

**KINGSTON GENERAL HOSPITAL  
BOARD OF DIRECTORS' – OPEN MEETING AGENDA**

Date: Wednesday, June 04, 2014

Time: 16:00 – 19:10 hours

Place: Fenwick Conference Room, Watkins 2

Start	Time	Item	Topic	Lead	Purpose	Attachment
1600	1 min	1.0	Call to Order, Quorum Confirmation	Buchanan	Decision	Verbal
1601	1 min	2.0	Approval of Open Agenda & Approval of April 30 Minutes	Buchanan	Decision	Draft agenda & minutes
1602	3 min	3.0	Chair's Remarks	Buchanan	Inform	Verbal
1605	15 min	4.0	CEO Report			
		4.1	KGH Auxiliary Annual Report	Thompson/Raymond	Inform	Briefing note & written report
		4.2	CEO Report & Environmental Scan	Thompson	Inform	Written report
1620	15 min	5.0	Monitoring Quality and Effectiveness			
		5.1	Chief of Staff & MAC Annual Report	Zelt	Inform	Briefing note / annual report to follow
		5.2	Midwifery Health Human Resource Planning	Quirt/Rivoire	Inform	Verbal
		5.3	Occupational Health & Safety Annual Report	Carson	Decision	Briefing note & annual report
1635	20 min	6.0	Ensuring Financial & Organizational Viability			
		6.1	Annual Audited Financial Statements and MD&A	Janiec	Decision	Briefing note, presentation & draft statements & MD&A
		6.2	Appointment of the Auditors for Fiscal 2015	Janiec	Decision	Briefing note
		6.3	Broader Public Sector Accountability Act – Compliance	Janiec	Decision	Briefing note & attestation
		6.4	Hospital Service Accountability Agreement Extension	Carson	Decision	Briefing note & agreement
1655	15 min	7.0	Ensuring Strategic Direction			
		7.1	KGH This Quarter – Q4 Reporting	Thompson	Inform	B note & attestation / presentation will follow
		7.2	KGH This Year	Thompson	Inform	Briefing note & publication
		7.3	SE LHIN Sustainability Project	Thompson	Update	Verbal
1710	30 min	8.0	Ensuring Board Effectiveness			
		8.1	Board Slate 2014-15	Thomson	Decision	Briefing note
		8.2	Board Committees – Terms of Reference	Thomson	Decision	Briefing note & draft terms of reference
		8.3	Board Master Schedule 2014-15	Thomson	Decision	Briefing note & draft Board & Committee Schedule
		8.4	Board Committee Compositions 2014-15	Thomson	Decision	Briefing note & memberships
		8.5	Board Committee Annual Reports <ul style="list-style-type: none"> <li>Audit Committee (Donna Janiec)</li> <li>Governance Committee (George Thomson)</li> <li>Medical Advisory Committee (see agenda item #5.1)</li> <li>Quality of Patient Care Committee (Geoff Quirt)</li> <li>Research &amp; Education Committee (Annette Bergeron)</li> <li>Resources Committee (Scott Carson)</li> <li>Senior Leadership Assessment &amp; Compensation (Tom Buchanan)</li> </ul>	Thomson	Inform	Briefing Notes / annual reports
1740	5 min	9.0	Break & Motion to Move In-Camera	Buchanan	Decision	Verbal
		15.0	Rise & Report from In-Camera Session & Termination	Buchanan	Decision	Verbal

## BOARD OF DIRECTORS: OPEN MEETING OF JUNE 04, 2014

A regular meeting of the Board of Directors of Kingston General Hospital was held in the Wednesday, June 04, 2014 in the Fenwick Conference Room, Watkins 2, of Kingston General Hospital from 16:00 to 18:45 hours. The following are the open minutes.

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

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

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

Regrets: nil.

Guests: Jeannine Proulx, Planning Officer, South East French Language Health Services Network.  
Jenny Raymond, President, KGH Auxiliary

Administrative Staff: Rhonda Abson (Recording Secretary), Jim Flett, Chris Gillies, Shannon Graham, John Lott, Theresa MacBeth.

### 1.0 CALL TO ORDER & QUORUM CONFIRMATION

The Chair called the meeting to order, confirmed quorum, and welcomed Auxiliary President Jenny Raymond and Jeannine Proulx with the South East French Language Services Network to the meeting.

Board members were reminded of the following upcoming commitments: KGH Board Strategy session and dinner will be held on Tuesday, June 17 starting at noon at the Donald Gordon Centre. On Thursday, June 19, the University Hospitals Kingston Foundation (UHKF) will be hosting their annual community celebration at the Marriott Hotel, 7 Earl Street starting at 16:00 hours. On Sunday, June 22, UHKF will be holding an event to celebrate the new donor wall at KGH starting at 13:00 hours. KGH new board member orientation will take place on Monday, June 23 at 13:00 hours and while board members are welcome to participate, this year's orientation involves only one board member and the CEO, along with the senior team, have agreed to lead this program. On Tuesday, June 24, starting at 14:20 hours, KGH will be celebrating the 'no more carpets' in the patient care areas followed by the annual strawberry social.

A summer update / Board conference call will be held on Wednesday, August 13 at 16:00 hours in the Fenwick Conference Room. The Chair also drew attention to the 2014-15 Board and Committee meeting schedule (agenda item #8.3) to ensure members add the dates to their calendars.

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### 2.0 APPROVAL OF OPEN AGENDA & APPROVAL OF APRIL 30 MINUTES

Distributed at the meeting was a copy of the updated draft terms of reference for the Finance and Audit Committee as well as a copy of the annual report of the Medical Advisory Committee.

Moved by Kishore Thain, seconded by Annette Bergeron

THAT the agenda is approved as circulated.

CARRIED

Moved by Bill Robertson, seconded by Geoff Quirt

THAT the open minutes of the April 30, 2014 Board meeting be approved as circulated.

CARRIED

### 3.0 CHAIR'S REMARKS

Board members are required to complete the annual board / committee and meeting effectiveness surveys and links to the questionnaires will be provided following today's meeting by e-mail.

### 4.0 CEO REPORT

#### 4.1 KGH Auxiliary Annual Report

A written report was prepared and circulated to the Board in advance of the meeting. Jenny Raymond highlighted the importance of the relationship between the Auxiliary and Board and thanked Board members who recently attended the annual golf tournament. The Auxiliary President also recognized the support provided to the Auxiliary by staff in People Services and Organizational Effectiveness. The Ministry of Labour visit in June 2013 resulted in the need to develop and revise several policies. Work is underway to revise the Auxiliary's Constitution to ensure compliance with Bill 65. The annual report provided Board members with an overview of the many accomplishments of the Auxiliary as well as identifying several challenges. Due to lower revenues in The Café and the Gift Shop, this year's donation to KGH will be lower than in previous years. The Auxiliary's Finance Committee will be meeting over the summer to determine what to purchase once the capital equipment list has been approved. Discussion focused on recruitment strategies and how challenging it is to secure new members. The Board recognized the contributions of the Auxiliary and thanked Jenny Raymond for her informative presentation.

Jenny Raymond departed the meeting at 16:20 hours.

#### 4.2 CEO Report and Environmental Scan

A written report prepared by the President and Chief Executive Officer was circulated in advance of the Board meeting. Appended to the CEO report were copies of KGH This Week, the regular

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update from the Ontario Hospital Association Board of Directors and President's Report. Board members were encouraged to log-on and register at the new information exchange recently launched by the OHA called "healthscape" located at [www.healthscape.ca](http://www.healthscape.ca). In 2014, the OHA will be celebrating its 90<sup>th</sup> anniversary and work is underway to develop a campaign including a video to recognize the achievements of Ontario hospitals and KGH has been invited to participate. Board members were briefed on the CEO's recent presentation in Denmark on patient- and family-centred care engagement.

Discussion focused on the government's proposed amendments to the *Excellent Care for All Act* to broaden Health Quality Ontario's mandate regarding patient relations and to introduce a patient ombudsman.

## 5.0 MONITORING QUALITY AND EFFECTIVENESS

### 5.1 Chief of Staff & MAC Annual Report

A copy of the annual report of the Medical Advisory Committee was circulated at the meeting. David Zelt highlighted the responsibilities of the MAC as well as providing an overview of the key accomplishments this past year. A new common electronic credentialing system has been developed for the Kingston Hospitals and Queen's School of Medicine and plans are underway to launch the system to additional departments in the coming months.

The MAC has discussed the new "Choosing Wisely Canada" campaign which was recently launched to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures. In response to a question regarding the five tests within this campaign, David Zelt confirmed that the Joint Quality Improvement and Utilization Committee would be engaged in this discussion. The CAHO Physician Quality Improvement Initiative 360 Pilot Project was completed in February 2014 and Phase 2 is now being implemented which will see the addition of 60 reviews in 2014-15.

Several strategies have been implemented over the last few years which has resulted in a significant reduction of clostridium difficile infections, Dr. Zelt noted that KGH has not experienced an outbreak in over two years.

The MAC annual report outlined several recommendations/initiatives to be implemented in 2014-15 including a review and amendments to the governing bylaw. The MAC has also recently completed revisions to the Physician Behaviour Policy and further dialogue is expected in the coming year with the College of Physicians and Surgeons and other governing bodies.

Jim Flett departed the meeting at 17:00 hours.

## 5.2 Midwifery Health Human Resource Planning

Geoff Quirt, Chair of the Patient Care and Service Quality Committee, briefed the Board on the recent e-mail campaign requesting that KGH “Life the Cap” on the number of midwives that have privileges at KGH. An advocacy group is central to the campaign and highlights the differing opinions on the number of midwives who should be credentialed at KGH. Eleanor Rivoire noted that midwives have been an important part of the interprofessional team at KGH for 20 years. KGH is working collaboratively with the midwives and the Departments of Obstetrics and Gynaecology and Pediatrics to understand the issues to ensure a sustainable human resource plan that supports the needs of all patients and fulfills the hospital care and teaching mandates as well as supporting regional need. Discussion focused on the number of midwife deliveries in the context of KGH’s overall birth rates.

## 5.3 Occupational Health and Safety Annual Report

The annual occupational health and safety annual report was pre-circulated with the agenda package. Scott Carson, chair of the Resources Committee, reported that the committee received a detailed presentation at their May meeting. The report covers KGH’s safety procedures and practices to ensure a safe and healthy work environment is provided, as well as ensuring the safe use of substances, equipment and medical devices, the organization’s efforts to support safe and healthy work practices, prevention of accidents and elimination of undue risks, and the minimization of hazards inherent in the hospital environment. An overview of compliance related to visits and orders by the Ministry of Labour was included in the report. The Occupational Health and Safety and Wellness Scorecard was included in the report and Shannon Graham confirmed that the Joint Occupational Health and Safety Committee is functioning well and regular reporting occurs. An overview of KGH’s controlled access protocols was provided in response to a question regarding the recent abduction of an infant from another hospital.

Moved by Scott Carson, seconded by Lynn Bowering

THAT the board of directors receives the 2013/14 Occupational Health and Safety Annual Report as presented to fulfill the responsibilities under the Ontario *Occupational Health and Safety Act* and the Hospital’s Bylaw.

CARRIED

## 6.0 ENSURING FINANCIAL & ORGANIZATIONAL VIABILITY

### 6.1 Annual Audited Financial Statements and MD&A

The draft audited financial statements were pre-circulated as part of the agenda package. Donna Janiec, chair of the Audit Committee, reported that the committee reviewed the statements in detail at their recent meeting. No major issues were identified by the auditors, KPMG; KGH received an unqualified audit report. As noted in the statements, KGH has recorded a surplus at March 31,

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2014. The unaudited Management Discussion and Analysis provides an excellent overview of KGH's financial position and operating activities and explains in details how the surplus was achieved. The Audit Chair drew attention to the consolidated statements of financial position noting that short-term borrowing is now at zero which is a significant achievement. In terms of working capital, the hospital's total working capital surplus at March 31 was \$35.2 million; an \$18.8 million improvement from the previous year. The Audit Chair also noted that the current assets include cash of \$63.7 million of which \$35.9 million has been approved for capital expenditures. In response to a question contained in the MD&A relating to the percentage of full-time staff, Shannon Graham agreed to reconfirm the number of full-time staff and report back to the Board any variance.

The Chair noted the significant financial achievements KGH has achieved since his arrival on the Board such as year-over-year capital investment improvements, debt/loans being paid down, cash flow continually improving, and successful completion of a Performance Improvement Plan.

Moved by Donna Janiec, seconded by Peng Sang Cau

THAT the draft audited financial statements and related unaudited management discussion and analysis for the year ended March 31, 2014 be approved.

CARRIED

## 6.2 Appointment of the Auditors for Fiscal 2015

In April 2012, KPMG was recommended as KGH's auditors through to Fiscal 2017, subject to a formal recommendation by the Audit Committee each year.

Moved by Donna Janiec, seconded by George Thomson

THAT the board of directors endorses the recommendation of the Audit Committee regarding the reappointment of KPMG as the Hospital's auditors for Fiscal 2015.

