



BOARD OF DIRECTORS - OPEN MEETING

Wednesday, December 10, 2014 16:00 – 19:00 hours Date:

Time:

Location: Fenwick Conference Room, Watkins 2

Start	Time	Item	Торіс	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: October 29, 2014	Carson	Decision	Draft minutes
2.	CEO UPDATE					
1605	10 min	2.1	CEO Report Highlights & External Environment Update	Thompson	Discuss	Written report to follow
3.	INTEGRATED BUSINESS					
1615	30 min	3.1	KGH Strategy: Q2 Reporting	Thompson & Committee Chairs	Discuss	Briefing Note, Strategy Index & draft publication
4.	PATIENT CARE & PEOPLE COMMITTEE					
1645	20 min	4.1	Skin Integrity	Hytonen	Discuss	Briefing note
		4.2	Alternate Level of Care Update	Hytonen	Discuss	Verbal
5.	MEDICAL ADVISORY COMMITTEE					
1705	10 min	5.1	COS Report	Zelt	Discuss	Briefing note
		5.2	CIHI Reporting: Hospital Standardized Mortality Rate	Zelt	Update	Verbal
6.	FINANCE & AUDIT COMMITTEE					
1715	5 min	6.1	Revised Investment Guidelines	Janiec	Inform	Briefing note
7.	GOVERNANCE COMMITTEE					
1720	30 min	7.1	Sustainability Project Update	Carson/Thompson	Discuss	Briefing note & presentation
		7.2	Critical Path for 2015-16 Board Vacancy Recruitment	Thomson	Inform	Briefing note
		7.3	Critical Path for 2015-16 Officers Selection Process	Thomson	Inform	Briefing note
8.	IN-CAMERA SEGMENT					
1750	5 min	8.1	Motion to Move In-Camera (agenda items #9-11)	Carson	Decision	Verbal
12.	REPORT ON IN-CAMERA DECISIONS & TERMINATION					
1840	5 min	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-CAN	IERA EL	LECTED MEMBERS SESSION & CEO ONLY			
14.	IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT					



CEO Report

LESLEE THOMPSON, PRESIDENT & CEO

Submitted to: Board of Directors

Date of Issue: December 01, 2014

Period Covered: October 28 – December 08, 2014

This note provides an update on major issues and activities that CEO and management have been addressing since the Board meeting held on October 29, 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 of KGH This Week were circulated in Friday's agenda package. I encourage Board members to read the great articles and profiles that have been highlighted!

2. Recognition of Eleanor Rivoire

There are two key events for Eleanor that I hope you can join us for to celebrate her many contributions to KGH. This week a reception is being held at University Club on Tuesday, December 9, between 5:30 and 7:00 pm. Next week, we are having a special tea for staff on Friday, December 19 from 1:00 – 3:00 pm in The Atrium on Kidd 0. We hope to see as many of you as possible at one or both of these special events. In lieu of a retirement gift, donations are being accepted by the University Hospitals Kingston Foundation (www.uhkf.ca) and proceeds will go towards patient- and family-centred care initiatives here at KGH.

3. KGH Team Awards Nominations

In March 2011, we launched a board sponsored annual award program at KGH to recognize the contributions of teams who are demonstrating excellence in each of the domains of our mission: Care, Knowledge and Leadership. A call for nominations has gone out to the organization and we are seeking one board member to participate on the panel to evaluate submissions and help select the winners. The selection meeting will be held Thursday, January 8 at 11:30 – please let Rhonda know if you would like to participate on this.

A special event honoring the winners of award will take place during our Community Showcase Week on Thursday, January 29 at 11:00 hours and we welcome board members to join in the celebration. Details will be provided in the New Year. Pictures of the winning teams each year are posted in the Award display area in Watkins 2 Lobby.





