Kingston General Hospital

Agenda

BOARD OF DIRECTORS - OPEN MEETING

Date: Wednesday, October 29, 2014
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	5 min	1.1	Approval of Agenda & Chair's Remarks	Carson	Decision	Draft agenda
		1.2	Approval of Previous Minutes: September 30, 2014	Carson	Decision	Draft minutes
2.	**CEO UPDATE**					
1605	15 min	2.1	CEO Report Highlights & External Environment Update	Thompson	Discuss	Written report to follow
3.	**INTEGRATED BUSINESS**					
1620	30 min	3.1	KGH Board Policies	Thomson	Decision	Briefing note
		3.2	KGH Board Committees Terms of Reference	Thomson	Decision	Briefing note
4.	**PATIENT CARE & PEOPLE COMMITTEE**					
1650	30 min	4.1	Gridlock Update	Hytonen	Discuss	Verbal
		4.2	Leadership Development and Infrastructure (LMS)	Hytonen	Discuss	Verbal
		4.3	Addictions & Mental Health Redesign and Lessons Learned	Hytonen	Discuss	Briefing note
		4.4	Ebola Preparedness Update	Hytonen/Zelt	Inform	Verbal
5.	**MEDICAL ADVISORY COMMITTEE**					
1710	10 min	5.1	COS Report	Zelt	Discuss	Briefing note
		5.2	Deputy Head, Department of Surgery	Zelt	Decision	Briefing note
6.	**FINANCE & AUDIT COMMITTEE**					
1720	20 min	6.1	Signing Authority & Banking Resolution	Janiec	Discuss	Briefing note & framework
		6.2	Funding Update	Janiec	Discuss	Briefing note
7.	**GOVERNANCE COMMITTEE**					
1740	25 min	7.1	SE LHIN Sustainability Project – Board Resolution	Thomson	Decision	Briefing note
		7.2	UHKF Operating Agreement	Thomson	Decision	Briefing note & agreement
		7.3	KGH Research Institute Update / Oversight	Thomson	Discuss	Briefing note
8.	**IN-CAMERA SEGMENT**					
1805	5 min	8.1	Motion to Move In-Camera (agenda items #9-11)	Carson	Decision	Verbal

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Date: Wednesday, October 29, 2014
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Start	Time	Item	Topic	Lead	Purpose	Attachment
12.	REPORT ON IN-CAMERA DECISIONS & TERMINATION					
1840		12.1	Motion to Report the Decisions Approved In-camera	Carson	Inform	Verbal
		12.2	Date of Next Meeting & Termination	Carson	Inform	Verbal
13.	IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY					
14.	IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT					

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Minutes

BOARD OF DIRECTORS: OPEN MEETING OF OCTOBER 29, 2014

A regular meeting of the Board of Directors of Kingston General Hospital was held in the Wednesday, October 29, 2014 in the Fenwick Conference Room, Watkins 2, of Kingston General Hospital from 16:00 to 17:55 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, Diane Kelly, Susan Lounsbury (phone), Bill Robertson, and George Thomson.

Ex-officio Members Present (voting): Richard Reznick.

Ex-officio Members Present (non-voting): Leslee Thompson, and David Zelt.

Regrets: Geoff Quirt, Eleanor Rivoire, and Kishore Thain.

Administrative Staff: Rhonda Abson (Recording Secretary), Jim Flett, Chris Gillies, and Troy Jones.

1.0 CALL TO ORDER & CONFIRMATION OF QUORUM

The Chair called the meeting to order, confirmed quorum and thanked members who were in attendance at the KGH Auxiliary donor event held prior to the meeting. The next meeting of the KGH Board of Directors will be held on Wednesday, December 10, starting at 16:00 hours.

1.1 Approval of Agenda & Chair's Remarks

The Chair drew attention to the pre-circulated agenda materials noting that the CEO staff report was circulated on October 27 to members and a copy was available from the recording secretary.

Moved by Annette Bergeron, seconded by Lynn Bowering:

> THAT the agenda be approved as circulated.
>
> CARRIED

1.2 Approval of Previous Minutes

The September 30, 2014 draft open KGH Board of Directors meeting minutes were pre-circulated with the agenda.

Moved by Timo Hytonen, seconded by Annette Bergeron:

> THAT the open minutes of the KGH Board of Directors meeting held on September 30, 2014 be approved as circulated.
>
> CARRIED

2. CEO REPORT

2.1 CEO Report Highlights and External Environment Update

The written CEO report was pre-circulated in advance of the meeting and Leslee Thompson presented an external environment update focusing on the recent Ministry of Labour inspection which took place to assess organizational preparedness for Ebola noting that KGH received no orders. KGH's patient- and family-centred care initiatives continue to be highlighted by the CEO at a number of international forums including Copenhagen, Brussels, as well as KGH hosting recent groups from Australia, Denmark, Scotland and Ireland.

In terms of Canadian Patient Safety Week, a number of activities are underway at KGH to recognize the importance of patient safety. Staff, physicians and learners have also been invited to participate in the Canadian Patient Culture Survey. Earlier today, Daryl Bell and Eleanor Rivoire accepted Accreditation Canada's and the Canadian Patient Safety Institute's 2014 Patient Safety Champion Award at the Institute's annual conference in Edmonton. The criteria for the award focuses on impact – demonstrating that the work resulted in significant and/or wide impact on patient safety; partnership – the work was done in partnership and/or fostered collaboration among different stakeholders; and spread and sustainability – the work can be replicated and/or spread in other units of the organizations and that it can be sustained (example – partnering with patients).

The presentation also focused on KGH 'at the table' at a number of key government/policy tables including the cNEO program which is a group that has been working closely with LHINs, e-Health Ontario and health care providers from across the north and eastern Ontario to give clinicians secure and timely access to electronic patient health information. The Province of Ontario has created 'connecting' programs in the GTA and southeastern Ontario as well.

KGH has also been invited to participate in the January 22 Breakfast with the Chiefs which will focus on how innovation can improve care for patients, strengthen the healthcare system, and look at ways to save money. At the request of the Ministry, plans are also underway to brief the Minister on KGH's patient- and family-centred care initiatives. Leslee Thompson provided a brief update on the work of the Ontario Health Innovation Council noting that the final report and recommendations are expected sometime in December.

Health Quality Ontario and the Ministry of Health are in the process of reviewing the Quality Care and Information Protection Act (QCIPA) and members of the public have been invited to provide comment on how they believe quality of care incident reporting can be improved. Following the meeting, the link to the site will be forwarded to Board members should they wish to provide comment.

The final focus of the presentation was a listing of KGH's recent awards received at the Ontario Hospital Association's annual HealthAchieve conference, local awards, and NRC Picker leading practice recognition. KGH has also received confirmation that the organization is a finalist in the Passion Capital award which recognizes organizations who are guided by a strong set of values and beliefs that form the basis of a distinctive culture that fuels their performance. "Passion Capitalists" are courageous, build strong brands anchored by their culture which, in turn, guides their strategies and demonstrates the people they hire,

promote, and the way in which they operate as an organization! Further updates will be provided as the information is made available.

3. INTEGRATED BUSINESS

3.1 Board Policies Review Status Update

At the September Board meeting, the proposed amendments to the Board policies were tabled pending further review and discussion by the Governance Committee at its October meeting. The Governance Committee determined that, in reviewing the Board's Bylaw, additional revisions to some of the policies would be required. This work is ongoing and will require further dialogue by the Committee. It was agreed that the changes to-date would be endorsed in principle pending final review of the Bylaw.

Moved by George Thomson, seconded by Peng Sang Cau:

> THAT the Board of Directors supports in principle the Board Committee's proposed amendments to the policies and will await a further update from the Governance Committee once the Bylaw review has been completed.
>
> CARRIED

3.2 Terms of Reference – KGH Board Committees

George Thomson, Governance Committee Chair, drew attention to the final draft terms of reference which have now been reviewed by each of the Board committees. Discussion focused on the processing of final and draft minutes as part of the Board's consent agenda. The Governance Committee is recommending that the draft committee meeting minutes, which would support the 'current' board agenda continue to be provided to the Board as they provide the context for briefing notes and other Board agenda items and, new to the process, the final / approved committee minutes are also provided.