CARRIED

## 6.3 Broader Public Sector Accountability Act (BPSAA) – Compliance Reporting Attestation

The *Broader Public Sector Accountability Act* requires every hospital to prepare reports on the hospital's use of consultants, publicly post expense claim information, and prepare compliance attestations. The Audit Committee reviewed these requirements at their recent meeting and recommend completion of the attestation form.

Moved by Donna Janiec, seconded by George Thomson

THAT the board of directors approve the *Broader Public Sector Accountability Act (BPSAA)* compliance attestation form for Fiscal 2014.

CARRIED

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## 6.4 Hospital Service Accountability Agreement Extension

Scott Carson, chair of the Resources Committee, drew attention to the committee's recommendation to approve an extension to the H-SAA Amending Agreement to March 31, 2015. It was noted that the Ontario Hospital Association negotiates with the provincial LHINs to establish the parameters of the Agreement.

Moved by Scott Carson, seconded by Bill Robertson

THAT the Board of Directors approve the 2008-2014 Hospital Service Accountability Agreement – Amending Agreement.

CARRIED

## 7.0 ENSURING STRATEGIC DIRECTION

### 7.1 KGH This Quarter – Q4 Reporting

The integrated Q4 report summarizing progress on each of the key performance indicators was posted on the board portal. Each of the board committees with oversight responsibility have completed detailed reviews at their recent meetings.

The CEO provided a brief presentation highlighting KGH's results. Overall, 11 of 13 (85%) of the strategy milestones are on track. In terms of the Quality Improvement Plan indicators, 8 of 12 (67%) are on track. Regarding supporting corporate performance indicators, 64 of 88 (73%) are on track. There were a number of 'big wins' in Q4: KGH's C. Difficile rate is one of the lowest in the Province; there have been further reductions specimen collection errors; KGH's financial health has been sustained; and, in Q1, all carpets will have been removed from all patient areas in the hospital!

Areas to focus going forward into Q1 will include improving hand hygiene compliance rates which has fallen slightly at the end of Q4; reported patient falls have increased and teams are reviewing each incident to ensure strategies/initiatives are put in place for patient safety; gridlock strategies relating to the transfer of alternate level of care patients need to be implemented; and Phase 2 redevelopment planning must remain a top priority.

The CEO reported that, looking ahead, the focus remains on course to achieve the 2015 outcomes and ensuring that all new accountability requirements are met. There are a number of new government initiatives that will require the team's attention going forward including the new access to care emergency room performance report. The Patient Care Committee will have a 'deep dive' analysis of the report at a future meeting.

A copy of the CEO attestation regarding KGH's performance indicators and reporting for 2013-14 was circulated as part of the briefing package. In preparing the document for CEO signature, confirmation was received from the Chief Operating Officer, Jim Flett, and the Director of Decision

Support Services, John Lott, that all due diligence that would be reasonably expected of the CEO and to the best of the staff's knowledge, has been undertaken in preparing the past year's reporting.

## 7.2 KGH This Year

A presentation focused on the development of KGH This Year was provided by the CEO along with a copy of the print publication. The focus for this year's report is to try and capture, from the patient's perspective, the various initiatives and outcomes to transform the patient experience by improving KGH's environment. It celebrates the many awards and accomplishments of the past year and invites the community to stay connected with KGH through social media.

The report also outlines the key elements/focus for the year ahead: KGH becoming more clean/green and carpet free; creating opportunities to further partner with patients such as recruiting more patient experience advisors, conducting advisor engagement surveys to learn more about how the partnership is working; the need to further eliminate preventable harm by improving hand hygiene compliance, reducing patient falls, ensuring every patient gets a medication reconciliation on admission to hospital, continue our efforts to improve specimen collection and labelling errors, and that every surgery patient has a surgical safety checklist completed.

The CEO reported that the team will remain focused on eliminating preventable delays through the emergency department as well as implementing strategies to reduce the number of patients that are waiting to be transferred to a more appropriate setting.

The focus in the year ahead is to continue to support new models of interprofessional care and education such as the recent introduction of the "H.E.A.R.T" program, continuing with patient- and family-centre care education sessions across the organization, focusing on increasing overall patient satisfaction ratings as well as creating a healthy workplace which includes expanding performance reviews, strengthening KGH's leadership development program, developing and rolling out a new corporate engagement plan for the hospital, completing the scheduling project, and to build on a continued reduction in needlestick injuries.

Collaboration efforts this past year saw the amalgamation of the KGH Foundation into the University Hospitals Kingston Foundation; a new model has been drafted and an Request for Proposal launched for the Joint Research Institute; the sustainability project will require hospital partners to look at opportunities to support operational efficiencies and savings; and a regional information technology Request for Proposal will be issued in the year ahead.

John Lott and Theresa MacBeth departed the meeting at 17:55 hours.

## 7.3 SE LHIN Sustainability Project

While the contract was awarded earlier last month, the CEO advised the Board that the successful proponent has not been announced publicly.



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### 8.0 ENSURING BOARD EFFECTIVENESS

#### 8.1 Board Slate 2014-15

The Board slate was presented by George Thomson, Chair of the Governance Committee. Nominations were sought to fill two vacancies on the Board. Based on the applications received, the Governance Committee there was one candidate for consideration at this time; the remaining vacancy will continue until such time as a candidate can be secured who meets the prescribed skill set criteria. The completed application and curriculum vitae to support the election of Diane Kelly was circulated with the committee's recommendation.

Moved by George Thomson, seconded by Kishore Thain

THAT the following individuals are elected to the Board of Directors of Kingston General Hospital immediately following the June 4, 2014 annual general meeting: Annette Bergeron, Lynn Bowering, Scott Carson, Peng Sang Cau, Wendy Forsythe, Timo Hytonen, Donna Janiec, Diane Kelly, Susan Lounsbury, Geoffrey Quirt, George Thomson, and Bill Robertson.

CARRIED

#### 8.2 Board Committees – Terms of Reference

A summary of the Governance Committee's work in preparing the draft terms of reference to support a three-committee structure were pre-circulated to the Board. Updated Finance and Audit Committee terms of reference were provided on the table at the start of the meeting. The terms of reference were updated based on Board input from the April meeting and the Governance Committee finalized the draft documents at their May 20 meeting. George Thomson confirmed that the Committee also discussed in detail the membership requirements for each of the committees. It is recommended that up to 2 external members be appointed, with specific skill sets, on the Finance and Audit and the Patient Care and People Committees. The Committee also recommends that each elected board member will be invited to serve on only one committee, with the exception of the Chair and Vice Chair. Further clarification will be obtained from the Governance Committee as to whether the CEO serves on the Finance and Audit Committee. Wording has been clarified in the terms of reference for the Governance Committee relating to the strategy piece to simply ensure that there are processes in place to undertake the review but that the Board retains full responsibility for the overall strategy discussion. Board agendas will be updated to focus more on committee work since members will be serving on only one committee. Research reporting and oversight is recommended to remain with the Governance Committee.

Moved by George Thomson, seconded by Susan Lounsbury

THAT the draft terms of reference dated May 29, 2014 for the Governance, Finance and Audit, and Patient Care and People Committee be approved.

CARRIED

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### 8.3 Board Master Schedule 2014-15

The master Board and Committee meeting schedule was pre-circulated to the Board. Members should ensure all Board meeting dates are placed calendars.

Moved by George Thomson, seconded by Wendy Forsythe

THAT the master 2014-15 board and committee meeting schedule be approved.

CARRIED

### 8.4 Board Committee Compositions 2014-15

The Governance Committee is recommending the board member and committee chair appointments for committee work. With the approval of the new terms of reference, populating ex-officio positions will commence and a final draft committee composition listing will be brought forward to the August Board meeting.

Moved by George Thomson, seconded by Scott Carson

THAT the Board of Directors approves the proposed 2014-15 board committee compositions and that external and ex-officio positions will be confirmed at a later date.

CARRIED

### 8.5 Board Committee Annual Reports

George Thomson, chair of the Governance Committee, drew attention to the annual board committee reports which were pre-circulated as part of the agenda package. The Governance Committee reviewed and confirmed the questions used to develop the annual reports. A copy of the reports will be posted on the board portal and recommendations will be captured in the development of the 2014-15 committee work plans.

Committee chairs provided highlights of key accomplishments as areas of risk for focus in 2013-14 as follows:

Audit Committee: Donna Janiec, committee chair, reported that the committee is responsible for overseeing the external audit function and also ensured that the compliance requirements of the Broader Public Sector Accountability Act.

Governance Committee: George Thomson, committee chair, confirmed that the committee fulfilled its mandate and will continue to receive regular updates on the sustainability project. Other key areas of focus in 2014-15 include further discussion on the recommendations from the Board panel on hearings and additional work to support the new board committee redesign, i.e. bylaw and board policy amendments.

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Quality of Patient Care Committee: Geoff Quirt, committee chair, emphasized the importance of continued focus on the internal and external impediments to patient flow; monitoring patient based funding/wait time activities; and preparedness to respond to increasing trends in social media relating to quality of care issues.

Research and Education Committee: on behalf of Annette Bergeron, committee chair, the CEO drew attention to the annual report of the committee and assured the Board that an evaluation tool will be put in place to ensure effective oversight of the research and academic mandate at the Board level with the new board committee redesign. Continuing to move forward with an integrated research institute will be important.

Resources Committee: Scott Carson, committee chair, drew attention to the listing of key accomplishments of the committee this past year. Emerging risks include a need to engage/brief the Board on funding reform/quality based procedures funding and provide ongoing education in Fiscal 2015 on these changes; the need to incorporate an update mid-year on major balance sheet accounts in terms of deferred revenue; the committee remains concerns about continued funding freezes and inflationary cost pressures; advancing Phase 2 redevelopment will be very important in 2014-15.

Senior Leadership Assessment and Compensation Committee: Tom Buchanan, committee chair, confirmed that the committee has fulfilled its mandate as outlined in their terms of reference. A listing of accomplishment was outlined in the report. In terms of emerging risks, the committee looks forward to an update from the CEO on the processes to support executive team succession planning and the committee will continue to monitor the external environment related to executive compensation compliance requirements.

Committee chairs were reminded that recommendations contained in the 2013-14 annual reports should be captured in 2014-15 work plans which will be reviewed at September committee meetings. Once the work plans have been endorsed by the committee, they will be brought to the Board for approval.

Moved by George Thomson, seconded by Timo Hytonen

THAT the board of directors receives the annual reports of the board committees for 2013-14.

CARRIED

## 9.0 BREAK & MOTION TO MOVE IN-CAMERA

Moved by Wendy Forsythe, seconded by Bill Robertson

THAT the Board move into an in-camera session at 17:50 hours.

CARRIED

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## 15.0 RISE & REPORT FROM IN-CAMERA SESSION & TERMINATION

The Chair invited a motion to report on the following in-camera decision and discussions items: the Board approved the in-camera minutes of the April 30 Board meeting; the Board received the draft in-camera minutes of the Quality of Patient Care, Governance, Resources, Senior Leadership Assessment and Compensation, Audit, and Research and Education Committees; the Board approved appointments and reappointments to the medical, midwife, and registered nurse (extended class) staff; the Board approved the reappointment of Dr. John Rudan as Head of the Department of Surgery from July 1, 2014 to June 30, 2019; the Board approved the appointment of Dr. Lois Shepherd as Interim Head of the Department of Pathology and Molecular Medicine for the period July 1, 2014 to June 30, 2015; the Board granted a 25-year naming opportunity to the Davies Charitable Foundation in the naming of the private family waiting room B in the Intensive Care Unit; and the Board reviewed and discussed Q4 performance reports from the President and CEO and the Chief of Staff; the Board approved the CEO Performance Agreement 2014-15 milestones and targets as well as the total pay for performance allocation for 2013-14.

The meeting terminated at 18:45 hours on motion of Susan Lounsbury.

Tom Buchanan  
Chair

# KINGSTON GENERAL HOSPITAL

## BRIEFING NOTE

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**TOPIC OF REPORT:** CEO UPDATE FOR PERIOD April 30 – May 27, 2014  
**SUBMITTED TO:** KGH Board of Directors  
**SUBMITTED BY:** Leslee Thompson, President & CEO  
**DATE:** May 27, 2014

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This note provides an update on major issues and activities that CEO and management have been addressing since the Board meeting held on April 30, 2014 (regular). Board committees have all met this month and my report will not repeat items reviewed at those meetings.

I will be providing an external update as usual at the board meeting, and as always, I am happy to take any questions on these or any other item.

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### 1. Q4 Results

I always look forward to sharing Q4 results as these usher in the official results for the fiscal year. Once again our KGH teams have done an excellent job in advancing the strategy and delivering on ambitious annual performance targets. Each board committee has been reviewing their assigned milestones to assess progress in detail. I will be providing a year end summary of our performance against the corporate plan at the board meeting.