SUBMITTED TO: KGH Board of Directors
PERIOD COVERED: October 28 – December 08, 2014

Page 2

4. KGH Visit by Local MPP Sophie Kiwala

I have interacted with MPP Sophie Kiwala a number of times and am pleased that she will visit KGH on Monday, December 15, 2014. For this particular visit, Roger Deeley will lead the tour of Gastrointestinal Diseases and Human Mobility Research Unit, Troy Jones will take Ms. Kiwala through a tour of the labs and we will wrap up with David Zelt and provide a brief update on Ebola planning. We are planning other visits in future.

5. KGH Visit by new Kingston Mayor Bryan Paterson

On Tuesday, December 9, Jim and I will be spending time with our new Mayor, Bryan Paterson. We will provide the Mayor with an update/overview of the NICU, labour and delivery, operating rooms, and the emergency department.

6. Ministry of Health & Long Term Care Update

I have been in many meetings over the past few months with senior Ministry officials and I will provide an update on a few key areas of change during my CEO verbal update. As background, a copy of a recent presentation done by Deputy Minister Bob Bell is attached and it includes an overview of the four main areas of focus for this government.

7. Ontario Health Innovation Council

It's hard to believe that this time last year I was reporting to the Board on my appointment to the Ontario Health Innovation Council. The Council has completed its work and our report is under review by the three Ministers who sponsored our work. We anticipate an initial public release of the report in December and then a press event will be held in New Year with Minister's response to the recommendations.

As a reminder, the Ontario government created the council to improve the sustainability of the health care system and accelerate Ontario innovations into practice and within the global marketplace. The council will identify opportunities for evidence-based innovation and strategies in health care to:

- Improve health, health care and well-being in Ontario.
- Spur innovation that lowers health care costs.
- Increase quality of patient care.
- Stimulate the environment needed for job creation in this sector.
- Attract the best and brightest researchers and entrepreneurs to Ontario.

8. Ontario Hospital Association Updates – OHA CEO Connection

A copy of the latest CEO Connection from OHA is attached and it has a good update on health system funding reform. I am on the OHA CEO Health System Funding Reform Advisory Committee and Jim has been invited to participate in some key working groups and discussions with government on future of HSFR.

9. Health Quality Ontario – Appointment to the Board of Directors & Annual Report
On November 19, 2014, KGH Patient Experience Advisor, Angela Morin, received her Order in Council for appointment to Ontario's Health Quality Council, for a three year term. This is great news and clearly demonstrates the government's support for patient-centred input and decision-making.





SUBMITTED TO: KGH Board of Directors
PERIOD COVERED: October 28 – December 08, 2014

Page 3

Last month, I also invited to participate in HQO's Transformation 2014 and the release of the annual *Health Quality Ontario's "Measuring Up: HQO's 2014 Yearly Report"* was released and is available at the following link: http://www.hqontario.ca/public-reporting/yearly-reports

10. External Presentations – CEO

November 24, 2014 - I was the key note speaker at Accreditation Canada's national forum and my talk was "Leaders are the new transformers – are you ready?"

December 5, 2014 – I was keynote speaker at a special event in Brussels on December 5 regarding patient- and family-centred care. This was another great opportunity to profile the work of the KGH team. I look forward to providing the Board with a further update on our meeting on Wednesday.

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

Leslee J. Thompson

President and Chief Executive Officer

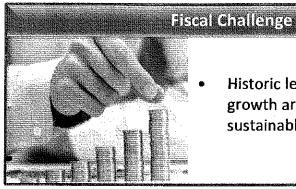
Health System Transformation

Ministry of Health and Long-Term Care Ontario Health Providers Alliance November 5, 2014

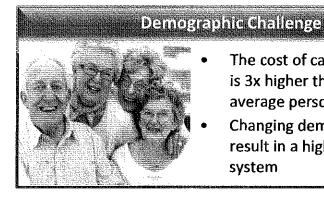


Change is Necessary to Our Environment

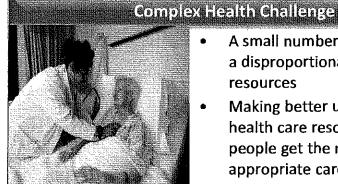
Ontario's health care system is facing significant challenges over the next few years