Moved by George Thomson, seconded by Wendy Forsythe:

> THAT the proposed amendments to the Terms of Reference of the Finance and Audit, Governance, and Patient Care and People Committee be recommended to the Board for approval.
>
> CARRIED

4. PATIENT CARE & PEOPLE COMMITTEE

4.1 Gridlock Update

David Zelt briefed the Board on how gridlock is affecting patient flow. While it is recognized as a regional issue, KGH continues to experience increasing volumes of alternate level of care (ALC) patients. Gridlock codes are now being called on more frequent and regular intervals. Regional hospital partners are also experiencing increased clinical surge and there has been agreement that patient flow issues will be addressed as part of the sustainability discussions. A "Tiger Team" team has been identified and there continues to be regular meetings of the Patient Flow Taskforce to try and address some of these challenges. KGH continues

to provide regular updates to the SE LHIN. Discussion focused on what opportunities exist, at both the management and board level, to advance the impact of this issue. The importance of finding solutions in order to support acute care patient throughput was noted. Board members agreed that, having a better understanding of comparable data in terms of ALC patient numbers – SE LHIN percentages versus other LHINs and hospitals, would be useful. What additional facilities or programs do other Centres have that would support a patient in a home or community setting and would therefore avoid an emergency department admission? A further update will be provided at the next Patient Care and People Committee.

4.2 Leadership Development and Infrastructure

Timo Hytonen, Chair of the Patient Care and People Committee, provided a brief overview of KGH's Talent Management Program and the strategies which are in place to support leaders in their current and future roles. An e-learning management system is in place and over 250 modules are now available; process to support performance agreement implementation and evaluation are being put in place across the organization. Staff have been asked to report back on leadership development at an upcoming committee meeting.

4.3 Addictions and Mental Health Redesign and Lessons Learned

A detailed briefing note on SE LHIN addictions and mental health redesign was pre-circulated in the agenda package. Timo Hytonen noted that, in 2013 the SE LHIN started their work on this redesign focusing on access to equitable, consistent and quality care across the region; to ensure that the patient experience and outcomes are improved and ensure that the needs of the population are met; and to ensure that a sustainable system is designed. The briefing note highlighted the various phases of redesign and structures. In August 2014, the SE LHIN Board approved a series of recommendations and full implementation is now underway. It was noted that KGH was represented at the Governance, Clinical and Operational development stages. A Transitional Alliance has now been formed. The Alliance will oversee the hiring of a CEO and electing a Board. Benefits to the KGH patient population are expected with the implementation of the new redesign, including the ALC patient population, and appropriate community resources are put in place to support patients.

4.4 Ebola Preparedness Update

David Zelt provided an update on KGH's emergency preparedness. As outlined in the CEO staff report, KGH has been designated by the Province as a resource to support this patient population. Weekly teleconferences are taking place and table top exercises are underway. Staff training in critical care/emergency areas are also being completed at this time. In response to a question, David Zelt confirmed that hospitals will track all additional costs for reimbursement from the Ministry.

Richard Reznick departed the meeting at 17:10 hours.

5. MEDICAL ADVISORY COMMITTEE

5.1 Chief of Staff Report

The written report of the Chief of Staff was circulated with the agenda package drawing particular attention to the technical problem with the patient care system (PCS) and clinic letters that were not issued. David Zelt confirmed that work is now underway to find an interim solution to fix the problem.

5.2 Deputy Head – Department of Surgery

The recommendation 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 David Zelt, seconded by Annette Bergeron:

> THAT Dr. Andrew Hamilton be reappointed as Deputy Head, Department of Surgery, for the term October 1, 2014 to September 30, 2019.
>
> CARRIED

6. FINANCE & AUDIT COMMITTEE

6.1 Signing Authority and Banking Resolution

Donna Janiec, Finance and Audit Committee Chair, drew attention to the signing authority and banking resolution guidelines noting that minor changes were needed to several KGH departments and leadership titles contained in the document. It was noted that the language around the use of the corporate seal and the need for a Bylaw change to reflect that the seal "may" be required for certain agreements and not all contracts/agreements. Jim Flett will be following up with legal counsel and this information will forwarded to the Governance Committee for discussion at its next meeting.

6.2 Funding Update

At the recent Finance and Audit Committee meeting, an update on Health Infrastructure Renewal Funding (HIRF) was provided. KGH will be entitled to receive $3.168 million aligned to specific building infrastructure related projects for Fiscal 2015. This amount is greater than the original capital budget estimate from this funding source. This additional funding will result in total capital spending capacity of $19.7 million.

The Health Based Allocation Methodology (HBAM) and Quality Based Procedures (QBPs) operating funding has recently been received. As expected, KGH received a reduction of $1.415 million which is slightly higher than the reduction that was incorporated in the approved operating budget/plan which was $1.344 million. Regarding QBP funding, the operating budget did not incorporate any anticipated funding reduction from the previous year's QBP funding. Discussion focused on the methodology associated with QBP funding. KGH identifies the number of cases that it expects to complete, funding is allocated, and if the thresholds are not met, funding is then clawed back. Clearly QBPs is KGH's biggest risk is the organization does not have

capacity to meet the targets that are set. Donna Janiec confirmed that the committee is not recommending any changes to budget projections for the year.

7. GOVERNANCE COMMITTEE

7.1 SE LHIN Sustainability Project – Board Resolution

On September 22, several KGH Board members attended the governance session hosted by the SE LHIN. On October 30, KGH will be represented by members of the Governance Committee at the Visioning Launch session to support the sustainability project. At the October South East Community Care Access and Hospital Executive Forum (SE CHEF), members agreed that hospital Boards would be asked to consider the following resolution and work towards approval by the end of November. One area that continues to be a concern is an understanding of what 'in kind' support means.

Moved by George Thomson, seconded by Timo Hytonen:

WHEREAS

1. Hospital and system leaders within the South East Local Health Integration Network (LHIN) – represented by the South East Community Care Access Centre and Hospital Executive Forum (SECHEF) – are currently working together as a means to identify the options for best meeting the needs of patients now and into the future;
2. The hospitals in the South East LHIN face a number of factors over the next several years that will impact their ability to provide quality patient care and system sustainability, including:

- An aging population, where the proportion of those over age 65 in the South East LHIN will be one of the highest in the Province;
- Patients with an increasing number of chronic diseases, and increasing intensity of care for those requiring care;
- Fiscal constraints due to provincial budget pressures that limit hospital budget increases;
- An aging workforce, increasing competition for health professionals when they are needed most;
- A net negative financial impact due to health system funding reform intended to improve system quality and efficiency; and,
- Increasing evidence of the relationship between volume and quality of care for many services.

3. Meeting the needs of patients given the above factors requires that all hospitals work together to identify solutions that maintain and enhance the quality of care provided and that integrate with other health system providers; and,
4. Through the hospitals working collaboratively, there is opportunity to provide better care for patients and ensure that the options developed best meet the needs of patients now and in the future.

THEREFORE, BE IT RESOLVED, THAT the Board of Directors of Kingston General Hospital will support the following principles that will guide "Development of a Sustainable Integrated Model of Hospital Care" project:

- A clear and shared sense of purpose, particularly around the needs of the patient and quality of care;
- Inclusive consultation with health system stakeholders, recognizing the role the hospital plays in an integrated system of patient care;
- Inclusive consultation and collaboration with Hospitals, CCAC, Queen's, and other stakeholders that work in the system to inform processes;
- Inclusive engagement with patients and residents to inform processes;
- Inclusive engagement with Francophone and Indigenous communities to inform processes;
- Engagement via an appreciative inquiry approach;
- Options will be developed based on evidence and leading practice models;
- Options will need to align with provincial strategy, initiatives and hospital provincial mandates;
- Each member of SECHEF (All hospitals, South East CCAC, Queen's University and South East LHIN) have an equal opportunity to influence; and,
- Realistic activities and timelines.

2. THAT the Board of Directors of Kingston General Hospital commits to full participation in the "Development of a Sustainable Integrated Model of Hospital Care" project and will provide appropriate and sufficient in-kind resources to support the completion of the project in a timely manner, while meeting existing obligations as set out within Service Accountability Agreements; and,
3. THAT the Board of Directors of Kingston General Hospital commits to open and honest communication with its partner hospitals regarding any decisions the organization may make related to specific "Development of a Sustainable Integrated Model of Hospital Care" project proposals, made through SECHEF, and the associated rationale for such decisions.