### 2. KGH This Year & Year End Activities

We are producing another “KGH this year” for 2013/14 as our public facing report highlighting progress made this past fiscal year and what is ahead for 2014/15. Inside this year’s report you will see a special feature on the progress made on our milestone for KGH of being “clean, green & carpet free!” We are using the carpet free platform as a focus for celebrating with staff and we are inviting some people who were instrumental in making this happen (such as John Gerretsen) for a tour of the “new” units as well as to our staff “strawberry social” event. You will have received your invitation for this as well and we really hope you will come and join us – I promised the organization we would have a party when it was done, and that is what we are doing! The communications team is also planning a number of media related activities around all this and we will give you more of an update during our board meeting.

In addition, we recently held a leader’s celebration, and three town halls for staff and volunteers are scheduled for June.

### 3. KGH Knowledge Exchange:

We are launching a new series at KGH called “KGH Knowledge Exchange” on June 3, 2014, and this is a forum for sharing the latest news and best practices in health care. All staff, volunteers, and learners are invited to participate and we have a number of speakers from within our KGH community already lined up. I am leading the first one which will be focused on what I learned from the national and international symposiums I have attended recently.

#### **4. University Hospitals Kingston Foundation Amalgamation Update**

Further to our April Board meeting, no further issues have been raised by the Foundations of Hospitals and all have signed off on the amalgamation agreement. Carters has prepared the third draft which will go to the Office of the Public Guardian and Trustee for review before May 30 and it is our understanding that this submission has been completed.

#### **5. Ontario Hospital Association “healthscape”**

Last month the OHA introduced a new information exchange forum called “healthscape” offering a broad range of current news and information and helps users navigate the complex landscape of Ontario’s ever-changing health care system. I would encourage board members to join – you can register at [www.healthscape.ca](http://www.healthscape.ca).

Attached to my report is the latest update from the OHA Board of Directors and President’s Report. Again, both documents provide excellent insights into key system issues.

#### **6. Legislative Update**

In late March, the government introduced Bill 179, the *Public Sector and MPP Accountability and Transparency Act, 2014*. The bill is designed to strengthen political accountability, enhance oversight, and increase transparency in the government and the broader public sector. The bill would introduce the *Broader Public Sector Executive Compensation Act, 2014* which would authorize the creation of executive compensation frameworks in broader public sector organizations including hospitals - [click here](#) to view the draft Bill and various Schedules.

Schedule 4 of Bill 179 would amend the Excellent Care for All Act (ECFFA) to broaden Health Quality Ontario’s mandate regarding patient relations and to put in place the office of the patient ombudsman. The Ministry specifically requested KGH’s comment on the draft regulation that would strengthen the patient relations process and thanks to Eleanor Rivoire and KGH patient relations specialist Katie Ireland for providing comment to government on this important piece of work.

Of course, with a provincial election underway all the work on this bill is suspended and we will see what gets back on the docket depending on who forms the next government.

#### **7. Media Report for Q4**

Proactively broadening the profile of KGH, its staff, research, patient- and family-centered care initiatives and leadership through our communication vehicles and media outlets continues to be an exciting area of opportunity for KGH’s Strategy Management and Communications. The Q4 data report has been compiled and is available and a copy is attached.

#### **8. External Presentations – CEO**

Year- end summary of the invited presentations I have done is appended to my annual performance report. The highlight was definitely being invited to present in Paris and in Copenhagen on our patient experience work.

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

Respectfully submitted

A handwritten signature in black ink, appearing to read "L. Thompson", enclosed within a thin black rectangular border.

Leslee J. Thompson  
President and Chief Executive Officer

Q4 2013-14

Period ending March 31, 2014

The background of the page features a close-up, slightly blurred photograph of a stack of newspapers. The edges of the pages are visible, showing various headlines and text. In the lower right corner, a portion of a calculator is visible, with its buttons and display area partially in focus.

# Media Report



Kingston  
General  
Hospital

*Outstanding care, always*



# MEDIA REPORT – Q4 2013-14

Proactively broadening the profile of KGH, its staff, research, patient- and family-centred care initiatives and leadership through internal and external communication vehicles and media outlets continues to be an exciting area of opportunity for Strategy Management and Communications this quarter. We continually monitor how KGH is portrayed in traditional media & new media (Facebook, Twitter, blogs).

Comprised of data collected from **January 1 to March 31, 2014** this report shares key highlights of KGH's traditional media and social media profile along with opportunities for reputation management.

## Prepared by:

Jennifer Anselm

Strategic Communications Advisor, Media & Stakeholder Relations

Department of Strategy Management and Communications

## Q4 – TOP MEDIA HIGHLIGHTS

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### Overview

During Q4 quarter, 54 KGH-specific stories were tracked across local, provincial/national and international media. <sup>1</sup> Thirty-five per cent were positive in tone, while 65 per cent were neutral and 2 per cent were negative in tone. <sup>2</sup> For comparison, last quarter 51 per cent were positive in tone, while 33 per cent were neutral and 16 per cent were negative in tone.

\*Each year, Strategy Management and Communications tracks approximately 250 KGH-specific stories. On average, more than 50 per cent of these were positive in tone, while 9 per cent were negative in tone. The remaining 41 per cent were neutral (date range: April 1, 2013-March 31, 2014).

**For a full media summary of all news capture that took place during Q4, see Appendix A.**

**For tone definitions, see pg. 10.**

There are a number of media highlights this quarter. One of the most prominent and exciting is a front-page, above-the-fold (upper half of the front page) article featuring KGH in **The Globe and Mail**. The feature-length article was published over Family Day weekend (**Feb. 17**) with the headline: 'Patient advisers a prescription for health-care power shift'. The subhead read: 'Advisers: KGH Patients have helped pick more than 350 staff members'. The article featured an image of KGH Patient Experience Advisor Patrick Dickey, who regularly participates on hiring panels.

**The Globe and Mail** is Canada's largest-circulation national newspaper with an average weekend issue readership of 1 million people.

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<sup>1</sup> See Table 1 - KGH Media Coverage by Geographic Area

<sup>2</sup> See Table 2 - Tone Analysis of 54 KGH Media Stories in Q4 2013-14

The newspaper approached Strategy Management and Communications to inquire about KGH's patient- and family-centred care approach. Kelly Grant, a new health reporter to the *Globe* relayed that she'd heard "great things about KGH's patient-centred focus" through discussions with fellow health reporter colleague Lisa Priest. Grant had also heard Brian Goldman's program *White Coat, Black Art* on *CBC Radio* this past September. The half-hour program centred on KGH's patient- and family-centred initiatives.

Strategy Management and Communications were asked about what spurred KGH to involve patients and their families, how this level of involvement has affected the culture in our hospital, how KGH shows that this is 'real' and that we are 'walking the walk', what we do differently than other hospitals to engage patients and their families – and, of course, what the future holds. Grant had a particular interest in the participation of patient experience advisors in hiring interviews.

Interviews were arranged with Patient Experience Advisors Marla Rosen and Patrick Dickey. Patrick is a new advisor who has been involved on a number of hiring panels – including one conducted on the day of the interview. The reporter also interviewed Patient- and Family-Centred Care Lead Daryl Bell.

**Questions to our advisors included:**

Why did you decide to become an advisor?

What changes have you seen at KGH as a result of your role as an advisor?

What are you looking for in a candidate's answer when you are participating in a hiring panel?

Does your opinion hold sway? If you don't feel the candidate on a hiring panel is patient-centred, could that affect their chances of employment?

Over the past few quarters, there has been growing interest from media surrounding how KGH is working to bring patient- and family-centred care to life and achieve our aim of Outstanding Care, Always. As you may recall, KGH's initiatives in this area have been profiled by **CBC Radio** multiple times, as well as on **CBC TV - New Brunswick**. We also received national 'industry' coverage with a profile on patient engagement at KGH in the winter edition of **Canadian Healthcare Manager Magazine**. In addition, Eleanor Rivoire and Patient Experience Advisor Glenn Outhwaite were featured locally on **CKWS-TV**, speaking about KGH's strides in patient- and family-centred care.

**The Globe and Mail** story also made its way into social media and was widely shared through retweets on Twitter.

**To read The Globe and Mail article in full, see Appendix B.**

**To view the front cover of The Globe and Mail, see Appendix C.**

## ADDITIONAL MEDIA HIGHLIGHTS

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There are a number of other exciting Q4 media highlights to share. They are listed under the following categories: **Health Research; KGH Auxiliary; Awards; Letters-to-the-Editor; Patient and Family-Centred Care & Experience; and External Media Engagement.**

### HEALTH RESEARCH

**January** – Leslee Thompson authors an Op-Ed in **Kingston This Week** (January 16) about the Council of Academic Hospitals of Ontario's value proposition regarding health research and innovation as driver for creating a: 'Healthier, Wealthier and Smarter Ontario'. The article receives praise from CAHO and is used as a model for other CAHO member hospital communicators to emulate/localize for their own media outreach efforts in the areas of health research and innovation.

**March** – Communicators from the Canadian Cancer Society, Queen's and KGH collaborate on a media campaign to share research news about a large, international clinical trial being conducted by Dr. Chris Booth, Medical Oncologist at the Cancer Centre of Southeastern Ontario at KGH/Queen's University. Dr. Booth's NCIC Clinical Trial examines the effect of exercise as a standard treatment in preventing colon cancer recurrence. Media pick-up (citing Dr. Booth's affiliation with KGH) included: **Yahoo News Canada, The Kingston Whig Standard, MedicalExpress.com, Sun News Network and CBC.ca.**

### KGH AUXILIARY

KGH Auxiliary Teddy Bear Campaign committee Co-Chairs Alice Robertson and Heather Breck penned a Letter-to-the-Editor in the **The Kingston Whig Standard** (Feb. 12) thanking the community for their support at exceeding the Auxiliary's fundraising goal of \$20,000.

You may recall that last quarter, Strategy Management and Communications provided communications support and advice for the media launch of the 2013 KGH Auxiliary Teddy Bear Campaign (Nov. 13-Dec. 20). This resulted in excellent local coverage to promote fundraising for this year's purchases of a cardiac and CO2 monitor for pediatric oncology patients. Highlights included: coverage by six local media outlets (outlined below) and front-page coverage in **The Kingston Whig Standard**. This is the most coverage that has been obtained for the campaign in the past five years.

### AWARDS

Receiving media profile in the awards category this quarter is KGH President and CEO Leslee Thompson who was featured on **HIROcnow.com** for being awarded as one of 'Canada's Top 100 Most Powerful Women' in the public sector category by the Women's Executive Network. Last quarter, this news was featured on **CKWS-TV, KingstonHerald.com and Queensu.ca**

The selection criteria in the public sector category included: management role, vision and leadership, corporate performance and community service.

## LETTERS-TO-THE-EDITOR

One positively-toned letter-to-the-editor appeared in the **The Kingston Whig Standard** this quarter. Authored by Mike Cole-Hamilton of Kingston the content praises the patient-centred care he received during a recent unexpected visit to the Emergency Department. Cole-Hamilton thanks volunteers, staff and care teams for their care and support during his patient journey. For more information about the content of the letter, see 'Good work, KGH' - January 15, located within **Appendix A - 'Media Summary'**.

No negatively-toned letters-to-the-editor appeared in the media this quarter.

**There has not been a single negatively-toned letter-to-the-editor published within the last year (April 1, 2013-March 31, 2014).** Last quarter, there were four positively-toned letters-to-the-editor in **The Kingston Whig Standard** thanking staff and care teams at KGH for their care and support.

## PATIENT- AND FAMILY-CENTRED CARE & PATIENT EXPERIENCE

**January 29** – KGH's patient- and family-centred approach was featured in a blog post on **hospitalimpact.org**. The article entitled: 'Embed patient experience advisors hospital-wide' was authored by Doug Della Pietra, Director of Customer Service and Volunteers for Rochester General Hospital, NY, after a visit to KGH to learn about our patient engagement initiatives. The blog was repurposed on **fiercehealthcare.com**, and **iowahospital.com** (a blog produced by the Iowa Hospital Association).

**February 17** – Front page **Globe and Mail** article – 'Patient Advisers a prescription for health-care power shift). For full details, see 'Top Media Highlights' section at the beginning of this document.

## EXTERNAL MEDIA ENGAGEMENT

**January 21** – Strategy Management and Communications issues a media release to support local and regional awareness of the Ministry of Health's colorectal, breast and cervical cancer screening campaign that encourages men and women aged 50-74 to get screened and take control of their health.

The release was sent to local and regional media outlets. Dr. Hugh Langley, Primary Care Lead for the South East Regional Cancer Program served as spokesperson. Anne Maxwell, a patient at the Cancer Centre of Southeastern Ontario at KGH, whose breast cancer was detected during a routine mammography screening, was prepared for media interviews and quoted in the release.

**CKWS-TV** completed a story featuring both Dr. Langley and Anne Maxwell.

**March 17** – Written in collaboration with the Ministry of Health and Long-Term Care and the Ontario Ventilator Equipment Pool at KGH, Strategy Management and Communications issued a media release to announce the availability of a new device (The CoughAssist E70) that will improve quality of life for Ontarians requiring ventilator assistance. The device has multiple benefits for patients who are unable to cough or whose cough is ineffective due to muscle weakness. The release highlighted that this new service is another way KGH is working to transform care for patients and their families.