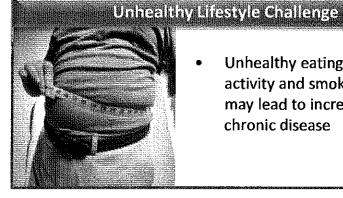
Historic levels of investment growth are not seen to be sustainable



- The cost of care for a senior is 3x higher than for the average person
- Changing demographics will result in a higher cost to the system



- A small number of patients use a disproportionate amount of resources
 - Making better use of our health care resources so people get the most appropriate care



Unhealthy eating, lack of activity and smoking levels may lead to increased chronic disease

Advancing Health System Transformation

- The need for transformation is well understood and accepted by the sector focusing on sustainability, accountability, quality improvement and integration.
- Change is taking hold and has been accomplished at a time of significant fiscal restraint.
- Progress must continue to deliver the end results of:
 - People receiving the right care at the right time in the right place;
 - An accountable, high quality and transparent health care system that demonstrates leadership and performance at the international level;
 - More cost effective care; and
 - Promoting healthier lifestyles by educating and enabling Ontarians so they are confident in the decisions they make about their health and the health care system as a whole.

Action to Date



The problems are real

- Health outcomes were not what they should be
- The fiscal environment required us to get better value from our investments
- System was fragmented, operated and funded in silos
- Lack of accountability and transparency
- Patients were confused about where to go
- If unchecked, changing demographics would result in higher costs to the system

Ontario's Action Plan For Health Care

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A plan was set in motion

 Ontario's Action Plan for Health Care (Jan. 2012) is the foundation for transformation

"Make Ontario the healthiest place in North America to grow up and grow old"

- Access, quality, and value drive improvements – focus on right care, right time, right place
- Two years in, progress has been made:
 - 99 of 105 C.R.O.P.S.
 (Drummond)
 recommendations are fully
 or in progress towards
 being implemented



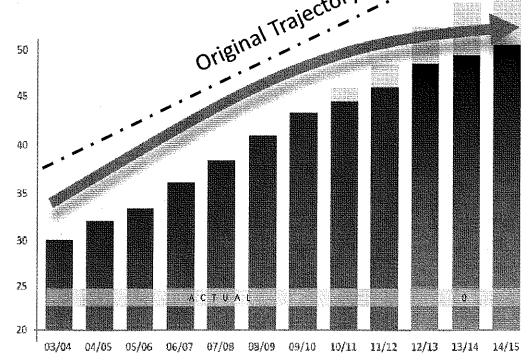
Key elements are in place

- A quality regime is in place (ECFAA) – needs to expand beyond acute sector and become more transparent to consumers
- Integrated coordinated care is showing early results intensifying Health Links as clinical networks is essential
- A focus on patient engagement is taking hold – need to empower decision making through education and knowledge translation
- Funding reform has just begun

 bold approaches to
 procurement and benefits
 needed

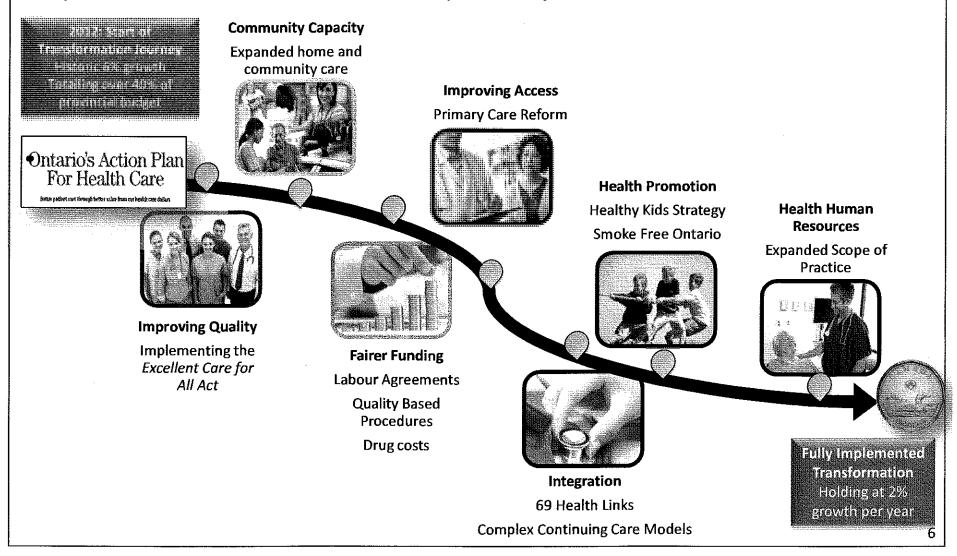
Despite Significant Change, Challenges Remain