CARRIED

7.2 UHKF Operating Agreement

At the April Board meeting, a motion was passed to support the Amalgamation Agreement between the hospital Foundations and the University Hospitals Kingston Foundation. An Operating Agreement has been prepared and has been reviewed extensively by management and KGH's legal counsel. George Thomson noted that the Governance Committee reviewed the document at their last meeting and also confirmed that Ian Wilson has been appointed Chair of the newly amalgamated foundation.

Moved by George Thomson, seconded by Timo Hytonen

> THAT THE Board Chair, Scott Carson, and the President and CEO, Leslee Thompson, are authorized to sign the Operating Agreement on behalf of Kingston General Hospital between Providence Care, the Religious Hospitallers of St. Joseph of the Hotel Dieu Hospital of Kingston, and the University Hospitals Kingston Foundation.
>
> CARRIED

7.3 KGH Research Institute Update / Oversight

At the September Board meeting, discussion focused on what the KGH Board's oversight role would be in relation to the KGH Research Institute. George Thomson noted that the Institute has now been in place for three years. The KGH Finance and Audit Committee will be briefed on the financial aspects of the relationship. The Governance Committee will have an obligation to receive updates and ensure that the entity is running effectively and that it is meeting the goals of the Hospital. The Board of the Institute will be invited to meet with the KGH Board on a yearly basis. It was noted that KGH's research ranking has moved from 22 to 27 in the Research InfoSource annual results of Canada's Top 40 Research Hospitals.

Staff members departed the meeting at 17:30 hours.

8. IN-CAMERA SEGMENT

Moved by Wendy Forsythe, seconded by Annette Bergeron:

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 George Thomson:

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 approved the in-camera minutes of the September 30 Board meeting; the Board received the final September and draft October minutes of the Governance, Finance and Audit, and Patient Care and People Committees; the Board; the Board approved a number of appointments and reappointments to the medical and dental, and housestaff.

12.2 Date of Next Meeting & Termination

The Chair confirmed that the date of the next meeting is: Wednesday, December 10, at 16:00 hours.

The meeting terminated at 17:55 hours on motion of Geoff Quirt.

13. IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY

A brief session was held post-meeting with Leslee Thompson.

14. IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT

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

Scott Carson
Chair

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CEO Report

LESLEE THOMPSON, PRESIDENT & CEO

Submitted to:	Board of Directors
Date of Issue:	October 20, 2014
Period Covered:	September 24 – October 27, 2014

This note provides an update on major issues and activities that CEO and management have been addressing since the Board meeting held on September 30, 2014 (regular).). I will be elaborating on a few of these items at our upcoming board meeting and, as always, I am happy to take any questions on these or any other item.

1. General Update – KGH activities

Latest editions were circulated in Friday's agenda package. I encourage Board members to read the great articles and profiles that have been highlighted!

2. KGH Research Institute: Profiling the Work of Dr. Gordon Boyd

The puzzle of the human brain … earlier this month the *Queen's Gazette* profiled the work of Dr. Gordon Boyd. I had an opportunity to meet with Dr. Boyd after his arrival at KGH. His research work, to say the least, is impressive and we are so fortunate to have him working in the KGH Research Institute. Thanks to the Gazette for highlighting the work and I know that Roger Deeley will be launching the Institute's website in the very near future! A copy of the article is attached.

3. Research Income & Intensity on the Rise at Queen's

Queen's sponsored research income grew to nearly $190 million in the 2013 fiscal year, up from $168 million in the previous year. This growth saw Queen's national rank for research income move up one spot to 11th, according to recently released figures from RE$EARCH Infosource, a research and development intelligence company. Queen's also moved up in terms of research intensity, which measures research income per full time faculty member. The university placed sixth in Canada, up from 10th in the previous year.

RE$EARCH Infosource also released its "research universities of the year" ranking, which uses measures of research inputs, outputs and impact. While Queen's overall score in the 2014 ranking increased slightly, the university moved to 12th position from 11th in 2013. The change is due to the addition of an institution not included in the previous year, the Institut national de la recherche scientifique.

4. SE LHIN Network Visioning Day Information

The KGH Board package was issued prior to receipt of the attached agenda for the October 30 Visioning Day exercise or it would have been included as part of the briefing materials (agenda item #7.1). KGH Governance Committee members Scott Carson, George Thomson, Annette Bergeron, Geoff Quirt, and I (along with 16 other members of the KGH team), will be in attendance at Thursday's session.

5. UHKF Culture of Philanthropy Workshop

As outlined in September CEO report, Annette, Bill and I attended a workshop on how to better support and build a culture of philanthropy in our hospitals in early September. There were about 70 people from across the hospitals there and it was an excellent session. As promised, attached is a brief overview of the meeting.

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

In my last report, I advised members of the Board of the upcoming Deputy Minister visit which was slated for Friday, October 17. Due to pressing matters in Toronto, the Deputy had to postpone his SE LHIN visit and we await confirmation of the new date.

7. Meeting with MPP Sophie Kiwala

On Friday, October 24, Jim Flett, David Zelt, and other members of the KGH team, welcomed MPP Sophie Kiwala to KGH. Jim Flett coordinated the two-hour meeting and tour areas included the neonatal intensive care unit, labour and delivery, operating rooms, and the emergency department. With regret, we were unable to complete a tour of the lab areas which will be highlighted during her next visit when Ms. Kiwala will be joining Roger Deeley for a tour of the research area.

8. Canadian Patient Safety Week – October 27 to 31

A number of activities are planned at KGH to recognize the importance of patient safety. Here are a few examples of some of the activities – on Monday, October 27, patient meal tray flyers will go out during lunch that will encourage patients/families to be an active member of the care team. Virtual sessions will be streamed live from Canada's Forum on Patient Safety and Quality Improvement in Edmonton this week – and Eleanor Rivoire has accepted an invitation to participate in this year's sessions! Unit walk-abouts this week will include stickers "I've been caught … contributing to patient safety at KGH". Staff, physicians, and learners will be invited to participate in the Canadian Patient Culture Survey.

9. Picker Institute Research Project – Phase 3 Canada

The Picker Institute is mapping patient centered care best practices, processes and cultural attributes of the 99th percentile performers from publicly reported standardized patient experience data sets in Canada (e.g. OHA Hospital Report) and the US. The Institute is now investigating best practices among Ontario hospitals that have participated in the OHA Inpatient and Emergency Department assessments. Kingston General Hospital has achieved top performance in the dimension of Respect for Patient Preferences in comparison to other hospitals reporting in the province. The Institute has invited KGH to participate in their best practice mapping project. Eleanor Rivoire and David Zelt will be leading this initiative by identifying key leaders at KGH to share our experience with representatives from the Picker Institute who will then report these findings back to other facilities in both Canada and the US.

10. Surgical Oncology Wait Time Poster Award!!

At this year's sixth annual University of Toronto Centre for Quality Improvement and Patient Safety Symposium in Toronto, the KGH surgical oncology wait time improvement poster was selected as one of the top three! KGH

was recognized in front of 200+ participants at this year's conference – congratulations to Brenda Carter and all that were involved focusing on patient care improvements.

11. Ontario Hospital Association Updates –

- HealthAchieve 2014 Awards – Green Health Care

Allan McLuskie and his team have received another award!!!! KGH will be honoured with a Green award at this year's HealthAchieve 2014 award! These awards recognize leadership and excellence in Green Health Care and award recognition in the categories of Energy Efficiency, Water Conservation and Protection, Waste Management, Individual Leadership and Green Hospital of the Year. I am looking forward to joining Allan McLuskie at the awards ceremony on Monday, November 3 at the convention and I hope that both Sue and Peng will join us to celebrate this achievement.

- HealthAchieve 2014 Awards – Quality Healthcare Workplace

KGH continues to be recognized by the OHA and Ministry of Health and Long-term Care as a recipient of this year's Quality Healthcare Workplace Award – Silver Level. Jim Flett will be joining me, along with other members of the team, to receive the award on Tuesday, November 4.

- OHA CEO Connection

Attached to my report is the latest CEO Connection update focusing on health system funding reform. I now serve on the new CEO Advisory Committee which is referred to in the latest bulletin.

- OHA Ebola Update

Further to my recent email regarding KGH's designation as one of 10 hospitals in the Province that will care for Ebola patients, attached to my report is the latest updated information from the Ontario Hospital Association. David and I will provide a further update at Wednesday's board meeting.