Quotes from the following representatives were included in the release:

Deb Matthews, Minister of Health and Long-Term Care

Regina Pizzuti, Manager of the Ventilator Equipment Pool at KGH

Lindee David, CEO, ALS Canada

Stacey Lintern, Muscular Dystrophy Canada, Executive Director for Ontario and Nunavut

**Hospital News** has expressed interest in completing a story at a future date. The news was also shared through our corporate news and media tabs on **kghconnect.ca** and **kgh.on.ca**

## Q4 – PROACTIVE REPUTATION MANAGEMENT

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### Overview

This quarter included three opportunities to proactively monitor potential reputational risk; namely:

1. **January 22** – Strategy Management and Communications was notified about a temporary loss of heat at KGH due to the failure of The Queen’s University Steam Plant boiler system. This issue caused a temporary loss of steam pressure and heat to KGH for a period of approximately 2 hours. As the outside temperature was -17 degrees Celsius and the issue was widespread (also affecting Queen’s University Campus), we anticipated media interest. Within a few minutes, our department fielded a request from **CKWS-TV**.

To prepare our response, we ascertained the current status of the issue and the measures being taken to mitigate (ie. preserving heat already inside our buildings, closure of FAPC doors, Security installed at Emergency Dept. doors to minimize cold air flowing in, installation of temporary electrical heaters in key areas, etc.) Allan McLuskie, Director of Facilities Management, was identified as spokesperson, key messages were prepared and media preparation was conducted.

By the time **CKWS-TV** arrived, the heating and ventilation system was fully functional, and assurance that everything was ‘back to normal’ was able to be relayed through our spokesperson. A statement of appreciation for the quick response of staff was also mentioned. As there was only a slight variance of a degree or two in certain areas of the hospital, the impact on patients, visitors, staff, volunteers etc. was negligible. The story appeared on the evening broadcast – and was neutral in tone.

2. **March 13** – The Ontario Public Service Employee Union (OPSEU) issued a media release on Canada News Wire (a national news wire service) demanding that Hotel Dieu hospital confirm or deny the existence of a plan to reduce hours at its Urgent Care Centre. The Kingston Health Coalition wrote to Hotel Dieu CEO Dr. David Pichora asking him to release a consultant’s report that recommended closing the Urgent Care Centre at 8pm rather than 10pm, as early as May of 2014. The OPSEU media release cites that: “A reduction of hours will put more pressure on Kingston General Hospital’s ER”. The release goes on to cite KGH’s Emergency Room wait times (October – December 2013) which show that KGH is well above the average of 18.1 hours compared to the provincial average of 10.1 hours, while low acuity patients spend 5.8 hours compared to the provincial average of 4 hours. OPSEU spokesperson Warren (Smokey) Thomas goes on to cite KGH’s Emergency Room as “overloaded”.

**The Kingston Whig Standard** published the story: ‘Union fears hospital considering shorter hours’ the same day. In this article, additional information from the Kingston Health Coalition’s letter was published, again citing ‘overcrowding’ and ‘long waits for patients with less urgent health problems’ in KGH’s Emergency Room.

No media calls resulted.

3. **March 28** – Public Sector Salary Disclosure is a matter of local media interest each year, with the primary focus within the hospital sector on earners with the highest salaries at KGH – including our CEO. To prepare for this year’s disclosure, a briefing note and communications & media plan were completed. Key facts were outlined, including the salaries of President and CEO Leslee Thompson and other members of the Executive group. KGH Board Chair Tom Buchanan was provided with backgrounder and the Communications Plan, including key messages, facts etc. Media preparation was completed.

A ‘Media Handout Sheet’ with key facts and a breakdown of the figures was pre-produced to provide to media outlets that proactively requested interviews. No proactive media calls resulted. However, three ‘passive’<sup>3</sup> stories resulted, with each citing Leslee’s salary (outlined below). **The Whig Standard** article also listed the salaries of Shannon Graham, VP of People Services and Organizational Effectiveness and James Flett, Chief Operating Officer. The following outlets completed ‘passive’ stories:

<b>March 28 – Whig Standard</b>	‘KGH’s Thompson tops local Sunshine List’
<b>March 28 – CKWS-TV</b>	‘Sunshine List’ (Thompson cited as city’s “top earner”)
<b>March 31 – KISS 102.7 FM</b>	‘Sunshine List’ (Thompson cited as “topping the list again”)

Of note, the list was released three days earlier than expected (on March 28 vs. March 31), however, this did not pose an issue as we were fully prepared to respond.

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<sup>3</sup> In this case, the term ‘passive stories’ refers to stories that were written by reporters using information available via the public record, not as a result of a direct request for interview with a KGH spokesperson.

## SOCIAL MEDIA ENGAGEMENT

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KGH's social media channels continue to show increased engagement during Q4.

### FACEBOOK

- KGHConnect's Facebook page showed steady growth from 711 'likes' or 'new followers' in Q3 to more than 800 in Q4.
- KGH's Facebook page experienced its highest reach<sup>4</sup> on February 4th with 430+ Facebook users seeing our posts. This is attributed to interest in the following content:
  - **Post – 'KGH Physician and Medical Director of our Cardiac Program Chris Simpson, CMA President-elect speaks about state-of-the-art stroke care at KGH'** – (the post links to an article in *The Kingston Whig Standard*).  
*29 people liked, commented or shared this post (one of the highest levels of engagement for a Facebook post in Q4)*
  - **Post – 'A provincial first for the KGH Cardiac Program'** (linked to a KGHConnect.ca article about the Cardiac Care Network's Accreditation of KGH's Echocardiography program).  
*19 people liked, commented or shared this post*
  - **Post – 'KGH home to new outpatient mental health program'** (linked to a KGHConnect.ca article about the Intensive Transitional Treatment Program, a new outpatient treatment program for mental health patients who have recently been discharged from the hospital. The program supports patients as they move back into the community and their day-to-day lives).  
*20 people liked, commented or shared this post.*

**Facebook Summary** – Our Facebook page hit a milestone 800 fans in early March, 2014. The page continues to attract more fans each quarter and our fans are engaging more and more by sharing, liking or commenting on our content. The vast majority of our overall fans continue to be women (70%) with the largest share (22%) of those being women aged 25-34. This quarter, the majority of our fans visited KGHConnect's Facebook page after 6pm, with the highest amount visiting at approximately 8pm.

### TWITTER

- @KGHConnect continues to experience an increase in Twitter followers this quarter.
- KGHConnect's Twitter followers grew from 1800 in Q3 to more than 2000+ followers in Q4. This represents 10% growth in followers compared to Q3.

**Twitter Summary** – Our Twitter follower acquisition has been on an upward trend since the account was created in August 2011. By regularly updating our Twitter feed with valuable information and constantly engaging with stakeholders, we are becoming a trusted source of up-to-the-minute information and follower acquisition continues to increase.

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<sup>4</sup> Reach is defined as 'the number of people who saw a specific Facebook post'



In January, a great deal of Twitter activity occurred surrounding Leslee Thompson's talk about 'What social media means for healthcare leaders' at the Ontario Hospital Association's conference: 'Social Media – Engaging Patients and Providers'. There were a number of 'shares' and 'retweets'.

This quarter, @KGHConnect made an effort to share information provided by our community partners (UHKF, Providence Care, HDH and Queen's) through our social media channels. In early March, our Twitter account reached a new milestone of 2000 followers.

## YOUTUBE

- 1322 views of KGHConect YouTube channel videos in Q4 – up slightly from 1282 views in Q3
- 102 hours of video watched in Q4 – an increase of 23 hours compared to Q3 (79 hours)
- **Top 5 most-watched KGHConnect YouTube videos:**
  - #1 - 'An inside look at the medical laboratories at KGH' – 497 views vs. 461 in Q3
  - #2 - 'Perioperative Nursing at KGH' – 106 views vs. 177 in Q3
  - #3 - 'KGHC2013 Leslee Thompson Patient-Centred Leadership' – 79 views vs. 62 in Q3
  - #4 - 'KGHC2013 Dr. Brian Goldman' – 69 views (same as Q3)
  - #5 - 'Dr. Anne Ellis – Social Media in Healthcare' – 65 views vs. 58 in Q3

**YouTube Summary** – 'An inside look at the medical laboratories at KGH' remains the top most-watched video again this quarter. It has retained this top spot since it was first uploaded two years ago. This quarter, KGHConnect's YouTube viewers are overwhelmingly female (70%). Viewers from the following countries represent the top five nations looking at our YouTube videos: Canada, US, UK, India and Saudi Arabia. On average, viewers spend no more than two minutes viewing a video.

## CORPORATE WEBSITE ENGAGEMENT

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KGH's external websites **www.kgh.on.ca** and **www.kghconnect.ca** continued to attract more visitors during Q4. This quarter, over **92,000 people** were engaged through these two websites. This is an impressive **increase of 16,000 unique visits** to these two websites during this quarter.

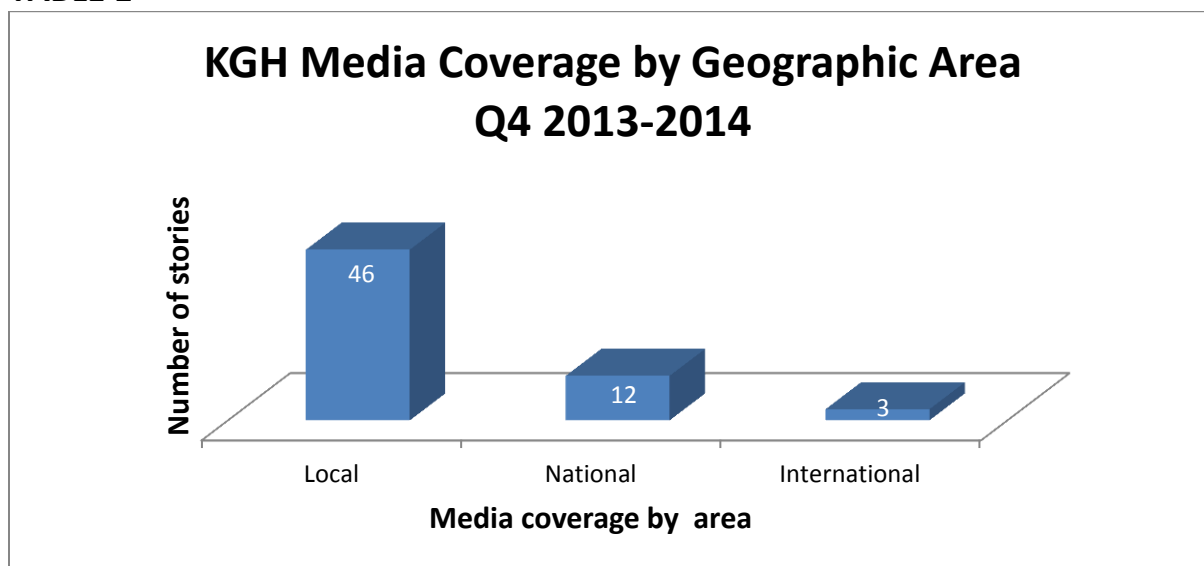
### **www.kgh.on.ca**

- Avg. monthly reach of 29,100 unique visitors (an increase of 4,700+ since Q3).
- Avg. Q4 reach of 87,500 unique visitors (a significant increase of 14,500 since Q3 when www.kgh.on.ca had 73,000 unique visitors)

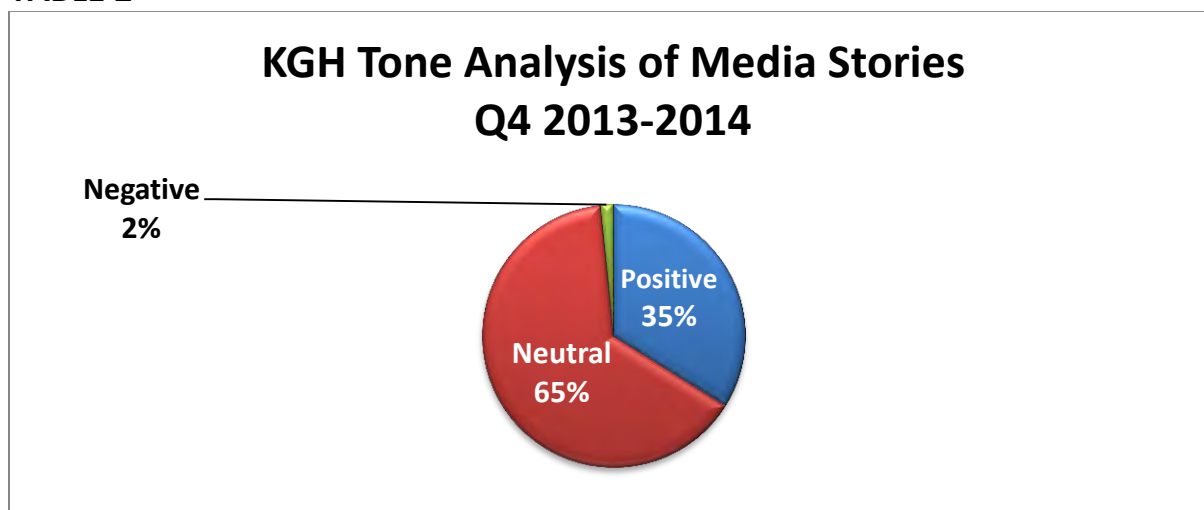
### **www.kghconnect.ca**

- Avg. monthly reach of 1600 unique visitors, an increase of an average of 600+ unique visitors per month since Q3.
- Avg. Q4 reach of 4800+ unique visitors, up from 2940 in Q3
- This quarter, there is a significant increase in unique visitors to the site. The number of unique visitors **increased by 1860 or 63%**. This is notable because unique visitors to kghconnect.ca had been steadily decreasing during Q1, Q2 and Q3.