- Over the past few years, the ministry has been able to bend the cost curve through targeted efforts and an ability to find efficiencies in certain high cost areas of the system:
 - Drug Reform \$500M annual savings since 2009
 - Hospitals kept to 0% growth
 - Physicians \$850 million in saving over past 2 years
- Going forward, maintaining system growth at 2% requires an honest conversation on structural change to our health system.
- Deepening our implementation efforts in home and community care and clarifying the roles of delivery partners will be the key to lasting success.



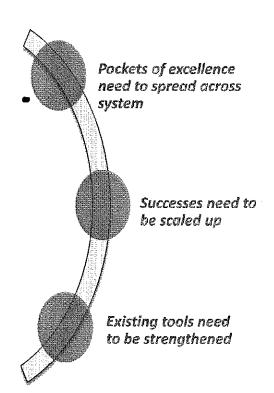
Ontario's Action Plan - What We've Already Achieved

Over the past two years of transformation, we have achieved significant milestones in several key areas. Achieving these while reducing our growth from 6% to 3% has been challenging. Looking forward, we need to learn from the road bumps that we've encountered and continue down the path to transformation.



Bridging To The Next Phase of Transformation

While progress has been made, there is much more to do. We need to deepen our efforts in certain areas to drive results.



Home and community care sector not yet operating as a mature sector. We will enhance its capacity to drive transformation and meet the needs of Ontarians.

Quality and evidence based funding in the acute sector has become a cornerstone of system transformation. We will expand this culture of quality and evidence to all parts of the health system.

Integrated coordinated care has taken hold in pockets of excellence. We will intensify efforts to enhance integrated services across the province.

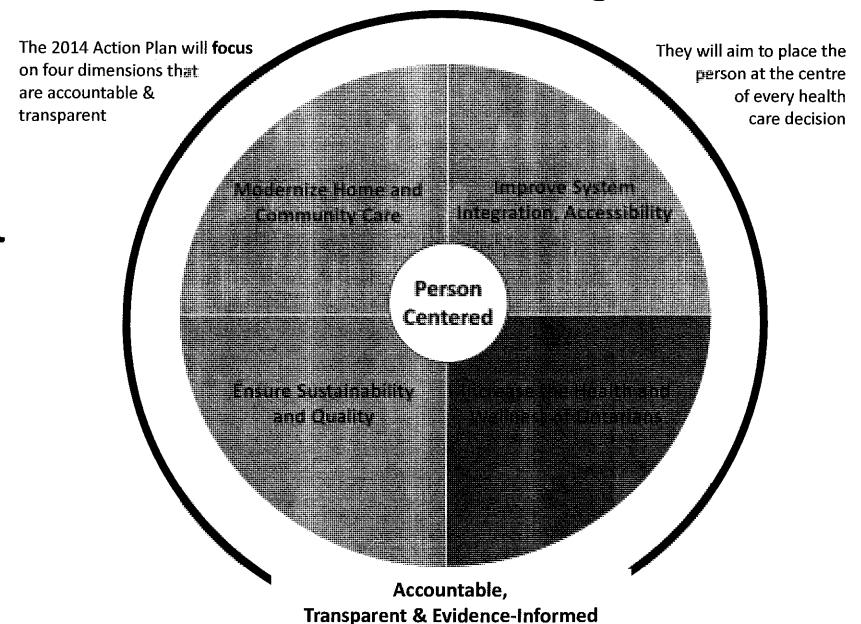
Patient engagement is gaining strength as an important component of care. We will empower Ontarians through education and collaboration, allowing them to make informed choices about their **health and wellness**.