12. Legislative Updates

On July 8, the government tabled Bill 8, the *Public Sector and MPP Accountability and Transparency Act, 2014*, which reintroduces near-identical legislation from the previous session (Bill 179). The main difference is that Bill 8 also includes amendments to the *Ambulance Act*. Bill 8 is designed to strengthen political accountability, enhance oversight, and increase transparency within government and the broader public sector (BPS). It includes various new oversight mechanisms across the BPS and greatly extends the powers of the Provincial Ombudsman, proposing amendments to the *Excellent Care for All Act* (ECFAA) in order to establish a provincial Patient Ombudsman. The new ombudsman would work under Health Quality Ontario, and would assist patients in resolving complaints against public hospitals, long-term care homes and community care access centres. We will await further updates from the OHA and Board members who wish to review the Backgrounder can simply click here.

13. The Canadian Medical Hall of Fame – 2015 Inductees

The Canadian Medical Hall of Fame will welcome six medical heroes in 2015. This year's inductees represent Canada's most accomplished medical innovators whose contributions on the national and international stages have been transformative to patient care, health systems, education and research. I was pleased to learn that Dr. Duncan Sinclair will be honoured in 2015.

For the benefit of new board members, Dr. Sinclar is an internationally recognized leader in health care reform. The first non-MD to be Dean of Medicine and Vice Principal Health Sciences in Canada at Queen's University, Dr. Sinclair led the creation of North America's first alternative funding program for academic medicine, viewed as a gold standard in Canada for academic physician compensation. He headed the governance subcommittee of the Steering Committee for Review of the Public Hospitals Act in Ontario and achieved national recognition as a member of the National Forum on Health. As chair of the Health Services Restructuring Commission (HSRC) of Ontario, Dr. Sinclair's astute and courageous leadership led to a re-defined health system in Ontario. Planning principals and recommendations based upon the HSRC blueprint remain contemporary, with recent commissions echoing the call for similar implementation. Dr. Sinclair was founding Chair and acting CEO of Canada Health Infoway/Inforoute Santé du Canada, an organization designed to foster the development of a national capacity for health information management.

14. External Presentations – CEO

I was 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. Attached is a copy of the interview leading up to the hearing.

On Tuesday, October 28, I will be returning to Moncton to speak with nursing leaders on patient and family-centred leadership and initiatives as well as continuing my discussions with the Health Horizon Board (John McGarry). Board members may recall that I accepted an invitation last year to meet with the Health Horizon Board.

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

Leslee J. Thompson
President and Chief Executive Officer

Queen's Gazette
The puzzle of the human brain

Friday October 10, 2014
By Anne Craig, Communications Officer

Queen's professor Gordon Boyd, an intensive care specialist and clinician scientist in the Kingston General Hospital Research Institute (KGHRI), is researching a puzzle. Why does a critical illness, such as cardiac arrest, affect the brain long after the rest of the body has healed?

"Patients are released from ICU when they don't need breathing support, medication support, when their body seems to be working," says Dr. Boyd (School of Medicine). "But we don't talk to them about how their brain is working. Right now there's almost no data about patients' recovery in ICU. We have no idea how well these people do after they leave the ICU or the hospital."

Gordon Boyd is working at the Kingston General Hospital Research Institute studying how critical illness affects the human brain.

Dr. Boyd is uniquely positioned to explore this new frontier. With a PhD in neuroscience and an MD from Queen's School of Medicine, he is one of only two or three critical care physicians in Canada who is also a certified specialist in neurology. His appointment as a clinician scientist gives him the opportunity to integrate his front-line care of patients with his research, and ultimately translate that research into better care and better quality of life for his patients.

"Critical care is a research priority for both Kingston General Hospital and the Queen's School of Medicine, and Dr. Boyd's unique background in this area made him the perfect choice for our clinician scientist program," says Roger Deeley, president of the KGHRI and vice-dean research, Faculty of Health Sciences. "His work is an excellent example of how collaboration between the hospital and the university can lead to new discoveries and potentially better treatments and outcomes for patients."

Dr. Boyd is studying how the loss of blood and oxygen delivery to the brain, common effects of critical illness, can lead to worse performance while in intensive care, potentially affecting long-term neurological recovery. His research focuses on two patient groups: those undergoing cardiac surgery, and those suffering a critical illness such as septic shock.

He will monitor patients while in intensive care, and then do follow-up assessments three, six and 12 months later using the KINARM, a robotic tool invented at Queen's University by a fellow neuroscientist, Stephen Scott. Data collected by the tool generates a valuable "fingerprint" of what the patient's brain impairment looks like.

"Parts of the brain that handle sensory, motor and cognitive tasks are more susceptible to low blood pressure and low oxygen," says Dr. Boyd. "The KINARM is the perfect instrument for assessing these areas of the brain. I'm using it to identify the degree of dysfunction that these patients have, and correlating it to brain function."

This story is the second in a series on the KGH Research Institute and the clinician-scientists recruited to work in the centre.

Abson, Rhonda B.

Subject: FW: South East Local Health Integration Network Visioning Day (October 30, 2014): Agenda and Final Details
Attachments: Visioning Day (Oct 30) agenda FINAL.pdf

From: Logozzo, Jessica D [mailto:jlogozzo@kpmg.ca]
Sent: Friday, October 24, 2014 2:00 PM
To: Logozzo, Jessica D
Subject: South East Local Health Integration Network Visioning Day (October 30, 2014): Agenda and Final Details

Good Afternoon:

Thank you for confirming your attendance at the **Visioning Day on October 30, 2014.**

The details for the Visioning Day are as follows:
Date: **Thursday, October 30, 2014**
Time: **8:00 AM – 5:00 PM**

- Registration to take place between 8:00 – 8:45 AM
- Breakfast to be served beginning at 8:00 AM
- Session to begin promptly 9:00 AM

Location: **Ambassador Hotel and Conference Centre, Ballroom (1550 Princess Street, Kingston)**

For your reading in advance of the Visioning Day, please find attached an agenda which provides an overview of the day's events, session objectives and biographies for each of the guest speakers. We also encourage you to visit the Health Care Tomorrow webpage in advance of the session for further background information. The webpage can be accessed at www.healthcaretomorrow.ca

We look forward to engaging with you on October 30!

If you have any questions in advance of the session, please reach out to Jessica Logozzo (jlogozzo@kpmg.ca).

Sincerely,
South East Community Care Access Centre and Hospital Executive Forum (SECHEF) CEOs

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Health Care Tomorrow

Hospital Services

Visioning Day

Thursday, October 30, 2014 (8:00 – 5:00 PM; registration and breakfast to begin at 8:00 AM)
Ambassador Hotel and Conference Centre, Ballroom (1550 Princess Street, Kingston)

Overiew:
The purpose of the Visioning Day is to bring stakeholders together to provide an introduction to the ***Health Care Tomorrow – Hospital Services*** project, a collaborative effort between hospital and system leaders within the South East Local Health Integration Network (LHIN) to explore the future of hospital services across the region and to develop a sustainable hospital system that delivers integrated and high quality care for patients and families.

The Visioning Day will bring stakeholders together to begin to work collaboratively to imagine what a high-performing hospital system could look like in the South East LHIN. The day will include a mix of international and local speakers sharing examples of system transformation, as well as small group discussions to gather input on the features of a high-performing hospital system within the South East LHIN.

Session Objectives:
1. To inform key stakeholders of the project – including key drivers, activities and timelines, as well as how stakeholders will continue to be engaged throughout the project;
2. To provide global and local examples of system transformation, from which components may be drawn upon in thinking about the the future of hospital services for patients in the South East LHIN; and,
3. To begin to define, collaboratively with stakeholders, the features of a high-performing hospital system within the South East LHIN that delivers integrated and high quality care for patients and families.

Agenda

8:00 AM	**Registration and Breakfast** Registration to take place between 8:00 – 8:45 AM. Breakfast to be served beginning at 8:00 AM.
9:00 AM	**Welcome and Opening Remarks** Paul Huras, CEO South East Local Health Integration Network and Dr. David Pichora, President & CEO Hotel Dieu Hospital to provide opening remarks.
9:15 AM	**Project Overview** Paul Huras, CEO South East Local Health Integration Network and Dr. David Pichora, President & CEO Hotel Dieu Hospital to provide an introduction to the ***Health Care Tomorrow – Hospital Services*** project, including what is driving the project, the activities and timelines for the project and how stakeholders will continue to be engaged throughout the project.