**TABLE 1**



**TABLE 2**



#### **TONE SUMMARY**

During Q4, 35 per cent of KGH-related stories were 'positive', 65 per cent were 'neutral' and 2 per cent were 'negative'. See below for tone definitions.

#### **TONE DEFINITIONS**

**Positive Tone** – media that reflects positively on the organization and/or its staff, volunteers, learners, advisors.

**Negative Tone** – media that reflects negatively on the organization and/or its staff, instances in which KGH is inaccurately portrayed or the perception of KGH is unfavourable, instances in which comparative analysis by outside sources inaccurately portrays the true meaning of the data, or instances in which facts were inaccurately reported.

**Neutral Tone** – media that neither reflects negatively or positively on the organization and/or its staff (ie. fact-based reporting – 'vehicle accident, two people taken to hospital at KGH').

## **Q4 – SUMMARY OF KGH-SPECIFIC MEDIA MENTIONS**

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For a full media summary of all news capture during Q4, see Appendix A.

### **LOCAL/REGIONAL OUTLETS**

The Kingston Whig Standard  
CKWS-TV  
Kingston This Week  
EMC Heritage Kingston  
98.3 FLY FM  
KROCK 107.5 FM  
KISS 102.7 FM  
KingstonRegion.com  
Gananoque Reporter  
Belleville Intelligencer  
Ottawa Sun  
Napanee Guide  
Frontenac This Week  
The Ottawa Citizen  
Quinte News

### **PROVINCIAL/NATIONAL OUTLETS**

Globe and Mail  
CBCNews.ca  
Yahoo News Canada  
Toronto Star  
GlobalNews.ca  
Sun News Network

### **OTHER OUTLETS**

Bloomberg.com  
Brampton Guardian  
Brantford Expositor  
Hospitalimpact.org  
Fiercehealthcare.com  
MedicalExpress.com

## Appendix A - Media Summary - Q4 - 2013-14

Date	Outlet/Publication	Headline	Summary	Tone			Geographic Area			KGH Reps. Cited
				Positive	Neutral	Negative	Local	National	Int.	
<b>JANUARY 2014</b>										
January 2	Whig Standard	New Year's Baby Taking its Time	No New Year's Baby born at KGH at press time on January 1		1		1			Communications and Public Affairs Dept.
January 3	Whig Standard	Due before Christmas, Charlotte Mustard arrives on first day of the year	New Year's Baby Charlotte Mustard born at KGH at 11:35 pm on Jan. 1 - Parents Kristen and Bill of Westport pose for photos.	1			1			
January 8	GlobalNews.ca	Brrr, it's cold outside! Four winter-weather health risks	KGH Cardiologist Dr. Adrian Baranchuk is interviewed about the health dangers associated with snow shovelling. The quotes were repurposed from a previous interview conducted in 2011.	1				1		Dr. Adrian Baranchuk
January 9	Whig Standard	Fall-related injuries on the rise	Story on the increase in patients arriving at Hotel Dieu Urgent Care and KGH Emergency Department due to injuries related to ice/weather conditions		1		1			Jennifer Anselm
January 9	Kingston This Week	New Year's Baby makes a late entrance	New Year's Baby Charlotte Mustard born at KGH at 11:35 pm on Jan. 1 - Parents Kristen and Bill of Westport pose for photos.	1			1			
January 15	Whig Standard	Letter-to-the-editor: 'Good Work KGH'	A letter of praise for the patient-centred care Mike Cole-Hamilton of Kingston received during a recent, unexpected visit to the ED. Cole-Hamilton describes the kindness he received from the volunteers and how deeply impressed he was with those involved in his treatment - nurses, medical students, the physician and various technicians. He says they helped him understand what they were doing and why, ensured his questions were answered and clarified what would come next.	1			1			
January 16	Kingston This Week	New Bottom Line for Health Research Investment	Hospital Healthbeat column - Leslee Thompson authors an op-ed about the need for investment in health innovation and research (in her role as President and CEO of KGH and as Chair of Council of Academic Hospitals of Ontario).	1			1			Leslee Thompson
January 17	Whig Standard	Flu season may have peaked	KGH's ED saw a high volume of patients at the end of December but by early in January, flu numbers had stabilized and were dropping. Statement facilitated with Dr. Gerald Evans, KGH's medical director for infection prevention and control.		1		1			Dr. Gerald Evans
January 17	Belleville Intelligencer	Worker injured in county	A worker assigned to cut down trees near Country Road 18 was taken to KGH after an accident.		1		1			

Date	Outlet/Publication	Headline	Summary	Tone			Geographic Area			KGH Reps. Cited
				Positive	Neutral	Negative	Local	National	Int.	
January 22	CKWS-TV	Heat breaks down at KGH and Queen's	KGH spokesperson Allan McLuskie, Director of Facilities Management speaks to the temporary loss of heat due to a failure of the boiler system. Queen's also responded.		1		1			Allan McLuskie
January 24	CKWS-TV	Cancer Screening	Cancer Centre of Southeastern Ontario patient Anne Maxwell is interviewed about the importance of cancer screening. Dr. Hugh Langley was also interviewed. Arranged by KGH Strategy Management and Communications in response to a Southeast Regional Cancer Program release encouraging screening for breast, colorectal and cervical cancers - timed to provincial campaign (issued via KGH)	1			1			Dr. Hugh Langley
January 28	Whig Standard	Manuary to raise awareness of head and neck cancer	In suport of Manuary month (in January), Dr. Jason Franklin (head and neck surgeon at KGH) is interviewed along with patient Stephen Crowells - about head and neck cancer awareness and fundraising effort.	1			1			Dr. Jason Franklin
January 28	Whig Standard	Keeping positive during cancer battle	KGH head and neck cancer patient Stephen Crowells is interviewed about the importance of maintaining a positive attitude during cancer treatement (head and neck cancer awareness and fundraising in advance of a special fundraising event)	1			1			Dr. Jason Franklin
January 29	cbcnews.ca	Hwy 401 westbound reopened near Napanee after pileup	Westbound lanes of 401 reopen after 75-car pileup. Three patients taken to KGH (CODE ORANGE - Stage 1 declared at KGH - bracketed information not reported by the media)		1		1			
January 29	countylive.ca	Hwy 401 closed at Napanee for few hours to remove debris	Hwy 401 closes due to 75-car pileup. Three patients taken to KGH with serious injuries(CODE ORANGE - Stage 1 declared at KGH - bracketed information not reported by the media)		1		1			
January 29	hospitalimpact.org	Embed patient experience advisors hospital-wide	Written by Doug Della Pietra, Director of Customer Service and Colunteers for Rochester General Hospital, NY after a visit to KGH to learn about our hospital's patient engagement initiatives.	1					1	
January 29	Ottawa Community News (repurposed from Canadian Press)	Nine hurt in massive pileup on 401 in Napanee	Hwy 401 closes due to 75-car pileup. Three patients taken to KGH with serious injuries(CODE ORANGE - Stage 1 declared at KGH - bracketed information not reported by the media)		1		1			
January 30	Brampton Guardian	Nine hurt in massive pileup on 401 in Napanee	Hwy 401 closes due to 75-car pileup. Three patients taken to KGH with serious injuries(CODE ORANGE - Stage 1 declared at KGH - bracketed information not reported by the media)		1		1			

Date	Outlet/Publication	Headline	Summary	Tone			Geographic Area			KGH Reps. Cited
				Positive	Neutral	Negative	Local	National	Int.	
January 30	Whig Standard	Massive crash cleared up	Story on the clear up of Wednesday's multi-vehicle accident on the 401. Includes mention that three people were taken to KGH with serious injuries.		1		1			
January 31	<a href="http://www.krock1057.ca">www.krock1057.ca</a>	Kingston News - Stabbing	Kingston police arrest two people with stab wounds - both were taken to KGH.		1		1			
January 31	fiercehealthcare.com	Embed patient experience advisors hospital-wide	Repurposed version of the Hospital Impact blog written by Doug Della Pietra, Director of Customer Service and Colunteers for Rochester General Hospital, NY after a visit to KGH to learn about our hospital's patient engagement initiatives.	1					1	
January Subtotal				10	11	0	18	1	2	
FEBRUARY 2014										
February 3	Iowa Hospital Association blog (iowahospital.com)	Embed patient experience advisors hospital-wide	Repurposed version of the Hospital Impact blog written by Doug Della Pietra, Director of Customer Service and Colunteers for Rochester General Hospital, NY after a visit to KGH to learn about our hospital's patient engagement initiatives.	1					1	
February 4	KingstonRegion.com	City honours responders and rescuers in aftermath of midtown inferno	Mayor hands out keys to the city and certificates of appreciation to various agencies and emergency groups re: Dec. 17th apartment construction site blaze. Honourees included the first officer and co-pilot of the helicopter team that rescued the crane operator from the blaze. KGH is cited as the location where the two touched down.		1		1			
February 4	Whig Standard	Survival rates on the increase for heart attacks, strokes	Dr. Chris Simpson, in his role as Chair of the Wait Times Alliance is interviewed about The Heart and Stroke Foundation's 2014 Report on the Health of Canadians (for Heart and Stroke month). Dr. Simpson is cited as medical director of the cardiac program at KGH and a Heart and Stroke Foundation spokesperson. He cites the Acute Stroke Program at KGH and the 24-hour Emergency stenting clinic at KGH as excellent.	1			1			Dr. Chris Simpson
February 12	Belleville Intelligencer	Dispute left man in coma	The victim is listed as receiving treatment at KGH		1		1			
February 12	Whig Standard	Letter to the Editor - Wonderful Campaign	A letter to the editor to thank the community for their support in achieving a successful KGH Auxiliary Teddy Bear Campaign. Written by: Teddy Bear Committee Co-Chairs Heather Breck and Alice Robertson.	1			1			KGH Auxiliary

Date	Outlet/Publication	Headline	Summary	Tone			Geographic Area			KGH Reps. Cited
				Positive	Neutral	Negative	Local	National	Int.	
February 17	Globe and Mail (front page)	Patient Advisers a prescription for health-care power shift	Some hospitals taking philosophy of patient- and family-centred care to heart by adding patients to hiring panels.	1				1		Leslee Thompson Patient Experience Advisor Patrick Dickey Daryl Bell
February 18	Gananoque Reporter	Classmates go viral with McKenna's Dream	McKenna Modler shares the story of her fundraising campaign 'McKenna's Dream' with students at Gananoque Intermediate and Secondary School. Modler shares new of receiving her diagnosis with brain cancer after having an MRI at KGH.		1		1			
February 27	Napanee Guide	Narrow escape for Tamworth victim	Two people are dead after a shootout in Tamworth - Ken Kirkpatrick relays that his daughter (first reported as Cassidy Kirkpatrick) and later as Karen Cassidy is being treated at KGH for a broken ankle after being attacked.		1		1			
February 27	Sun News Network	Two men dead in Eastern Ontario village, Woman in Hospital Claims to have been Victim of Attack	Two people are dead after a shootout in Tamworth - Ken Kirkpatrick relays that his daughter (first reported as Cassidy Kirkpatrick) and later as Karen Cassidy is being treated at KGH for a broken ankle after being attacked. (This was from a QMI Agency news wire article).		1			1		
February 27	Ottawa Sun	Two men dead in Tamworth, Ont	Two people are dead after a shootout in Tamworth - Ken Kirkpatrick relays that his daughter (first reported as Cassidy Kirkpatrick) and later as Karen Cassidy is being treated at KGH for a broken ankle after being attacked.		1		1			
February 27	Brantford Expositor	Two men dead in Tamworth, Ont	Two people are dead after a shootout in Tamworth - Ken Kirkpatrick relays that his daughter (first reported as Cassidy Kirkpatrick) and later as Karen Cassidy is being treated at KGH for a broken ankle after being attacked.		1		1			
February 27	Gananoque Reporter	Two men dead in Tamworth, Ont	Two people are dead after a shootout in Tamworth - Ken Kirkpatrick relays that his daughter (first reported as Cassidy Kirkpatrick) and later as Karen Cassidy is being treated at KGH for a broken ankle after being attacked.		1		1			
February 27	Frontenac This Week	same as above	same as above		1		1			
February 27	ClintonNewsRecord	same as above	same as above		1		1			
February 27	Petrolia Topic	same as above	same as above		1		1			
February 27	Chronicle Online	same as above	same as above		1		1			
February 27	Ingersol Times	same as above	same as above		1		1			
February 27	Bradford Times	same as above	same as above		1		1			
February 27	Shoreline Beacon	same as above	same as above		1		1			