Mental health and addictions services could better meet client needs. We will drive structural change to increase access and quality for Ontarians.

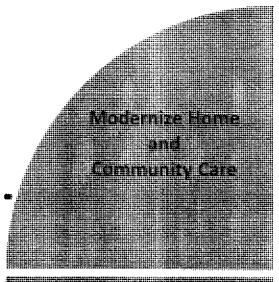
Links between **quality, value and performance** need to mature. We will strengthen them through greater **accountability** for results and **transparency** in decision making.

Further fiscal restraint will require structural changes to the way we think of and deliver services. Maintaining system **growth at 2**% requires innovative approaches to delivery and a relentless focus on value for money.

2014 Framework for Strategic Action



Key Initiatives and Areas of Focus



Drive integration

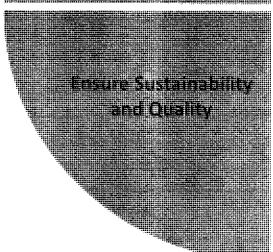
 Increase connection of home and community with care journey (i.e., hospitals for postacute services)

Enhance Care

- Greater service flexibility (i.e. service maximums)
- Self-directed funding patiens
- Propose use of technologies such as teen horsecome.
- Exercision of Marks are reported the billing appoint allertes
- Add residential hospites

Ensure Transparence and Accountability

- · Patient Ombidsman
- Spread quality and best practices in care delivery through CiPs, CiBPs



HEALT System Funding Reform

Broader the mandate to community sector, support population health

Quality improvement

Expand efforts to drive deeper across sectors and embed quality into operations.

Focus on affordable times and equitable access

Health Human Rescurces

Maximize workforce to drive change

Precurement Strategy

Strategy that improves afficiency and cost effectiveness

Key Initiatives and Areas of Focus cont'd

Health Links

 Enhance service delivery for complex patients, integration of health, community and social services

eHealth Strategy

 Integrate eHealth systems to support comprehensive health care planning Health Human Resources

- Providers working to their full scope of practice and trained for integrated care Improve Access to Specialist Services
- Best models of care that provide access to the appropriate care in the appropriate place
 Community and Capacity Planning
- Right skills, services, policy levers and infrastructure in place to support integration and coordination

Smoke Free Ontario Strategy

Strengthen efforts on tobacco control

Healthy Kids Strategy

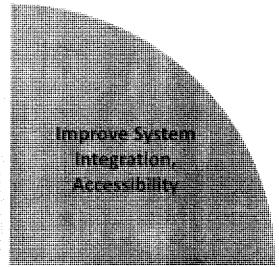
- Menu labelling
- Support for children to lead healthy lives
- Physical activity and community hubs

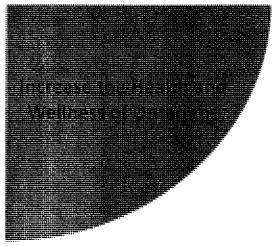
Active Aging Supports

- Community exercise and falls prevention programs
- Alzheimer's and dementia supports

Chronic Disease Management

- Support patients managing their disease
- Expand the use of quality-based procedures





Improving the Experience for Ontarians Person Centred Care

Patient Benefits

- I understand how the system works better and what my options are
- I'm engaged in the decision making process about my health
- I have more confidence in the system
- I have access to my information and records
- If I need it, the avenue for recourse is clear and in place

Move Ontarios health care system sowards a souther of participation verness.