Health Care Tomorrow

Hospital Services

9:45 AM	**The Case for Transformation** Dr. Gavin Wardle from Preyra Solutions Group to provide an overview of the evidence which is driving the need to look at hospital services within the South East LHIN – in other words, the 'case for transformation' for the project. Participants will discuss, in small groups, their reflections on the 'case for transformation', including what is being done well today that may be helpful in addressing the current challenges, what further efforts need to be made to address the challenges and other key considerations.
11:15 AM	Break
11:30 AM	**Keynote Address: Global Insights on Hospital Sustainability** Dr. Mark Britnell, Chairman and Partner KPMG Global Healthcare Practice, to provide an overview of global trends, specifically with respect to integrated systems of hospital care. From an **international** perspective, Mark will share global examples of features of high-performing hospital systems, which can be used as context in thinking about the future of hospital services for patients in the South East LHIN.
12:30 PM	Lunch
1:15 PM	**Local Insights: Impact of an Integrated Hospital System** Dr. Kevin Smith, President & CEO St. Joseph's Health System, to provide an overview of his experience with integrated hospital systems within Ontario. From a local perspective, he will share the impact integrated systems of hospital care can have on patient experience and outcomes.
2:00 PM	**Small Group Discussion: Vision** Reflecting on the key themes from the presentations, participants will discuss, in small groups, their input on the key features of what a high-performing health system could look like in the South East LHIN, including the measures of success.
3:00 PM	Break
3:15 PM	**Plenary Discussion: Vision** Representatives from each small group discussion table will share with the larger group their thoughts on **what** needs to be done differently in the South East LHIN with regards to hospital services. This session will be facilitated by Mark Rochon, KPMG.
4:00 PM	**Global Insights: System Transformation** Lord Nigel Crisp, Global Advisor to KPMG, Former CEO of the NHS and Permanent Secretary of the Department of Health, to provide a global example of system transformation, including the impact of transformation on patient and system outcomes.
4:45 PM	**Closing Remarks** Paul Huras, CEO South East Local Health Integration Network and Dr. David Pichora, President & CEO Hotel Dieu Hospital to provide closing remarks.

Presenter Biographies

Dr. Gavin Wardle
Director of Clinical Projects, Preyra Solutions Group

Dr. Gavin Wardle is the Director of clinical projects and senior methodologist for epidemiological and health analytics at Preyra Solutions Group. Gavin is a leading expert in the analysis of health care clinical and cost data, and has applied this expertise to address complex issues in health care management across the continuum of care. A paper Gavin recently published on this topic in Health Services Research won the 2012 literary award from the University of Toronto's Institute for Health Policy, Management, and Evaluation.

Gavin is frequently invited to speak at conferences and give lectures on health economics, analytic methods, and health policy to graduate students. He is a referee for several leading journals, including: Medical Care, Health Policy, and BMJ Quality and Safety.

Dr. Mark Britnell
Chairman and Partner KPMG Global Healthcare Practice

Mark Britnell is Chairman & Partner of the Global Health Practice in KPMG. He also leads the Global Centre of Excellence for Health and Life Sciences. Over the past three years, Mark has worked in 40 countries with hundreds of organisations (public, private and not-for-profit) and engaged with Ministers, clinicians, executives and officials.

He has dedicated his entire professional career in health and was a fast track graduate of the highly acclaimed National Health Service (NHS) training scheme, run from his old university, Warwick. Mark became one of the youngest ever chief executives in the NHS, leading University Hospital Birmingham for six years to be amongst the highest performing in the UK. He masterminded the largest single new hospital building in the history of the NHS and helped develop the NHS Plan - a plan for investment and reform over 10 years. He subsequently became CEO for the NHS region between Oxford and the Isle of Wight and was asked to become Director General at the Department of Health where he also sat on the NHS Management Board for three years. He speaks and writes regularly on international health affairs and the NHS and has consistently been voted one of the most influential people in the industry.

Mark Rochon
Associate, Global Healthcare Centre of Excellence, KPMG

Mark is part of KPMG's Global Healthcare Centre of Excellence and the Advisory Practice in Ontario. Mark has over 25 years of senior health care leadership experience including having served as the interim President & CEO of Health Quality of Ontario in December 2012, the interim CEO of the Ontario Hospital Association and as the founding President and CEO of the Toronto Rehabilitation Institute. Mark has been appointed by the Government of Ontario to review the performance of health care organizations and has also been appointed a hospital supervisor.

Mark has been involved as an advisor to government on the legal framework that governs the operation of hospitals as well as health care funding reform. He has been involved in numerous health care committees and organizations and has chaired the Boards of the Institute for Clinical Evaluative Sciences, the Ontario Hospital Association and the Institute for Work and Health.

Dr. Kevin Smith
President and CEO of St. Joseph's Health System

Kevin P. D. Smith is President and CEO of St. Joseph's Health System, which spans the full continuum of care from community-based to tertiary academic acute-care. An Associate Professor in the Department of Medicine, Faculty of Health Sciences, McMaster University, Kevin remains active in academic programs at McMaster University, the University of Toronto and York University.

Educated in Canada, the United States and Great Britain, Dr. Smith began his career in medical education, followed by leadership roles in university administration prior to taking on senior management roles in academic hospitals and health systems. His continuing education has focused on governance in the public and private sectors and is professionally certified by the Institute of Corporate Directors and has completed the Harvard Program in Effective Governance.

A frequent advisor to the Ontario Government and the Government of Canada, Kevin has served in numerous roles and led a number of initiatives. In 2011 Kevin assumed the Chair, Home Capital Group – one of Canada's most successful financial services companies, highly rated for its governance practices. In 2012 he joined the Healthcare of Ontario Pension Plan, a fully funded plan, rated among the world's top performers.

Lord Nigel Crisp
Global Advisor to KPMG, Former CEO of the NHS and Permanent Secretary of the Department of Health

Lord Nigel Crisp is an independent crossbench member of the House of Lords in the UK and works mainly on international development and global health.

Lord Crisp was Chief Executive of the National Health Service (NHS), the largest health organization in the world with 1.4 million employees, and Permanent Secretary of the Department of Health, from 2000 to 2006. He led major reforms during this period which brought significant improvements to the NHS.

During his NHS career he was Chief Executive of the Oxford Radcliffe Hospital NHS Trust, ran mental health and learning difficulty services as well as acute hospitals.

He founded the All Party Parliamentary Group on Global Health and the Zambia UK Health Workforce Alliance and chairs or is an advisory board or trustee member of numerous organizations, including Sightsavers International, The Kings College Advisory Board on Global Health, the African Centre for Health and Social Development, the Global Health program at the Aspen Institute, and RAND Europe. He is a Global Champion for the Global Health Workforce Alliance and one of Archbishop Tutu's Global Ambassadors for Telemedicine. He is also an honorary fellow of the Royal College of Physicians, the Royal College of Obstetricians and Gynecologists, the Royal College of Pathologists ,St John's College, Cambridge and the Institute of Healthcare Management.

He is author of the books *Turning the World Upside Down: The Search for Global Health in the 21st Century* and of *24 Hours to Save the NHS: The Chief Executive's account of reform 2000 to 2006* and of numerous articles and other publications.

Follow-up Meeting

Medical Philanthropy 20/20
Healthcare Philanthropy 20/20

Research, Design, and Facilitation by:

ADVANCEMENT RESOURCES®
driving meaningful philanthropy®

Core Concepts from the Workshop

CORE CONCEPT

Philanthropy is all about engagement.

CORE CONCEPT

Contributions most meaningful to donors are based on some life experience.

CORE CONCEPT

The primary motivators for contributions most meaningful to donors are:

- A deeply held yearning to make a difference
- A human need to be engaged with respected people doing important work

CORE CONCEPT

Donors' personal stories (life-changing experiences) determine how they want to make a difference and the people with whom they want to be engaged.

CORE CONCEPT

Life-changing experiences may be positive, or they may be negative.

"Grateful Patients & Families" Concepts

- It's not about the money.
- Love, joy, and gratitude are passionate emotions.
  - People with money recognize that dollars are a tool to express joy and gratitude.
- Frustration and anger are passionate emotions.
  - People with money recognize that dollars are a powerful weapon.
- Philanthropy may be part of healing.