Date	Outlet/Publication	Headline	Summary	Tone			Geographic Area			KGH Reps. Cited
				Positive	Neutral	Negative	Local	National	Int.	
February 27	Globe and Mail	Fatal Ontario shooting rampage linked to trapping dispute - the gunman died during a confrontation with the OPP	same as above		1			1		
February 27	The Ottawa Citizen	SIU clears OPP officers in Central Frontenac shooting	SIU clears two OPP officers of wrongdoing in the shooting death of a 45-year-old man in Central Frontenac last summer. The man was taken to KGH where he died two days later.		1		1			
February 28	Whig Standard	Terror in Tamworth - man choked woman in her car	Patient Karen Cassidy is cited as being treated at KGH for injuries sustained during an encounter with a man who claimed that he had killed two others. The woman's father relayed Cassidy's status as a patient at KGH.		1		1			
February 28	Quinte News	OPP investigate fatal collision on County Rd. 30	Lone male driver transported to KGH with serious injuries		1		1			
February Subtotal				0	16	0	14	2	0	
MARCH 2014										
March 2	Quinte News	Pedestrian hit on Hwy. 41 near Tamworth	Man is in hospital after being struck by a vehicle. Listed as being at KGH with serious, non-life threatening injuries.		1		1			
March 3	Canada News Wire	Can exercise stop cancer? Colon cancer survivors needed for groundbreaking clinical trial	Dr. Chris Booth's NCIC Clinical Trial into the prevention of colon cancer recurrence could potentially change the way cancer is treated by adding exercise to standard treatments. (call for trial participants). Dr. Booth is cited as medical oncologist at Kingston General Hospital	1				1		Dr. Chris Booth
March 5	Queen'sNews.ca	New study could improve survival rate of colon cancer patients	Dr. Chris Booth's NCIC Clinical Trial into the prevention of colon cancer recurrence could potentially change the way cancer is treated by adding exercise to standard treatments. (call for trial participants). Dr. Booth is cited as medical oncologist at Kingston General Hospital	1				1		Dr. Chris Booth
March 5	Napanee Guide	Police briefs: pedestrian injured on Hwy. 41	Man is in hospital after being struck by a vehicle. Listed as being at KGH with serious, non-life threatening injuries.		1		1			
March 6	MedicalExpress.com	New study could improve survival rate of colon cancer patients	Dr. Chris Booth's NCIC Clinical Trial into the prevention of colon cancer recurrence could potentially change the way cancer is treated by adding exercise to standard treatments. (call for trial participants). Dr. Booth is cited as medical oncologist at Kingston General Hospital	1					1	Dr. Chris Booth



Date	Outlet/Publication	Headline	Summary	Tone			Geographic Area			KGH Reps. Cited
				Positive	Neutral	Negative	Local	National	Int.	
March 6	Hiroc Now News	Kingston General Hospital CEO receives Top 100 Most Powerful Women honour	Profile of Leslee Thompson's Women's Executive Network award: 'Top 100 Most Powerful Women' (originally awarded in December 2013), the profile focuses on Leslee's commitment as a role model via WXN and on KGH's journey towards recovery.	1				1		Leslee Thompson
March 6	Yahoo News Canada	Can Exercise Stop Colon Cancer?	(Yahoo picks up the Canadian Cancer Society's media release via Canadian News Wire) A profile of KGH Medical Oncologist Dr. Chris Booth's international clinical trial that is studying whether regular exercise can improve the survival rate of colon cancer patients.	1				1		Dr. Chris Booth
March 8	Whig Standard	A Proactive Approach	A profile of KGH Medical Oncologist Dr. Chris Booth's international clinical trial that is studying whether regular exercise can improve the survival rate of colon cancer patients.	1			1			Dr. Chris Booth
March 8	Whig Standard	Colon Cancer - Patients love trial: researcher	A profile of KGH Medical Oncologist Dr. Chris Booth's international clinical trial that is studying whether regular exercise can improve the survival rate of colon cancer patients.	1			1			Dr. Chris Booth
March 8	Sun News Network	Researchers study physical activity's impact on cancer	(The Whig story was picked up by a national news wire service) A profile of KGH Medical Oncologist Dr. Chris Booth's international clinical trial that is studying whether regular exercise can improve the survival rate of colon cancer patients.	1				1		Dr. Chris Booth
March 8	CBC.ca	Can exercise stop cancer? Canadian researchers want to find out	Clinical trial enrolls colon cancer survivors to study how exercise impacts cancer recurrence	1				1		Dr. Chris Booth
March 13	Whig Standard	Union fears hospital considering shorter hours	Strains on KGH's 'overcrowded' ED mentioned as potential consequence of proposed change of hours at Hotel Dieu's Urgent Care Centre. Article focuses on Kingston Health Coalition's letter to Hotel Dieu's David Pichora demanding confirmation on rumoured reduction to urgent care centre hours (from 10 pm to 8 pm)		1		1			
March 19	Belleville Intelligencer	New 'cutting edge' surgery dept. at BGH'	New surgical operating rooms in Quinte mean less waiting and better care for patients. KGH is listed as having a heavier surgical workload "than it can handle".		1	1	1			
March 20	Belleville Intelligencer	Missing woman found alive	Police find Erin Ball in a densely wooded area after going missing on March 14. Ball reported as being transported to KGH by air ambulance.		1		1			
March 20	Quinte News	Missing Kingston woman found alive in wooded area	Police find Erin Ball in a densely wooded area after going missing on March 14. Ball reported as being transported to KGH by air ambulance.		1		1			

Date	Outlet/Publication	Headline	Summary	Tone			Geographic Area			KGH Reps. Cited
				Positive	Neutral	Negative	Local	National	Int.	
March 20	Toronto Star	Woman found alive after missing almost a week	Police find Erin Ball in a densely wooded area after going missing on March 14. Ball reported as being transported to KGH by air ambulance.		1			1		
March 20	Whig Standard	Missing woman found	Whig picks up Belleville Intelligencer story and republishes. Police find Erin Ball in a densely wooded area after going missing on March 14. Ball reported as being transported to KGH by air ambulance.		1		1			
March 20	CKWS-TV	Missing woman found alive in wooded area	Police find Erin Ball in a densely wooded area after going missing on March 14. Ball reported as being transported to KGH by air ambulance.		1		1			
March 22	InsideBelleville.com	Children's cancer fundraiser was fun for all	A fundraising event was held by Tania Wannamaker and Sherry Youmans with funds going to the Children's Cancer Fund at KGH, where the organizers' children go for treatment.		1		1			
March 25	GlobalNews.ca	Anti-vaccination movement means preventable diseases making a comeback	Story on measles outbreak in parts of BC, MB, and Ontario highlight growing anti-vaccination movement. Dr. Gerald Evans, Director of Infection Control at KGH is quoted.	1				1		Dr. Gerald Evans
March 28	Bloomberg.com	Canadian Foundation for Health Innovation Announces New Board Chair	Bloomberg news picked up the Canadian Foundation for Health Innovation's announcement of Leslee Thompson's appointment as Chair of the Board of Trustees (CFHI) from CFHI's media release on Canada News Wire.	1				1		Leslee Thompson
March 28	Whig Standard	KGH's Thompson tops local Sunshine List	Leslee Thompson's earnings of \$507,409 during fiscal 2012-13 are cited in a story about Public Sector Salary Disclosure. COO Jim Flett, VP of HR Shannon Graham are also listed.		1		1			Leslee Thompson Shannon Graham Jim Flett
March 28	CKWS-TV	Sunshine List	Story on Public Sector Salary Disclosure - Leslee Thompson is cited as a 'top earner' in the city making "over half a million dollars"		1		1			Leslee Thompson
March 31	KISS 102.7 FM	Sunshine List	Public Sector Salary Disclosure - Direct quote: "Topping the list again is the President and CEO of Kingston General Hospital - Leslee Thompson earned over 507 thousand dollars a year."		1		1			Leslee Thompson
March Subtotal				11	13	1	14	9	1	
Q4 Total				21	40	1	46	12	3	0

## APPENDIX B

February 17, 2014

### Globe and Mail

## Patient advisers a prescription for health-care power shift

By KELLY GRANT

*Some hospitals taking philosophy of patient-and-family-centred care to heart by adding patients to hiring panels*

When candidates for a phlebotomist's job came to Kingston General Hospital for interviews recently, they faced a hiring panel comprised of three people: A human resources official, a manager from the lab and immunology department and a 77-year-old retired innkeeper whose primary experience in health care was on the receiving end of a needle.

The innkeeper was Patrick Dickey, one of the 55 patient advisers who now have a say in every decision the hospital makes, right down to hiring those phlebotomists – the people trained to draw patients' blood.

Mr. Dickey asked questions that the professionals might not have considered. What, for instance, would the interviewee say to patients who balked at having their blood taken?

"I'm looking for empathy," Mr. Dickey said. "I'm looking [to see] that they will take the time to explain why the procedure is being done, why it's important."

KGH is one of at least three Canadian hospitals that have taken the philosophy of patient-and-family-centred care to heart to the degree that it puts patients on its hiring panels, a practice that KGH started almost two years ago. The Thunder Bay Regional Health Sciences Centre began tapping patients to hire managers in 2010; North York General Hospital in Toronto followed suit in 2012.

In an era of drum-tight health-care budgets, hospitals are casting about for creative, low-cost ways to improve their services. Some have hit on deeply engaging patient volunteers as a partial solution, spawning the rise of "patient-and-family-centred care" programs at hospitals across the country.

Proponents of the approach say it could be a radical break from the past, when hospital bosses concentrated on what was best for doctors and nurses and not the people they treated. Even though the philosophy encompasses much more than staff recruitment – KGH has a whopping 256 initiatives in which it seeks patient advice – inviting patients to sit on hiring panels is perhaps the clearest demonstration of a hospital administration's willingness to shift that balance.

"It's very cutting edge. There aren't many places at all that do it," said Daryl Bell, KGH's chaplain and its lead for patient-centred care. "We just talked to a group of HR people and they were agog that we were having [patient] advisers sitting in on interviews. They couldn't see how it could possibly work. They were threatened by it."

KGH was dealing with threats of its own when it began recruiting patient advisers.

In 2008, money and management woes prompted the province to put the hospital under the control of a supervisor. When the hospital emerged from the process a year later, it faced a \$30-million deficit and a deeply suspicious community.

Chief executive officer Leslee Thompson, recruited in 2009, recalled someone at a public forum declaring: "I'm scared to come to your hospital."

"We had really let them down. So we asked for their help," she said.

Since they began participating in hiring panels, KGH patients have helped pick more than 350 staff members, ranging from nurses to IT professionals to senior managers. Their say carries as much weight as that of hospital staff.

If treated as window dressing, "our patients would smell that out as tokenism in a moment's flash and they would have nothing to do with it," Mr. Bell, the KGH chaplain, said.

The co-chair of the patient and family advisory council at Thunder Bay Regional Health Sciences Centre was also concerned when he started volunteering to help select the institution's senior staff that the patient engagement efforts would be little more than a PR stunt.

"The hiring panels were a real test for me," said Keith Taylor, 54, a retired sales manager at a car dealership who had two hips replaced at the Thunder Bay hospital. "I always said right from the get-go, 'If this a token gesture to prove to the community that you've engaged your patients, I want no part of it.' "

Mr. Taylor, one of about 100 patient advisers at the hospital, was surprised to find he wielded real power at the hiring table. In one case, he broke away from the consensus position, blocking a doctor's move to a high-level director's position.

"I was the deciding vote," Mr. Taylor recalled. "There was a very skilled physician, his CV was impressive, his clinical skills were some of the best, but he didn't really have the philosophy ... didn't seem to care."

The Thunder Bay Health Sciences Centre was recently invited by Accreditation Canada, the agency that enforces quality standards at health-care facilities, to be part of an advisory group that will draft guidelines to evaluate how other organizations perform on patient-and-family-centred care.

That suggests the idea could spread to more hospitals, as it already has to North York General Hospital in Toronto.

It started recruiting patient and family advisers in August of 2012 and now has 28 who have pitched in on picking senior staff, including the hospital's chief of surgery. However, at North York General, hiring managers still have the final say.

At Kingston General Hospital, patients advisers don't just help with hiring paid staff. They help select other patient volunteers to join their ranks.

"This is not about creating a group of cheerleaders for the hospital," Ms. Thompson, the KGH CEO, said. "None of this would be helping us move forward if everyone was just saying how great we were."



