forward would have to be confirmed through the PSC. The OHA emphasized our support for making the roll out and implementation of the new HOCC funding agreement successful and have offered to work with the MOHLTC and the OMA to make that possible.

OHA and Ontario Public Service Employees Union (OPSEU). The Participating Hospitals and OPSEU commenced negotiations for a renewal agreement the week of January 20, 2014. A second week of negotiations took place the week of February 10, followed by six additional days of negotiations and mediation in early March. In the absence of a resolution to central bargaining between the Participating Hospitals and ONA, the parties were unable to reach a negotiated settlement. The parties proceeded to arbitration before a board of arbitration chaired by Robert Herman. The hearing took place June 25-26. An award could be issued as early as the end of August.

OHA and Unifor (formerly CAW). Bargaining between the Northern Group of Hospitals and Unifor took place the week of July 14. The parties quickly reached impasse on economic issues, with the union seeking to offset the two year wage freeze of the previous collective agreement with significant wage increases this round. Although negotiations ended without a settlement being reached, the parties have maintained openness to resuming negotiations prior to referring the matter to arbitration. To date, an arbitrator has not been agreed upon by the parties and dates have not been set. The current agreement is set to expire October 10, 2014. The Employee Relations Services (ERS) department has been facilitating discussions with all hospitals with Unifor bargaining units, leading to a common bargaining mandate and minimizing the risk of any hospital being prejudiced by a settlement elsewhere.

HOODIP LTD Offsets. As Hospitals are working with their applicable insurance carriers to identify active LTD offset claims, the HOODIP LTD Offset Working Group has been involved in a number of activities to assist Hospitals in addressing their deemed offset cases. The following tools and resources are being developed with the group's guidance and insight:

- A framework for resolving active deemed offset cases (union and non-union);
- A template for settling grievances;
- Sample responses to Union disclosure requests;
- A methodology for costing the liabilities of each claimant's case for accounting purposes; and
- Exploring the extent to which HOOPP can provide information to assist hospitals.

A Member teleconference is planned for late August to review the above resources.

In an effort to be efficient and in order for us to be able to collect key information related to all aspects of this issue on a macro level, one point of contact for these issues has been established which will ensure that OHA staff from Employee Relations Services and Benefit Plans are engaged as appropriate.

Workplace Safety and Insurance Board (WSIB). The WSIB will be announcing their 2015 premium rates to stakeholders in August, at which time the OHA will share the information with all members.

The 2014 OHA Safety Group members continue to work on their prevention programs and internal audits over the summer months, with our next meeting scheduled in September. The last of the 2013 Safety Group validation audits will also occur over the summer months, with a final score to be reported in October, 2014. This report directly impacts the rebate received by participating hospitals.

The OHA has received notice that the WSIB Board has approved the continuation of the Safety Group program for 2015. The OHA plans to continue to sponsor a group.

Ministry Of Labour. The requirement for Worker and Supervisor Awareness training came into effect on July 1, 2014 and the OHA has been assisting hospitals to understand the regulatory changes. Work has also been done with the Prevention Office and Enforcement area, to help ensure a mutual understanding of requirements and consistent enforcement.

Following the release of the Joint Health and Safety Committee Member Certification requirements, the OHA was asked by the MOL to assist in the development of Part 2 Certification for Health Care. To gain input from members, a survey was sent to all Occupational Health and Safety departments. This survey asked for insight into the top occupational hazards facing hospitals, in order to be considered for Part 2 training.

The MOL Prevention Office has also indicated they will begin a Prevention Program Review in the coming months. This review will include such programs as the WSIB Safety Groups program, Safe Communities Incentives Program, and Workwell. It may also look at external safety programs, not funded or managed through provincial bodies. The OHA will solicit feedback from members as part of our response to this review.

Health and Safety Advisory Committee. The Health and Safety Advisory Committee (HSAC) is in the process of developing a tool for hospitals in an effort to assist in determining “who is a supervisor” as it relates to the Occupational Health and Safety Act. The goal of this initiative is to develop some alignment among hospitals, helping management and personnel to understand their responsibilities and liabilities, while providing hospitals with a means to show due diligence when making this determination.

HSAC has also helped the OHA in the development of the Joint Health and Safety Committee certification survey, an OHA bulletin sent out to remind members of OHSA reporting requirements, and will be assisting in the OHA’s submission to Government regarding Bill 18.

Section 21 Committee (Bi-partite Healthcare Advisory Committee to the Minister of Labour).

At the June Section 21 meeting, members provided updates on the issues their organizations and/or memberships are facing, and asked questions of the MOL about policies and procedures. Some topics of discussion included the need to ensure timely reporting of all accidents and occupational illnesses to the JHSC and trade union, as required under the Occupational Health and Safety Act, safety of workers in facilities with asbestos, and continued concern about the lack of clarity regarding the definition of “supervisor.” The OHA will continue to work with this committee and the MOL to help clarify joint areas of concern and provide recommendations to the Minister of Labour.