Discussion Questions

1. What intrigued you about the workshop?

2. What would be the most effective way for us (physician & philanthropy professional) to communicate?

3. How should we work together on referrals?

4. Who is a patient or family member with whom we should work to facilitate engagement?

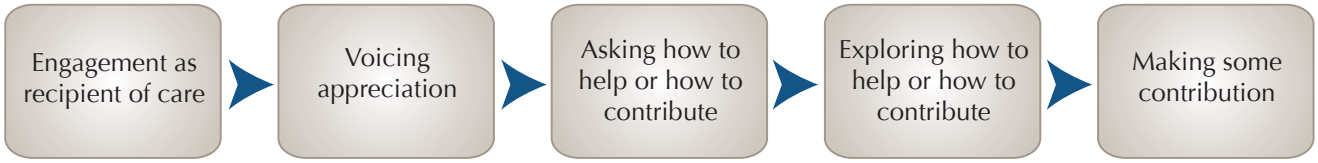
   – What links to the organization does the patient/family member have? (Personal experiences, people such as family member or friends, etc.)

   – What is the patient/family member's current level of engagement with the organization?

   – What interests in the organization has the patient/family member expressed?

   – What do we know about the patient/family member's personal story (life-changing experiences)?

The Patient and Family Member Journey



The Process for Accepting Gratitude

1. **Hear** — Hear what the patient or family member is saying beyond treatment protocol.
2. **Accept** — Accept gratitude graciously and, if appropriate, ask for details.
3. **Reciprocate** — Reciprocate gratitude for allowing all clinicians to provide care.

The Processes for Making a Philanthropic Referral

A. Responsive

1. **Hear** — Hear the patient's or family member's desire to
   - make a gift
   - become engaged
   - find a way to show appreciation
2. **Affirm** — Affirm the patient's or family member's desire to contribute.
3. **Refer** — Tell the patient/family member how to contact the Foundation.

   OR

   Ask if the patient or family member would prefer for you to have the Foundation contact him/her directly.

B. Proactive

1. **Transition** — Use a transition phrase to redirect the conversation.
2. **Offer** — Offer an opportunity to engage or learn more.
3. **Watch** — Watch for reaction.
4. **Refer** — Respond appropriately to the patient or family member's reaction.

Contacting Development Professionals

CAUTION

Do not share any protected patient information. (See your HIPAA compliance personnel for clarification.)

Provide only:

- Name
- Contact information
- Contact time (if appropriate)

Do not provide any protected information that would violate HIPAA requirements.

ADVANCEMENT RESOURCES®
driving meaningful philanthropy®

Donor Commitment Continuum

Donor Perspective

	Ignorance	Awareness	Interest	Experience	Participation	Ownership
Description	• I may or may not recognize the name of the project. • I am not familiar with the purpose of the project.	• I have heard of the project. • I recognize the name of the project. • I have a rough idea of the purpose of the project.	• I share the values reflected in the project. • I believe the purpose of the project is a good one. • I am likely to read/scan promotional literature related to the project. • I may contribute occasional small gifts relative to my finances.	• I have seen/heard/felt the results of the project's work. • I know the people working on the project. • I attend activities and events related to the project. • I believe the project team's methods to accomplish its mission are good. • I believe in the project's leadership. • I am likely to contribute repeated and/or annual gifts relative to my finances.	• I participate in activities and events related to the project. • I take on leadership roles when asked. • I serve on committees and boards when asked. • I go beyond giving money to contribute time and energy to the project as well. • I trust the people working on the project. • I feel like part of the project team. • I contribute repeated and/or annual gifts relative to my finances. • If my finances allow, I may contribute major gifts when asked.	• I volunteer to take on leadership roles when I see a need. • I volunteer to serve on committees and boards. • I continually seek new ways to advance the mission of the project. • My membership in/affiliation with the project is an important part of who I am. • I consider the project's mission to be my own personal mission. • I am likely to make repeated major gifts when asked. • I invest a large percentage of my philanthropy in the project.
Donor Deliberations		• Am I familiar with the purpose of the project? • Do I agree with the purpose of the project? • Do I want to learn more about this project?	• Does this project reflect my values? • Is this project's cause important to me? • Do I trust the development professional? • Do I believe in the project's leadership?	• Is the project team doing a good job? • Do I approve of the methods used to accomplish the mission? • Do I believe in the project's leadership? • Am I getting an adequate return on my investment (good feelings, recognition, opportunity to make a difference, results)? • Am I willing and able to give more to this project? • Are my contributions appreciated?	• Are we doing a good job? • Are we using the best methods to accomplish the mission? • Are my contributions appreciated? • Am I getting an adequate return on my investment (good feelings, recognition, opportunity to make a difference, results)? • Do I feel valued and valuable? • Do I enjoy my association with the project and its people? • Do I believe in the project's leadership? • Can I afford to give more? • Is this the project where I can make the biggest contribution?	• Am I proud of the job we are doing? • Are we using the best methods to accomplish the mission? • Are my contributions appreciated? • Am I getting an adequate return on my investment (good feelings, recognition, opportunity to make a difference, results)? • Do I feel valued and valuable? • Do I enjoy my association with the project and its people? • Can I afford to give more? • Is this the project where I can make the biggest contribution? • Can I ensure that the project continues the work after I'm gone? • Do I want to leave behind a legacy?

As constituents move to the right on the Donor Commitment Continuum, they must be engaged by a wider range of people involved in the project.

University Hospitals Kingston Foundation hosted a workshop on September 11th, 2014 called *Creating Breakthrough Performance in Healthcare Philanthropy*. It was a four-hour workshop for hospital leadership that explored best practices in fundraising and grateful patient and family engagement. The workshop was facilitated by Advancement Resources a world leader in philanthropic research, innovative thinking about philanthropy and professional education in development.

Senior leadership from Kingston General Hospital, Hotel Dieu Hospital, Providence Care Hospital and University Hospitals Kingston Foundation participated in the session collaborating ideas, personal stories and practicing tactics presented by speakers Joe Golding, Chairman and CEO and Ben Golding, Vice President.

Creating Breakthrough Performance in Healthcare Philanthropy workshop provided professional, research-based education for our healthcare leadership to understand donor development and ethical patient and family engagement which is necessary for optimizing philanthropic support. The curriculum for the day highlighted:

- How donors view money, their personal philanthropy and local healthcare which inadvertently affects their vision of development, philanthropy and engagement.
- Leadership's critical role in creating and sustaining a dynamic culture of philanthropy that can be a powerful part of our institution's success.
- The role of ethics in physician-patient discussion of giving opportunities and understanding the dynamics of this relationship.
- The importance of an effective grateful patients and families system that will create abundant opportunities for robust philanthropic engagement within our hospitals. The stronger and more emotional the connection, the greater the inclination to contribute at a higher level.
- How to connect donors' passions to our organizational initiatives, articulating priorities and building awareness throughout the community.

Philanthropy must be viewed from two perspectives. It is important to consider both the organization and the donor. Increasingly, success in philanthropy is a matter of engaging individuals and families therefore, healthcare professionals have the opportunity to provide meaning to the patient and family experience.

The primary cause of donor fatigue is so many organizations continually ask for loyalty gifts instead of facilitating passion-based contributions. The workshop introduced the notion that, "It's not about the money – it's about the meaning!" Patients have experiences that create needs such as wanting to have meaningful life experiences. Healthcare professionals play a vital role in building the culture of philanthropy within our organization.

The presentation emphasized that every person who is committed to the mission of the organization plays an important role in the work of development each slightly different.

The role of board members and volunteers in development:

- Learn the organization's vision and how funding priorities will help accomplish the vision
- Carry the vision into the community
- Discover potential donors' personal stories that match the organization's vision
- Create connections: potential donors to the organization
- Invest time and financial support in the vision for the organization
- Help maintain long-term relationships and provide meaningful return on philanthropic investment

The role of all healthcare professionals within our hospital:

- Create an environment of gratitude
- Listen for expressions of meaningful experiences beyond medical outcomes
- Learn and practice techniques for making referrals to development
- Express gratitude and appreciation to patients and families who decide to invest in the organization's work by offering a gift of engagement
- Provide excellence in care and the money will naturally follow

The philanthropic role of hospital leadership:

- Establish, articulate and champion a compelling vision that will inspire others
- Commit to align values institutional wide

The Foundation's role in development:

- Develop strategy and tactics for more meaningful donor engagement
- Inspire others to be a part of important work
- Follow up with healthcare professionals regularly to ensure their questions are answered and their patients' need for engagement are being served
- Establish and maintain an agreed-upon referral process
- Cultivate strong, professional and respectful relationships between faculty and the development staff

Successful implementation will result in hospital-wide participation in the process of identifying, referring and connecting donors and potential donors with philanthropic opportunities that are meaningful and appropriate for both the donor and our organizations.