**Subject:**

FW: Update from OHA's Board of Directors

**Attachments:**

CR President's Report April 2014.pdf

**From:** Marcia Visser [<mailto:mvisser@oha.com>]

**Sent:** Wednesday, May 21, 2014 4:49 PM

**Subject:** Update from OHA's Board of Directors

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

As a Member organization, the OHA strives to serve its Members in all that we do. As part of our commitment to Members, the Board understands the importance of regular and open communication regarding its actions. In an effort to serve the needs of Members more effectively, and to ensure you are fully aware of the work of the OHA and its Board, the OHA provides hospitals with an update of issues considered by the Board at each of its meetings.

The following is a summary of the Board's discussions on April 30, 2014. The Board invested a significant amount of the time at this meeting to further discussions on long-term strategic initiatives. Also, for your reference, attached is the President's Report to the Board which provides information about initiatives that were not otherwise before the Board for discussion.

**Member Satisfaction Survey 2013**

The Board received results from the 2013 Hospital Member Satisfaction Survey. Survey responses from Hospital CEOs and Board Chairs were received in November and December, 2013 and provide a snapshot of Members' impressions of OHA at a moment in time. We were pleased that there was a significant increase in the response rate over last year's survey.

The survey identified the four most important issues facing hospitals and the health system:

- financial challenges (such as, health system funding reform, quality based procedures, and immediate cash flow concerns);
- health system planning (that is, impacts of the aging population, lack of integration with other health service providers, chronic diseases, and transitions in care);
- challenges with the government's approach (for example, the absence of a vision for the system and political instability); and
- health human resources management.

Three themes emerge from the survey results: Hospital members are generally satisfied with OHA's performance, services, and programs; Members want and need our help to address their most pressing issues; and there are specific areas where Members would like us to serve them better. Although the survey results suggest that OHA has made progress in its member engagement, more needs to be done to support members in the issues of importance to them. OHA's approach to providing ongoing support to Members continues to evolve in response to their feedback and input.

**Long-Term Thought Leadership Priorities**

The Board continued its work, which began in February, to renew OHA's thought leadership agenda for the future. The Board provided guidance to management on the areas where OHA may be uniquely positioned for leadership in helping to move the system toward higher performance for the future. Possible topic areas explored included system reconfiguration, patient experience, e-health, hospital-physician alignment, supporting collaboration among regulated health professionals, and a framework for primary care.

Informed by a discussion of the options presented, management will prepare the OHA's budget and operating plan for the next fiscal period with the inclusion of targeted, high value initiatives that support the thought leadership agenda. The budget and operating plan will be presented to the Board at its June meeting.

### **Government of Ontario's BPS Executive Compensation Strategy**

The Board received an update on actions in response to the provisions in Bill 179 that would give the government additional authority for executive compensation in the broader public sector, including hospitals. A group of 27 hospital Trustees, representing various hospital types and regions, is informing OHA's position regarding executive compensation. Jamie McCracken and Giles Meikle are co-leading the group on behalf of the Board of Directors.

Management reported working with the Council of Ontario Universities to identify opportunities to align advocacy about executive compensation. The Board encouraged working with other BPS organizations that share similar concerns about respect for leadership and the impact on the ability to recruit for entire organizations.

### **Board Recruiting**

The competency matrix used by the Board in recruiting was updated to reflect current expectations of the experience and expertise needs of the Board. The revised matrix is available at [www.oha.com](http://www.oha.com).

The Board identified the areas of focus for this year's recruitment to be experience in clinical care and in a mental health and addictions hospital. There are opportunities this year particularly for hospital trustees and for those from southwestern Ontario and eastern Ontario.

The Board recruiting process was launched on May 2<sup>nd</sup> with an application deadline of May 30<sup>th</sup>. The application package was distributed to hospital CEOs and board Chairs and is available from the OHA by contacting Aaron Ly ([aaly@oha.com](mailto:aaly@oha.com)).

### **Health System Funding Reform/Quality-based Procedures**

The Board received an update on the progress of discussions with the Ministry related to the ongoing implementation of reforms to the ways in which hospitals are funded. It was reported that the Interim Deputy Minister is committed to further strengthening activities under health system funding reform to ensure their effective implementation.

### **Patient Relations/Hospital Oversight**

The Board was reminded that, although an election call would delay Bill 179, the *Public Sector and MPP Accountability and Transparency Act*, a bill with similar intent could be re-introduced in the fall legislative session. It was noted that regulations under existing legislation, like the proposed regulations under the *Excellent Care for All Act* to strengthen hospitals' patient relations processes, can still be implemented, regardless of an election call.

### **Strategic Directions**

The Board received the first interim progress report on the indicators included in the OHA's *Strategic Plan 2013-2016: A Catalyst for Change*. These indicators primarily measure progress towards realizing the OHA's vision of achieving a high performing health system. The board will continue to monitor progress on a semi-annual basis. The report will be released shortly.

### **Other Business**

The Board also:

- appointed to the Finance Committee as an external member: Dan Coghlan, Vice-President Operations & Chief Financial Officer of Providence Care Centre (Kingston);
- re-appointed Tom Campbell as a Trustee of the Greystone Health Trust;
- received activity updates from The Change Foundation and the Greystone Health Trust;
- received the financial operating results and investment portfolio results for the second quarter, which ended on March 31, 2014;
- revised a number of its governance policies; and
- admitted four associate members to the OHA:
  - Champlain Hospice Palliative Care Program;

- Elliot Lake Family Health Team;
- Sudbury District Nurse Practitioner Clinics; and
- Clinical Trials Ontario.

### **Election Paper**

*Let's Talk Solutions*, the OHA's election discussion paper, was approved on May 5<sup>th</sup>. The paper discusses four solutions that can make Ontario's health care system better, faster, safer, and more sustainable now, and in the years ahead: create a long-term health system capacity plan; chronic disease management to ensure people get care they need, where and when they need it; improve mental health care in Ontario; and strengthen Ontario's primary care system. The discussion paper includes recommendations related to each of these solutions. It has been posted publicly on the OHA's website.

### **Next Board Meeting**

The next regular meeting of the Board is scheduled for June 11, 2014. For a schedule of 2013-2014 Board meetings, please go to [www.oha.com](http://www.oha.com) and click on "About Us" and "OHA Board of Directors".

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

Yours truly,



**MARCIA VISSER**  
**Board Chair**

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



## **President's Report**

### **February 2014 – April 2014**

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

#### **IMPLEMENTING STRATEGIC PLAN 2013-2016**

##### **ADVANCING INTEGRATED CARE**

**LHSIA Review.** Under the guidance of the OHA's LHSIA Special Committee, the OHA has made a submission respecting the review of the *Local Health System Integration Act* currently being conducted by the Standing Committee on Social Policy (SCSP). Building on the Special Committee's work and member engagement, the OHA's recommendations included the following themes:

- Clear roles and responsibilities for health system partners, particularly as they relate to the application of policy and the establishment of decision-making parameters.
- Longer-term strategic planning for the health system that better focuses the existing big dot indicators available within the system, supports health system capacity planning and that builds on the government's Action Plan for Ontario's Health System and the health system transformation initiatives within it.
- Enhancements to the legislative framework that can better enable integration and a high-performing health system.

A draft submission was shared with members in mid-March for full consultation and feedback. Incorporating that feedback, a final submission was submitted to the SCSP on March 31, 2014. That same day, OHA staff and Andrée Robichaud, President and CEO of the Thunder Bay Regional Health Sciences Centre and Chair of the OHA's Special Committee for the LHSIA Review, made an oral presentation to the SCSP. The hearing was two hours in duration, with 90 minutes of questioning from the SCSP committee members. As with other presenters, the Committee focused on questions related to health system structure and performance. Copies of both the OHA's oral and written submissions have been shared with members.

The OHA understands that the Committee continues to hold public hearings and is beginning to prepare its report. While the SCSP's official deadline for tabling a report is November 2014, it is possible that a report could be released as early as the spring in advance of an Ontario General Election.

**Review of CCACs.** In recent months, the public confidence in Ontario's home and community care sector has been tested. Significant media attention has been given to the quality of service, the structure and the executive compensation at Ontario's Community Care Access Centres (CCACs). The Minister of Health and Long-Term Care has also been asked a number of pointed questions about CCACs and home care in the Ontario Legislature. Additional questions about the delivery of home and community services in Ontario have been posed during the review of the *Local Health System Integration Act* (LHSIA).

Based on these public discussions, a motion was made during a meeting of the Standing Committee on Public Accounts on March 19, 2014 by MPP Christine Elliott, one of the Opposition Health

Critics, to have the Auditor General conduct a review of all of the CCACs in the province of Ontario, including the Ontario Association of Community Care Access Centres. The motion was passed and the Auditor General of Ontario is beginning to look into the operations of CCACs.

The review will include, but will not be limited to:

- (1) A value-for-money audit;
- (2) Compensation of CCAC employees versus the compensation of the community care providers that the CCAC funds;
- (3) Executive compensation practices, including all executives and board members of the CCAC;
- (4) Expenses of all 14 regional CCACs and the Ontario Association of Community Care Access Centres;
- (5) A review of the CCACs' operating costs;
- (6) A review of the existing contracts between CCACs and their community care providers to determine if a conflict of interest exists;
- (7) A review into the long-term financial efficacy of existing protocols for providing care;
- (8) A comparison review into the efficacy and cost effectiveness of home care visits conducted by nurses directly employed by the CCAC and by those conducted by nurses employed by organizations funded by the CCACs.

The Auditor General's report from its review of the CCACs is expected in May 2015.

**System Integration in Critical Care (From Silo to System)** was held on March 31. The Topics discussed were: system integration; repatriation; quality improvement; and driving system change in critical care. Speakers included: Dr. Bob Bell, CEO, UHN; Susan Fitzpatrick, ADM, MOHLTC; Dr. Bernard Lawless, Provincial Lead Critical Care; Dr. Joshua Tepper, CEO, HQO; and Dr. Howard Ovens, Mount Sinai. This conference was delivered in dual mode: *in person conference and live webcast*; with 140 in-person delegates and 69 sites (multiple attendees are able to view the webcast per site) watching the live webcast.

**Driving Health Care System Transformation.** (April 7, Sudbury; April 10, Chatham; April 14, Thunder Bay) This was a unique opportunity to hear from and meet other health care leaders to better understand how to confront the challenges facing Ontario's health care system, and become a better enabler of integrated care. . It was designed to align with the OHA Strategic Directions highlighting integration, realizing quality and delivering value.

The speakers included: Susan Fitzpatrick, Assistant Deputy Minister, Negotiations and Accountability Management, MOHLTC; Dr. Joshua Tepper, CEO, Health Quality Ontario; Don Young, Assistant Deputy Minister, Health System Information Management; Dr. Rhonda Crocker Ellacott, CNE, Thunder Bay Regional; Daryl Bell, Kingston General; Steve Isaak and Dr. Jennifer Everson, Hamilton Niagara LHIN; Anna Greenberg, Director, Transformation Secretariat, MOHLTC; Ray Hunt, CEO, Espanola Regional Hospital; Helen Brenner and Wendy Kolodziejczak, for the PATH Project, Northumberland Hills Hospital and Jennifer McKenzie, North East LHIN.

One hundred-seventy five (175) delegates attended the four complimentary sessions: 78 from hospitals; 21 from LHINs; 17 from Family Health Teams; and 59 from other organizations such as community care, mental health, nurse practitioner-led clinics, and long term care facilities. One of the objectives of the conference was to have much discussion among health service providers. Each conference table was set up to include hospitals, LHINs, Family Health Teams and others.

**Member Teleconference.** On April 16, 2014, the OHA hosted a teleconference to provide an environmental scan, share an update on OHA activities, particularly those related to supporting health system funding reform and capacity planning, and take questions and feedback from members. More than 90 members participated in the call, and the topics discussed included a summary of Bill 179, the *Public Sector and MPP Accountability and Transparency Act*, the status of other health-related legislation, an update on the review of the *Local Health System Integration Act*, the 2014 Ontario Budget, the political environment, and the OHA's longer-term advocacy priorities. Many of the questions and comments from members related to capacity planning and the importance of factoring the interdependencies of the health system, particularly in small and mid-size hospitals, when doing capacity planning.

The GCE's **Building Board Capacity for Effective Collaboration and Integration workshop** on April 28, 2014 is designed to enable boards to learn about the experiences of their peers in providing collaborative leadership for integration initiatives, ranging from informal alliances or partnerships to formal mergers. Participants will benefit from the experience of board leaders of LHINs and peer organizations that have engaged in governance collaboration and implemented innovative practices. This highly interactive session will be facilitated by Maureen Quigley, President of Maureen Quigley & Associates Inc., and will feature a series of panel presentations and discussions.

## REALIZING QUALITY

**Hospital Service Accountability Agreement (HSAA).** On January 22, the LHINs advised that, while they continue to be committed to the development of a new HSAA Template, given that the existing extension expires on March 31, and given that LHINs are still working to ensure alignment of all parties (e.g., Ministry, LHINs etc.), they have proposed the extension of the current agreement for a one year term to expire March 31, 2015.