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- e sa Radiona compliaints are streamined andique di with efficiently

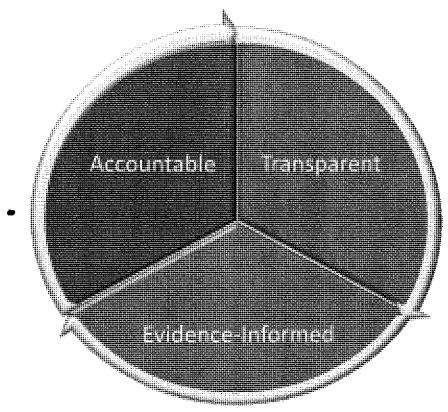
Key Initiatives & Areas of Focus

- Patient Engagement/Charter
- -- Raideni Ombuckinan
- Excellent Care for All
- Health Enks



Expected Results

Creating a System that is Accountable, Transparent & Evidence-Informed



Expected Results:

- System level indicators that measure Ontario against international benchmarks
- Colleges develop transparency measures
- Increased transparency in the health care system

Key Initiatives and Areas of Focus:

Performance Measurement Strategy

Publicly report on progress and compare to other jurisdictions

Reporting Requirements

- Make transparency a priority objective
- Resident quality inspections in Long-Term Care Homes

Open Data

Make health data publicly available (where appropriate)

Quality of Care Information Protection Act

Review the interpretation and implementation

Government Facilitates Change Partners Help Deliver

Frameworks & Transparent Practices

Ensuring that sound frameworks (governance, legislative, funding) are in place to enable transformative change.

Provider & Consumer Empowerment:

Giving providers & consumers the tools they need to achieve the most appropriate health care services guided

by best practices.

Fiscal Oversight:

Keeping an eye on the "bottom line", ensuring value for our investments

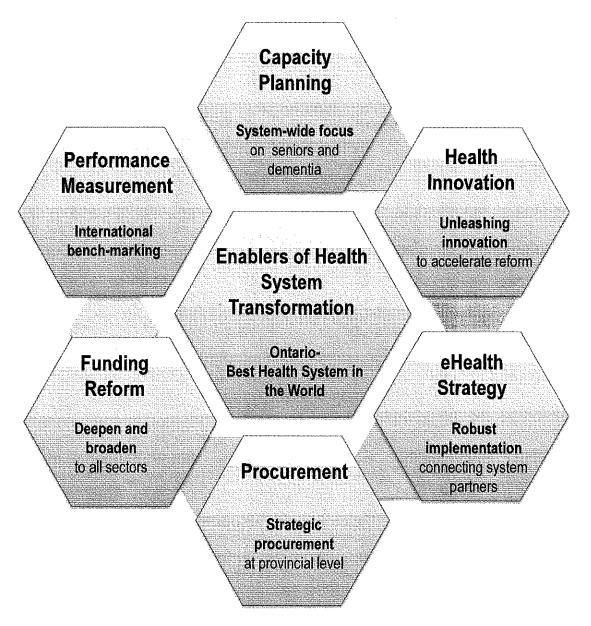
Performance Management:

Consistent measurement, value for money and sharing best practices.

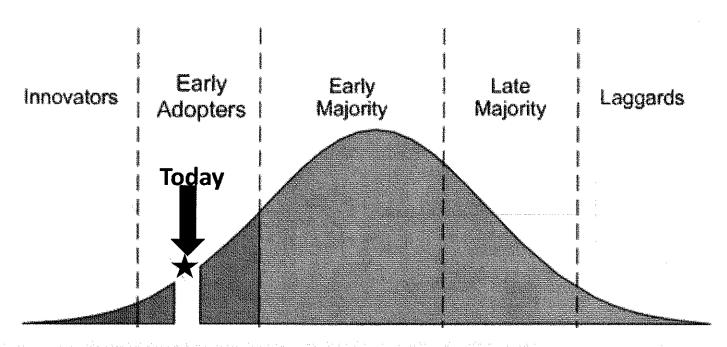
Empowered **Patients** Empowered System

Government is a facilitator for Healthcare Transformation

Enablers to Support Change



Sector Leadership and Excellence are Critical



- To bridge from pockets of excellence, existing tools need to be strengthened to support greater spread:
 - Meaningful patient engagement to co-design transformation
 - Expand quality improvement efforts beyond acute sector
 - Scale up initiatives where investments have shown results
 - Deepen funding reform and review benefits
 - Strengthen accountability agreements and oversight to drive results
 - Manage pace of change by ensuring change supports are in place
 - Leverage champions from the sector
 - Position strong leaders at the forefront who can deliver on the vision

Wider Efforts to Support Transformation

Government is a facilitator of healthcare transformation

Providers

- Working to connect patients to services in the most innovative collaborative ways possible to maximize access, quality, and the patient experiences
- Championing best practices to support transformation

Ontarians

- Making healthy choices that prevent people from becoming patients
- Playing an active role in the planning and implementation of their own care and where
 possible, participating in co-design activities to support greater levels of patient engagement.