Quality Healthcare Workplace Awards. This year 61 organizations submitted an application (54 hospitals and 7 Community Care Access Centres) for the 2014 Quality Healthcare Workplace Awards. Awards will be announced to participating hospitals on October 24, 2014 with a public announcement at HealthAchieve on November 4, 2014. Success stories from the 2013 QHWAs are being celebrated in each edition of Healthscape. In addition, a report highlighting learning and best practices from the 2013 QHWA submissions will be released in August.

PWC Saratoga Human Capital Effectiveness Survey. The OHA partnered with PWC Saratoga for the fifth year in a row to provide hospitals and Community Care Access Centres the opportunity to participate in the 2014 Human Capital Effectiveness Survey, a survey that benchmarks human resources and workforce metrics at the organizational level. The online report of results was released to the 50 participating organizations on July 14, 2014 with a summary presentation to take place in September. The OHA is working with PWC in developing a report reflecting on the past five years of data collection.

Strategic Direction Planning for 2015 OHA HR Benchmarking. In preparation for the 2015 HR Benchmarking program, the OHA has gathered insights through the engagement of the HR Benchmarking Advisory Group as well as all hospital Chief HR Officers. In follow-up to the teleconference held in February, Chief HR Officers were engaged for further input through a feedback

survey. The OHA and the Advisory Group are currently reviewing member feedback and will be providing a progress update to all Chief HR Officers in the short time ahead.

GCE Video Series Championing Governance – The GCE developed a series of video interviews aimed at championing health care governance and encouraging individuals to join a health care board. This video series is intended to help showcase the great governance work being done in Ontario's health care organizations.

Thirteen interviews with board members from hospitals, CCACs and Family Health Teams were completed by June 30, 2014. Interviews were conducted with several delegates from SRN hospitals who attended the Rural and Northern Conference. Regional locations include Hanover, Southampton, Arnprior, and Ottawa. The videos are presently being edited and will be presented to SMC for approval in July. Once approved, they will be posted on GCE TV and shared with health care boards across the province.

Boards – GCE's Newsletter Publication. The June 2014 edition of *Boards* was published on June 13, 2014. This edition featured articles including:

- How to be a Better Trustee
- Boards Journey Together to Advance Health Care - Thunder Bay Regional Health Sciences Centre's transformation from a community hospital into a leading Academic Health Sciences Centre (AHSC)
- Advancing Health System Integration: Governor to Governor
- Governance Priorities During a Leadership Change

Attendance Support Guide. The OHA Attendance Management Advisory Committee, Validation Committee, and the Provincial HR Leadership Council met in June and early July to provide feedback on the draft Attendance Support Guide. Over the next few weeks a thorough legal review will be completed and the final report will be released in late summer 2014.

Research Salary Survey. On July 18, 2014, the Research Salary Survey Report was released with participation from 25 organizations. The report provides a summary of the salary data pertaining to 38 research positions in the hospital and academic communities.

Regional Salary Survey. The 2014 Regional Salary Survey closed on July 25, 2014. The Salary Survey Advisory Committee met on August 8, 2014 to validate the survey data and the report will be released in September 2014. The Regional Salary Survey collects compensation information for over 160 middle-management, professional, service, and clerical positions in Ontario hospitals.

Non-Union Vacation Survey. The 2014 Non-Union Vacation Survey closed on July 25, 2014 with the report to be released in September 2014. This survey collects information on vacation entitlements for 11 non-unionized employee groups in Ontario hospitals.

Hospital HR Benchmarking Survey. The 2014 Hospital HR Benchmarking Survey closed on July 25, 2014. This survey collects data regarding Staffing, Overtime, Turnover, Vacancy, Age, Tenure, as well as Sick Leave. Information is collected at the job class level for permanent employees. Organization-wide information on overall sick leave information is also requested. The online reporting tool will be released this fall.

UPDATE – PROVINCIAL LEADERSHIP COUNCILS

Complex Continuing Care and Rehabilitation Provincial Leadership Council. The Council met in May and provided input into a host of issues including:

- An update on the proposal for the development of a Patient Screening Tool for early identification of frail seniors at-risk of functional loss or avoidable morbidity. The initiative was in response to the proposal tabled by Helen Angus, the Interim Deputy Minister and Associate Deputy Minister, Transformation Secretariat, at the February Council meeting. Given the provincial election, the earliest possible time for receipt of the funds (\$250,000) would be August 2014.
- OHA's ALC Long Stay Research Study –Council was informed of the work underway with Dr. John Hirdes, from the University of Waterloo, on the ALC Long Stay issues. The research will look at the clinical profiles of the ALC long-stay Mental Health and Addiction and the ALC long-stay CCC populations and what services they are waiting to access in the community to determine the level of support required to transition these patients. The results of the two studies are expected to be released in the fall 2014 at a Roundtable discussion and will be discussed at both the CCC-Rehab Council and the Mental Health and Addiction Council.
- An update and call for an OHA Representative for the Hospice Palliative Care Provincial Steering Committee. The Steering Committee involves provincial senior level members across the continuum of care and is co-chaired by LHIN CEOs and reports to the joint LHIN CEOs/ Ministry Management Committee. The Steering Committee was developed to provide leadership for province-wide implementation of the *Advancing High Quality, High Value Palliative Care in Ontario - A Declaration of Partnership and Commitment to Action*. Following a call for applications, Rebecca Repa, President St. Peter's Hospital and West Lincoln Memorial Hospital, and Integrated VP of Laboratory Medicine and Diagnostic Services, Hamilton Health Sciences and St. Joseph's Healthcare Hamilton, was appointed to fill the vacancy on the Committee created when Elaine Gibson, Vice President, St. Joseph's Health Care, London, stepped down.
- Planning for the December 2014 CCC and Rehab Conference. Council suggested that OHA focus on transformational change and innovations, as well as leading practices.
- Development of the Cardiac Care Rehab Standards. The Cardiac Care Network (CCN) invited Council to a June 13th session to provide input into the development of the Cardiac Rehab Standards for Ontario. CCN will host an official launch of the document in September and will provide an update at the October Council meeting.
- Update on the Rehab Care Alliance. Dr. P. Nord, Co-Chair, Rehab Care Alliance (RCA) and Charissa Levy, Executive Director, RCA, provided an update on the Rehab Care Alliance work including the planning considerations for reclassification of CCC to Rehab Beds.

Small, Rural and Northern, Medium Size Hospital, and the Mental Health and Addiction Provincial Leadership Councils each had meetings over June and July. Post-election advocacy and the work of the OHA Board's Special Committee: Government Transition Preparedness (Special Committee) were prominent issues discussed at all three meetings. Members were especially interested to hear about the priority issues to be addressed by the OHA in the short-term. Additionally, each of the Councils had an opportunity to review the OHA Budget and Operating Plan for 2014-2015 and to discuss their respective work plans and how they align with the broader issues being addressed by the OHA.

A draft work plan for each of the Councils for 2014-15 will be developed and shared with Council members in the fall. More specifically,

- For MHA Council: Council will pay close attention to the government's Mental Health Strategy for years 4 – 10 that is expected to be released in the near future and is inviting government to an upcoming meeting to have more of an in-depth discussion on the next phase of the Strategy.
- For SRN Council: There has been a focus on assisting small hospitals in their post-election advocacy. The OHA has been developing key messages to help with small hospital's MPP outreach efforts building on the OHA's pre-election messages previously circulated to members. The key priorities identified in the short-term by the SRN Council included the government's commitment to the 1 % increase to base funding, the Transformation Fund, the implementation of Rural Health Hubs, and the increase in the Health Infrastructure Renewal Fund.

Provincial Human Resources Leadership Council. The HR Provincial Leadership Council met on June 23, 2014. The Council continues to provide feedback to the OHA on several initiatives within the OHA Provincial Health HR Work Plan 2013-16, including the Attendance Support Guide, the Leadership Assessment Tools report, and the Performance Management project.

OTHER INFORMATION

HealthCareCAN. The Association of Canadian Academic Healthcare Organizations and the Canadian Healthcare Association has recently amalgamated to form HealthCareCAN. This national association presents itself as the national voice of healthcare organizations across Canada; committed to fostering informed and continuous, results-oriented discovery and innovation across the continuum of healthcare. HealthCareCAN has presented OHA with a partnership proposal. A working group of OHA management has been created to consider and evaluate the proposal and to make recommendations to senior management for OHA's response to the proposal and possible future relationship with this new organization.

Employee Relations Services Member Satisfaction Survey. For the third year the Employee Relations Services department conducted a survey of members to gauge their satisfaction with the labour relations services provided. The survey employed a five-point scale for each question, ranging from Strongly Disagree/Very Dissatisfied (1) to Strongly Agree/Very Satisfied (5). Seventy-one (71) responses were received. The aggregate results show slightly increased satisfaction with all services over previous years.

	ERS staff is professional and exhibits a high level of customer service at all times.	ERS staff communicates effectively when responding to my issues so that I clearly understand what is being said and why.	ERS staff is knowledgeable.	ERS staff understands my concerns and provides me with appropriate guidance and options.
2014 Avg.	4.4	4.3	4.4	4.2
2013 Avg.	4.2	4.0	4.1	3.9
2012 Avg.	4.1	N/A	4.2	4.0



	Central Bargaining	Coordination of Local Interest Arbitration	Counsel and Advice regarding Central Agreements	Labour Relations Bulletin	LR Search Engine	Reference Manuals	Communiques	Requests for Central Funding
2014 Avg.	4.1	4.0	4.2	4.4	3.8	4.3	4.1	3.6
2013 Avg.	4.0	3.9	4.0	4.4	3.6	4.1	4.0	3.4
2012 Avg.	3.9	3.9	4.1	4.3	3.7	4.3	3.9	N/A

	2014	2013	2012
Overall Satisfaction with ERS	4.2	4.1	4.1