An online survey has been distributed to all participants from the September workshop requesting feedback on the content provided by Advancement Resources and to gather data to assist in building a sustainable culture of philanthropy within our organizations. University Hospitals Kingston Foundation will be scheduling a personal visit with every attendee to discuss the next steps in successfully creating an environment that will include meaningful patient and family engagement and the critical role each of us will play.

The next workshop in the series from Advancement Resources is *Medical Philanthropy 20/20: Vision and Practice for Funding the Future* which is scheduled for November 3rd, 2014. The audience will primarily be development professionals, medical deans, department heads, medical researchers, physicians, and other medical professionals from within all three of Kingston's hospitals. It will provide more understanding of philanthropy, donor motivation, and grateful patient and family concepts. The session also directly addresses physicians' ethical concerns and clarifies the appropriate role of medical professionals in donor engagement.

Abson, Rhonda B.

Subject: FW: CEO Connection: Where are we headed with health system funding reform?

From: Anthony Dale [mailto:adale@oha.com]
Sent: October 20, 2014 12:15
Subject: CEO Connection: Where are we headed with health system funding reform?

Where are we headed with health system funding reform?

Recently, the LHINs began sharing the 2014-15 Impact Analysis with hospitals. Given this milestone, I wanted to check in with you regarding health system funding reform (HSFR) and its future direction.

Since the announcement of HSFR three years ago as part of the Excellent Care for All Strategy, considerable progress has been made in designing new funding methodologies, and providing opportunities for individual hospital leaders to participate alongside the Ministry of Health and Long-Term Care in shaping different aspects of HSFR though the Ministry's many different technical committees.

Working together, the OHA, Ministry, Health Quality Ontario, and other agencies have also broadened the education activities available to support hospitals, particularly with respect to quality-based procedures. We have come a long way, and there is still much more to do to as the sector moves away from global funding to an approach that places considerably greater emphasis on driving quality and efficiency.

In speaking with a very large number of CEOs, I know that there is very strong support for funding reform and it's potential. I also understand that many hospital leaders also feel that with three years of experience under our belt, it is also good time to stand back for a moment and evaluate what has happened so far with HSFR, and more importantly, actively think about how funding reform should change and evolve in the years ahead.

For example, in the short-term, there is more that can be done to expedite the release of funding data and information and provide greater clarity and knowledge around important hospital-specific funding related decisions. Experience among some hospitals over these past two weeks respecting the lifting of funding mitigation underscores how important it is to ensure that hospitals have as much advance knowledge as possible about their funding information, as well as the internal capacity to work with the LHINs and Ministry in understanding it.

To its credit, the government has recently decided to initiate an open dialogue with the sector about the future of HSFR. In launching this dialogue, the Ministry is initiating a formal review process to garner feedback about the current strategy; identify opportunities to improve focus and set new priorities; and, discuss new ideas and strategies to lead

and champion change across the health system. I feel this is a very positive development and it is very much appreciated by the OHA.

I expect that the Ministry will communicate independently in the near future about this process, while also providing detail on how hospitals can contribute. The OHA is committed to working closely with members and the Ministry to ensure that this dialogue is successful in creating a comprehensive roadmap for the future of HSFR. To that end, with the support of the Ministry, we will be conducting a survey of all hospitals in order to garner feedback about experiences to date, as well as ideas and suggestions for future strengthening of funding reform. This will be an important opportunity for hospitals to participate directly in the review so I do encourage your organization to participate in it when it is released.

In addition, I have recently established an OHA HSFR CEO Advisory Committee chaired by Altaf Stationwala, OHA Board Member and President and CEO of Mackenzie Health. This group is comprised of diverse CEOs from across the membership, with the mandate to provide thought leadership and advice to the association on strategic matters related to the continued development and implementation of HSFR in hospitals and throughout the broader health system. The terms of reference for the committee and its list of members are available here.

I believe this committee will serve as a key strategic forum and will significantly strengthen the OHA's own member engagement activities in this most vital of health policy areas. Associate Deputy Susan Fitzpatrick has already indicated that she would like to meet with our advisory group to review and discuss the issues. As the Committee establishes its workplan and proceeds with its efforts, it goes without saying that updates and opportunities for wider member feedback and participation will be provided to all members too.

There is much more to work to do to ensure that the dialogue on the future of HSFR is successful. There will no doubt be further communication from the OHA and the Ministry about it in the time ahead. As always, please do not hesitate to let me know if you have any questions, comments or advice respecting the evolution of HSFR or any other matter. I can be reached directly at adale@oha.com or 416 205 1348.

Anthony

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Abson, Rhonda B.

From: Ontario Hospital Association <pspringer=oha.com@cmail1.com> on behalf of Ontario Hospital Association <pspringer@oha.com>
Sent: October-24-14 14:56
To: Abson, Rhonda B.
Subject: OHA Bulletin:Ebola Preparedness Update

Health System News and Strategic Matters

The latest news and insights affecting Ontario's hospitals and their partners

October 24, 2014

FOR THE ATTENTION OF: **Hospital CEOs, Board Chairs, CHROs, Chiefs of Staff and Medical Affairs, Infection Control, Occupational Health and Safety, and Communicators.**

Ebola Preparedness Update

As hospitals continue to prepare for the event that an Ebola case emerges in Ontario, the OHA remains committed to actively engaging with our members and health partners. The OHA is working with our member hospitals to identify issues and concerns, and remains committed to working with our health partners on your behalf, advocating for clarity, timely responses, guidance and resources.

With this in mind, the hospital sector is actively involved in both the Ebola Command Table, represented by Dr. Barry McLellan, President and CEO of Sunnybrook Health Sciences and OHA Board Member; and the Ebola Virus Disease (EVD) Health Worker Advisory Table, represented by Anthony Dale, OHA President and CEO. Both of these committees met on October 22 for the first in a series of meetings to discuss issues surrounding EVD preparedness. Many of these issues were identified by hospitals through discussions with the OHA.

Some of the primary issues identified by our membership include:

- The selection and procurement of Personal Protective Equipment (PPE), and the pressures on supply chain management, affecting the acquisition of items required under the new EVD Provincial Directive. Concerns are also being raised about supplies needed for routine patient care and Ebola-specific training, and related labour relations issues, if PPE is not available.

- Fulfilling the necessary EVD preparedness activities, including conducting risk assessments and thoroughly training identified worker groups to different levels of protection. Concerns were also raised around the cost and availability of resources, including training providers, personnel costs, and high volumes of PPE.

- A need for clarity following the Provincial plan and EVD Directive, specifically with respect to operationalizing the requirements of the directive, and the protocols for patient transfers to the 10 designated referral centres.

- Communication from Public Health Ontario (PHO), the Ministry of Health and Long-Term Care (MOHLTC), including Local Public Health Units. Member feedback has indicated that more communication from these bodies would raise awareness and understanding of EVD and provincial preparedness, for both Health Care Workers (HCW) and the general public. This could help alleviate concern among the public and HCWs.

- A desire to be involved and consulted in the development of any further guidance and directives, to help ensure alignment with the extensive preparedness work already done by hospitals. This could help reduce strain on equipment and the workforce.

Concerns have also been expressed that, that while sound preparedness is required and must be continually improved upon, communications should convey that risk of exposure in Ontario is still very low, and overall, Ontario hospitals are prepared in the management of infectious diseases. Ontario hospitals have been hard at work to ensure the safety of our workers and patients, before a risk presents itself.

As a participant on both Provincial Steering Committees, and in direct collaboration with the MOHLTC, PHO, and all health partners, the OHA will continue to raise these issues, as well as others that present themselves, on behalf of our members.

In addition to raising these issues on behalf of our membership, the OHA has also undertaken several activities in the past week. These activities include:

- A teleconference with all major labour groups was held on October 17, to discuss common areas of concern and suggestions for improvements. The discussion was very productive. The group agreed to maintain a dialogue on Ebola preparedness, and hold regular discussions.

- Development of training related requirements, for discussion with the MOHLTC to help articulate our hospitals' needs and barriers.

- Development of a Priority Issues List. This living document includes issues faced by members and examples of barriers to their preparedness activities. Additional issues faced by members are also being tracked and brought forward in the appropriate forum.