Health Facilities

- Working with the LHINs to support a transformative system
- Working with providers to ensure cooperation across facilities to support enhanced accountability and wider goals for integration of service delivery

Sector Leaders (Agencies and Associations)

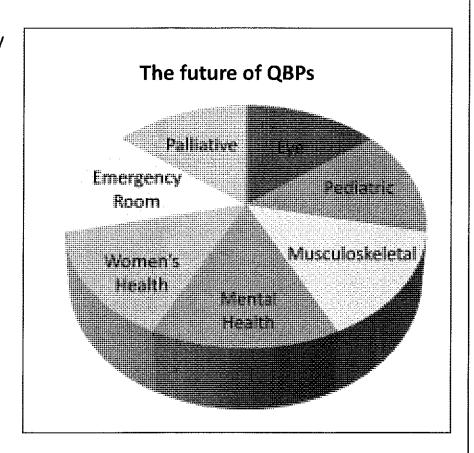
- Souton Leadens . Providing technical advice to government on the transformed system
- (Agencies and): Creating tools to facilitate transformative health care and spreading best practices.
- Associations) : I Championing transformation for providers and patient

Health Human Resources' Role in Transformation

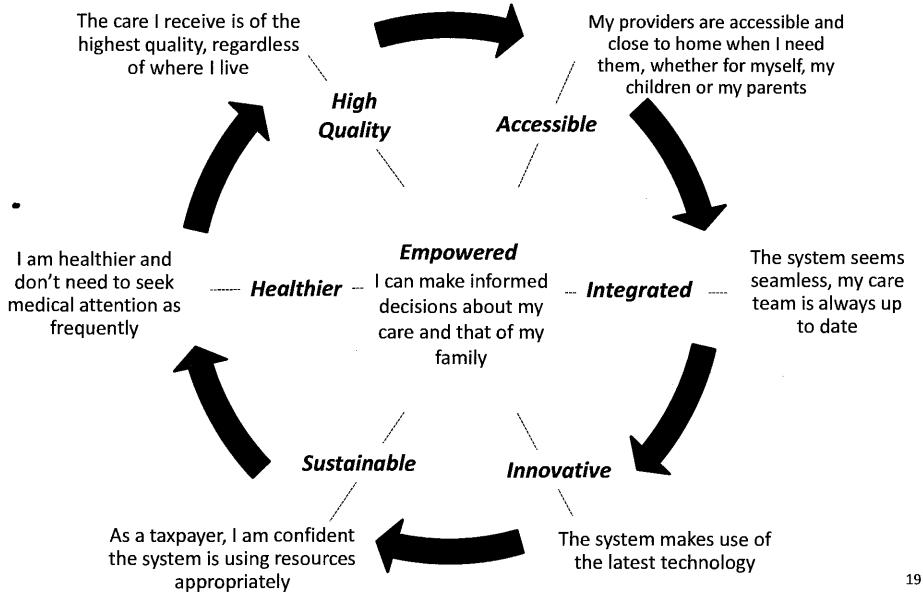
- Health human resources is a key focus area in improving system integration and accessibility and ensuring system sustainability and quality:
 - Putting patients at the centre the right care, right place, right time.
 - Providers working to their full scope of practice and trained to accommodate integrated care.
 - Providers fully enabled and trained to provide coordinated care.
- We are continuing to ensure the system has the health human resources it requires to deliver quality and efficient care.
 - Exploring appropriate expanded scope of practice for providers and more models for collaborative care.

Health System Funding Reform and Quality-Based Procedures

- HSFR is a key focus area in ensuring sustainability and quality across the health system.
- As HSFR moves forward in Year 3 (2014-15), the ministry and its partners will focus on:
 - Community sector expansion
 - On-going model assessment and enhancements
 - Evaluation of HSFR implementation
 - Change management across the sector
- As QBPs are developed across the continuum of care, different approaches will be required for addressing the varying needs of patient/ client populations.
- From a patient perspective, develop QBPs to better enhance patient experience and outcomes.



What our System Should Look Like



Subject: FW: CEO Connection: Strengthening HSFR: The OHA's Priorities

From: Anthony Dale
Date: November 24, 2014 at 1:18:18 PM EST

To: Undisclosed recipients:;

Subject: CEO Connection: Strengthening HSFR: The OHA's Priorities



Strengthening HSFR: The OHA's Priorities

Strengthening Health System Funding Reform (HSFR) is a core priority of the OHA. Since its inception, funding reform has spurred changes across Ontario hospitals. Significant volume increases and improvements in quality have been achieved. Hospitals have demonstrated their capacity for innovation and have emerged as leaders within the health system, driving improvements to patient care.

After three years of experience, now is the natural time to step back and reflect on the progress made to date. That is why the OHA is very supportive of the Ministry's recently announced "Dialogue" on the future of HSFR. Both the OHA and Ministry agree that is essential that we identify the key changes and improvements needed to strengthen HSFR into the future. Further, this work needs to be done quickly. With the planning cycle for routine year four (2014/15) changes already in process, any major reforms would likely be introduced in 2015/16. Fortunately, the "Dialogue" review process kicks off tomorrow (November 25th) with a half-day session in Toronto involving Ministry leadership, LHINs, health service provider representatives, academics and others. The Ministry themes for the session have been grouped into three categories: (1) Going Forward (2) Design and (3) Implementation.

As you may know, in order to effectively participate in the "Dialogue," and guide the OHA's broader work on funding reform, we have created a CEO HSFR Advisory Group. This diverse and representative committee has already been instrumental in our analysis and discussion of the breath and the complexity of the HSFR-related issues being faced across the hospital sector. Based on their guidance, we will be emphasizing several core themes during the dialogue/review process:

 The OHA will be recommending that the government re-establish the HSFR Steering Committee to provide a forum in which to discuss key policy ideas, direct and coordinate sub-committee work, and assist in communications with the field.

- The past three years have highlighted several implementation issues with HSFR notably around timing as well as the design of formula itself. Hospitals need individual allocations well in advance of the fiscal year and in accordance with a schedule that is aligned with their business cycles. This would provide greater certainty and would enable better planning. HSFR-related funding, and funding provided outside of this mechanism should also be better coordinated.
- We need to improve the transparency of HSFR by ensuring that hospitals have access to
 complete and accurate information and a deeper understanding of funding
 methodologies. Hospitals need greater capacity to recreate and reconcile HBAM and
 QPB results and access to continuity schedules that connect previous and current
 volumes and funding. An independent third party should also conduct clinical data
 audits annually. This would create greater confidence in clinical data quality; promote
 accuracy and fairness; and ensure that the service quality and outcomes monitoring is
 done effectively.
- It is essential to leverage HSFR so that it deliberately drives health policy objectives, particularly the integration of hospital and home/community-services around individual patient/client needs.

Attached to this CEO Connection is a <u>document</u> (username and password required) that reviews in detail the full range of comments/recommendations identified by our HSFR CEO Advisory Committee for the Dialogue session. At our most recent meeting, we established that it is very important for the full membership to be aware of this proposed guidance. We will also be moving to share full summaries of our committee discussions and work plan on a regular basis. We will also be encouraging the Ministry to engage directly with hospitals and providers on key aspects of the HSFR review so that all hospitals have the opportunity to contribute directly to the shaping of funding reform into the future.

As always, please do not hesitate to let me know if you have any questions, comments or advice about these reports or any other OHA matter. I can be reached directly at adale@oha.com or 416 205 1348.

Anthony

ANTHONY DALE President and CEO

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