- Planning for an Ebola Preparedness webcast, to be held on October 28. This webcast will include updates from the Chief Medical Officer of Health (CMOH), Emergency Management Branch (EMB), Ministry of Labour and PHO. The webcast will focus on hospital preparedness, and will feature a question and answer portion where members can engage with officials.

- Facilitating the distribution of a survey by the MOHLTC EMB, to help determine laboratory capabilities, PPE selection, and stock levels at hospitals. This information will help with provincial planning. **Please ensure this survey is being completed by your organization, as information provided will assist EMB with planning. Only one survey should be completed per hospital site.**

- The OHA is also developing a resource library with samples of various documents from member hospitals and government agencies.

Guidance and Resources

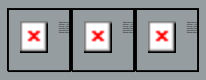
The following new resources are available to all OHA members. External sites listed are regularly updated, and should be visited frequently.

- OHA Ebola Preparedness Webcast – October 28 (registration is now open)
- OHA Ebola Preparedness Website : templates and resource documents
- Public Health Ontario: Ebola Virus Disease: The PHO website contains several important

materials.

The OHA will continue to update our website resources and share any additional information we receive from our stakeholders. Thank you for your continued leadership; we are confident that, by working collaborative, we can continue to effectively manage this complex and fluid situation, while protecting the health and safety of patients and hospital staff.

Please contact Rachel Bredin (rbredin@oha.com) to further discuss any issues concerning Ebola preparedness.



Ontario Hospital Association, 200 Front St W, Suite 2800, Toronto, ON M5V 3L1

At Kingston General Hospital CEO Leslee Thompson made the patients to their own bosses. and it pays. Red numbers in the financial statements have been black, doctors and nurses commit fewer errors, and patients are more satisfied.

The director takes the patients consulted

By: Jens Reiermann (jre@mm.dk)
15:09:14

EXECUTIVE SUMMARY

The government has allocated millions to strengthen the health care involving patients and their close family. In the Canadian hospital Kingston General Hospital is the patient's needs are already in the center. Monday Breakfast interviewed hospital director Leslee Thompson, who is behind the hospital's transformation. The past five years she has converted the hospital's practice so patients involved in all decisions importance to them. "Our goal is to improve patients 'and families' experiences," said Leslee Thompson. She is the keynote speaker at a hearing of the 200 key people in health care, as Monday morning, Tryg Foundation and the Danish Society for Patient organizes 29 September.

A half or full billion for the treatment of cancer patients. Efforts to chronic diseases, more rights to patients. Up to budget negotiations, which will be the last before the next election, sitting money and promises solved by both Socialists, Radicals and Liberals. The on the whole, the government will spend nearly 300 million kr. development of a new strategy for how health care is better to involve patients. The government's proposal is in line with statements from the hospital owners in Danish Regions and reflect also a strong desire from the doctors. A survey of members of the Junior Doctors told in the spring that 79 per cent of young doctors want to involve patients in treatment. Today it just happens not always. In According to a survey by the Knowledge of User Involvement in Healthcare made in beginning of 2014, assesses the doctors and nurses that more than half of their colleagues only in some extent involve their patients.

While the involvement of patients and relatives still something you dream about in Denmark, as a large number of hospitals in Australia, Canada, England, Scotland and the United States implemented a culture change so Doctors and nurses constantly involve patients in treatment. An example is the Canadian Hospital Kingston General Hospital.

"We work with patients in partnerships in everything we do. Our goal is to improve
patients 'and relatives' experiences, "said hospital director Leslee Thompson.

Patients will know their doctor

Both staff and patients can feel the changes right down to the smallest details. This applies, for example, when the staff every morning flap clips their name tags on their uniforms. Here is the name Leslee with very large letters on the small sign - so big that everyone can read the director's first name and her function when they meet her in the hallways or in one of the lounges.

Hospital CEO's checklist

Source: Leslee Thompson, Kingston General Hospital.

"For us it has been a small thing to replace
name signs, but we can see that the new name tags has been very important for the way we deal our patients. Patients say they feel
more secure when they know who they are talking to, "says Leslee Thompson.

The nameplate has also helped in communication among the more than 4,000 employees all the time can clearly see who they work with, and what role he or she has.

"If patients need to ask their nurse or doctor about what she says and what role she has in their course, it can create a slightly awkward atmosphere and we would like to encourage just the opposite, namely trust in our relationship with patients, "she says.

The hospital has also introduced free access times, so relatives can come visit when it suits them, and not as before in visiting hours, which is set by a department at the hospital.

Here, the Canadian hospital was one or two steps ahead of a development which also takes place in Denmark. Recently, California decided to give the visiting hours free in the Budget Agreement of 2015.

Patients advisors

Leslee Thompson says that the key driver in the last five years of the conversion of hospital practice has been to involve patients in all decisions of significance for patients.
For her involvement therefore not only a question of the relationship between doctor, nurse and the individual patient and their relatives. It also includes the operation of the hospital.

Leslee Thompson in Denmark

Leslee Thompson also shares his experience of putting the patient at the center when she was the 29th September is the keynote speaker at the hearing "The patient as a partner - the will to act." Here involved 200 of the health care key stakeholders, including Health Minister Nick Hækkerup and Chairman of Danish Regions, Bent Hansen. The hearing is the third part of a process that started last autumn with the Monday Morning Report "The Danish dangerous journey". The Asked focus on the many adverse events and was the basis for a roundtable in the spring with a select group of health care key stakeholders with the aim to discuss the role of patients. The event in cooperation between Monday Morning, Tryg Foundation and the Danish Society for Patient Safety. it is starting point for consultation, on 29 September, which involves all parts of the health care system in a dialogue on the involvement of patients - what is needed to translate good intentions and intentions into concrete actions. Besides TrygFonden, Danish Society for Patient Safety and Monday morning is Danish Regions hosting the event. In preparation for the hearing, the Monday Morning prepared the report "The patients' new journey." Want to know more, contact Project Manager Iben Berg Hougaard, ibh@mm.dk

Today is 65 patients at the table for more than 30 different committees in which management, physicians and nurses discussing everything from the safety of patients to infections in the hospital and organization of operations. And patients also participate in Leslee Thompson's own discussions and meetings and such with the hospital's hiring committee.
"When we have a patient in our conversations, so change it right away, the way we speak. We is almost forced to focus on the most important, and that is to look at our operations from the patient's perspective, "said Leslee Thompson. It is not always easy. Just like in Denmark, both doctors, nurses and other professionals will be reluctant to involve patients in all decisions affecting them. But then enter the hospital director in the department.
"I meet even the doctors and nurses when, despite our goal yet protect it, the always have. I always inviting a patient to the kinds of meetings. It's harder to keep do the same after you've talked to a patient, "she says.

Part of her strategy as a leader is to put a face to the patients so they do not just become carriers of disease or a disorder, but individuals with a history and a personality.
This also applies to the Executive internal discussions. Instead of talking about infection rates and changes in percent, discusses Leslee Thompson, the number of patients who contract an infection during a stay at the hospital. She says that she gives the figures a human face.

The recovery of hospital

The desire to involve patients and relatives have influenced the development of the Kingston General Hospital during the past five years.

It happened while the hospital has returned regularly deficit to surplus, improved results of the treatments reduced the number of inflicted injuries and infections and been more satisfied staff and patients.

"Five years ago we could have repaired the economy by implementing savings account to account, but my experience is that such cuts rarely sustainable over several years. It was quite important to me that we not only continued in the same way as we had done, "says Leslee Thompson.

She needed new, more sustainable ways to operate the hospital on the interviews with employees patients and representatives from the part of the region, who uses her hospital. Particularly patients' stories made an impression. A patient could talk about how a nurse had removed a pelvic so quickly that splashed urine into the bed. First, the morning after, bedding is changed. Another patient said she was afraid of being admitted to Kingston General Hospital.

"I could not stop thinking about the patients' history, and I asked them for help to change our practice, "said Leslee Thompson.

Management of patients' sake

For her, began the change with clear and precise objectives.

"Many times I have been in talks about the need for change, and so there has been no large afterwards. If our thoughts to involve patients and listen to their experiences should just end as good intentions, we should do something more. We should loudly and clearly tell all, both staff and the public that we would involve patients. And then should we start doing it, " she says.

It almost sounds like the first chapters of a book about change. However, in contrast to the literatureLeslee Thompson has not had a strategy step by step to be followed. On the other hand, she has consistently followed up the input, staff and patients have come with.