In February, the LHINs proposed two HSAA extension agreements. The first proposed extension agreement merely extends the current HSAA until June 30, 2014. The second of the proposed extension agreements extends from July 1, 2014 to March 31, 2015 but also includes new substantive provisions relating to e-Health, the 10% Executive Office Reduction, a General Performance Obligation and CitiCall.

At the most recent meeting of the HSAA Steering Committee on March 7, 2014, the OHA indicated that, while the first extension agreement was acceptable and could be disseminated to hospitals; the second proposed agreement was not acceptable as drafted. The LHINs have since indicated a willingness to be flexible so as to reach agreement on the proposed second extension agreement. It is also our understanding that the LHIN Collaborative (LHINC) has disseminated the first extension agreement to hospitals.

At the time of drafting of this note, OHA HSAA Steering Committee representatives and other key working group members, OHA Staff, and lawyers from Borden Ladner Gervais (BLG) are working on language that would be appropriate for the second HSAA extension agreement. This will be presented to the LHIN Co-Chairs before the end of April 2014.

**OHA/OMA Service Redistribution Framework.** In 2013, the Ontario Hospital Association (OHA) and the Ontario Medical Association (OMA) established a joint Physician Hospital Issues Committee (PHIC), co-chaired by Dr. Charlie Chan (OHA) and Dr. Ved Tandan (OMA). OHA Board member Eric

Vandewall, President and CEO of Joseph Brant Hospital, recently joined other OHA representatives on the Committee.

In developing the work plan, PHIC members identified the Quality Based Procedures (QBPs) as an area that would be of mutual interest to hospitals and physicians, specifically potential service redistributions that may arise as a result of the implementation of QBPs.

The PHIC developed a draft Service Redistribution Framework which consisted of six guiding principles and considerations for implementation. The guiding principles are as follows:

1. Quality of Patient Care
2. Evidence
3. Stability
4. Fairness and Equity for Medical Human Resource Adjustments
5. Transparency
6. Collaboration and Inclusivity

The draft Service Redistribution was presented to the OHA Board in August 2013. Board members were supportive of developing a framework; however, the Board recommended broader consultation with hospitals to better understand the implications and to obtain more support from a directional perspective with regard to the principles identified.

As part of the consultation process, the OHA and OMA retained the services of the Hay Group to develop and facilitate a simulation session which was held on January 23, 2014. Attendees included representation from the LHINs, hospital CEOs, Chiefs of Staff and front line physicians. While the simulation session validated a number of issues already outlined in the PHIC's draft Service Redistribution Framework, it also highlighted some unintended consequences that may arise when services are transferred.

Revisions have been made to the draft OHA/OMA Service Redistribution Framework such that it reflects the key learnings from the simulation session, incorporates the recommendations from the Hay Group's final report and aligns with the suggestions made by the OHA's Provincial Physician Leadership Council. The draft was reviewed and discussed by PHIC members on April 3, 2014, with a goal to review an updated draft on May 23, 2014 that can be presented to the OHA Board in June.

**Provincial Physician Leadership Council (PPLC).** The OHA PPLC met on March 25, 2014. The meeting featured presentations from Dr. Wendy Levinson of *Choosing Wisely Canada*, the Trillium Gift of Life – Hospital Donation Physician Model, and members provided input on the OHA's work related to physician and professional issues.

**Webcast re: 2014/15 Quality Improvement Plans (QIPs).** Hospitals submitted their 2014/15 QIP to Health Quality Ontario (HQP) by April 1, 2014. To support hospitals in their planning efforts, the OHA co-sponsored a webcast in collaboration with HQO and the Ministry of Health and Long-Term Care on February 26, 2014 with over 100 participants. The webcast provided an update on the MOHLTC's seven priority indicators for hospitals and how they align to other sectors submitting QIPs, the findings from HQO's *2013/14 Hospital QIP: An Analysis for Improvement* report, and answered frequently asked questions for the upcoming submission.

**Ministry of Health and Long-Term Care (MOHLTC) Specialty Clinic Webinar.** On March 18, 2014, the MOHLTC hosted a community-based specialty clinic webinar to provide the field with background information on the policy, guidelines and forms for completing an application to create

a non-profit community-based speciality clinic for low-risk cataract procedures, and answer questions. Participants included member hospitals, independent health facilities, local health integration networks, law firms, and private clinics (e.g., the Herzig Institute).

**Nurse Practitioners within Hospital Teams Conference** was held on March 6, 2014 and included topics such as developing and implementing the Nurse Practitioners roles; liability issues; Nurse Practitioners Practice: outcomes of research. Speakers included Debra Bournes, Provincial Chief Nursing Officer; Michelle Acorn, Lakeridge Health; Lois Hales, HIROC; and Chantal Leonard, CEO, Canadian Nurses Protective Society. Fifty-five delegates were in attendance.

**Advancing Medication Reconciliation to Reduce Readmission, Improve Quality and Safety.** (March 7, 2014) In recognition that every organization is at a different stage with respect to conducting and measuring medication reconciliation, the OHA identified the opportunity to support hospitals in advancing this practice across their organizations. In collaboration with Health Quality Ontario (HQP), the MOHLTC, the Institute for Safe Medication Practices Canada, the Canadian Patient Safety Institute, and Accreditation Canada, OHA hosted this one day conference. Speakers included: Hugh MacLeod, President, CPSI; Dr. Edward Etchells, Sunnybrook; Dr. Joshua Tepper, President, HQO; Wendy Nicklin, President, Accreditation Canada; Anna Greenburg; MOHLTC; and Joann Trypuc. Eighty delegates attended this conference.

**Infection Prevent and Control.** (Friday, March 21, 2014) Dual Mode Delivery. This was the first dual mode delivery of a full day program. Topics included quality improvement; environmental cleaning practices; and patient engagement. Speakers: Anne Augustin, Public Health Ontario; Dr. Erick Bontovics, MOHLTC; Dr. Gary Garber, Public Health Ontario; Dr. Susan Brien, HQO and Dr. Mary Vearncombe; Sunnybrook. Forty delegates attended the live event plus 20 sites registered for the live webcast.

**Diagnostic Imaging Conference.** (Tuesday, March 25, 2014) Topics included *Healing Arts Radiation Protection (HARP) Act*; Peer Review Methodologies and Quality Assurance; Quality Dimensions in Diagnostic Imaging; Quality Assurance Standards; Health System Funding Reform; and the Future of Quality Improvement Diagnostic Imaging in Canada. Speakers include: Sheree Davis, MOHLTC; Dr. Josh Tepper, HQO; Murray Glendining, Acting President and CEO, London Health Sciences; Dr. Sandra Black, Sunnybrook; and Dr. William Miller, President-Elect, Canadian Association of Radiologists. There were 140 delegates in attendance.

**2014 Quality Healthcare Workplace Awards.** The 2014 Quality Healthcare Workplace Awards (QHWAs), a partnership of the OHA and the Ministry of Health and Long-Term Care's HealthForceOntario (HFO) with sponsorship from the National Research Corporation Canada, was launched via teleconference on March 26, 2014. Success stories from the 2013 QHWAs are being celebrated in each edition of Healthscape. In addition, a report highlighting learning and best practices from the 2013 QHWA submissions will be released this spring. Applications are due June 27, 2014 and awards will be announced to participating hospitals on October 24, 2014 with a public announcement at HealthAchieve on November 4, 2014.

## DELIVERING VALUE

**ONA Negotiations Update.** The Participating Hospitals and ONA engaged in direct negotiations over the week of November 18 and the week of January 6. The parties again met from February 24 – 27, and subsequently were joined by mediator Kevin Burkett February 28 – March 2,

and again on March 11. Although the parties were able to resolve a number of issues through negotiations, a full settlement could not be reached. As a result the parties proceeded to arbitration before a board of arbitration chaired by William Kaplan. The hearing took place March 15 – 16. An award could be issued as early as the end of April.

**Federal proposal to exempt hospital parking from GST/HST.** As reported at the February meeting of the OHA Board of Directors, on January 24, 2014, the federal Finance Minister announced proposed amendments to the *Excise Tax Act* to provide an exemption from the Goods and Services Tax/Harmonized Sales Tax (GST/HST) for hospital parking for patients and visitors. The announcement capped an effective engagement of the Department of Finance by the OHA and its partners, primarily Imagine Canada. The OHA welcomed the announcement (a quote from OHA CEO Anthony Dale was included in the Department of Finance’s media release) and the OHA updated members via bulletin on January 27, 2014.

Although the announcement is largely positive, there are some practical challenges and reputational risks for hospitals in the context of its implementation. For example, in larger centres, where hospital and hospital foundation parking operations compete with other parking providers and use price as a demand management mechanism, the elimination of the HST portion of the price of parking may unbalance the local parking market and present hospitals with difficult decisions regarding pricing in order to maintain access to parking for patients. In smaller markets, the elimination of the HST portion of the price of parking may have a negligible effect on the total price, but draw attention to a challenging reputational issue for hospitals.

In a February 14, 2014 member teleconference, the OHA solicited feedback from a broad group of its member CEOs, Board Chairs, CFOs and COOs which informed our position on the proposed tax exemption. The OHA, on behalf of Ontario’s hospitals, made a submission on the proposed amendments to the Department of Finance for the February 24, 2014 deadline. On March 28, 2014, the federal government introduced legislation that would implement the GST/HST exemption on for hospital parking in Bill C-31, the *Economic Action Plan 2014 Act, No. 1*. At the time of the drafting of this note, the Bill has undergone Second Reading debate and has been referred to a Standing Committee for further review.

**Hospital Parking Rates.** A community advocacy group called Fair Hospital Parking Charges, based in the Markham-Stouffville area, has been reaching out to a variety of stakeholders, including government officials, regarding the costs of hospital parking fees and to seek possible solutions. A representative of the organization contacted the OHA recently. In a conversation between the Fair Hospital Parking Charges representative and the OHA’s President and CEO, the importance of hospital revenue generation was discussed and a willingness to keep lines of communication open was established. The OHA continues to have similar conversations with other community advocates and political stakeholders wherever possible.

**Dual Delivery Programs.** In response to member needs for greater access to educational programs, OHA has begun to pilot some alternative delivery models for education. In addition to our full roster of over 200 programs (one and two day Conferences, Certificate and Diploma courses, Online Learning modules and Broadcasts), OHA is piloting dual delivery models providing the option to participants of attending in-person or by live interactive webcast. OHA will continue to pilot and integrate technology into delivery models in order to extend the reach of educational offerings and better serve the needs of members.

**Leading Governance Excellence Award.** The GCE recently announced its Call for Submissions for the second annual Award in Leading Governance Excellence. The award is designed to acknowledge hospital/health care boards that demonstrate best practices in governance. The final selection will be based on the following evaluation criteria: Relevance, Applicability, Innovation, Engagement and Outcomes. Specifically, the relevance criterion pertains to alignment with the strategic directions outlined in the OHA's strategic plan.

**Championing Health Care Governance.** The GCE is currently developing a series of videos aimed at championing health care governance and encouraging individuals to join a health care board. This recruitment tool is intended to help showcase the great governance work being done in Ontario's health care organizations. The videos will include representatives from large, small, and rural hospitals, foundations – both hospital and non-hospital, LHINs and CCACs.

**Health System Funding Reform (HSFR): A Lever for Quality.** (March 31, 2014) The topics discussed were: Building a Culture of Transformation; QBP Indicator Launch; The Building Blocks for Quality and HSFR. Speakers included Don Young, ADM, MOHLTC; Justine Jackson, UHN; Susan Fitzpatrick, ADM, MOHLTC; Dr. Gillian Kernaghan, CEO, St. Joseph's Health Care, London; Altaf Stationwala, CEO, Mackenzie Health; and Lou Reidel, OHA. This conference was offered in dual mode delivery. There were 75 in person delegates and 50 sites registered for the live webcast.

**HOODIP LTD Offsets.** The integration of HOODIP LTD Offsets with the HOOPP Disability Benefit of Free Accrual has been challenged in arbitrations, including the Timmins and District Hospital case. In consultations with Hospital Members, the Timmins and District Hospital case was Judicially Reviewed followed by seeking Leave to Appeal to the Ontario Court of Appeal. On Friday March 28, 2014, we were notified that the Ontario Court of Appeal has refused the Hospital's Application for Leave to Appeal.

Established in late 2013, the HOODIP LTD Offsets Working Group is working directly with the OHA to determine next steps following the Ontario Court of Appeal decision. This includes exploring a coordinated approach regarding potential Hospital liabilities due to imbedded and / or residual HOODIP LTD claimants with an offset for the HOOPP Disability Benefit of Free Accrual.

**WSIB.** The WSIB is seeking input on Benefits Policies. The OHA is developing a submission through extensive consultation with our hospital representatives that work in health, safety, HR and disability management. The final version will be sent to all hospital CHROs for validation before submission.

In February, 2014, the WSIB released Douglas Stanley's recommendations on a conceptual rate framework. Following this release, the OHA provided a summary report in conjunction with a webcast to discuss the content of the report and its alignment with the OHA's recommendations made during the consultation. The WSIB will now begin the process of developing operational models for a new rate framework, and will consult with stakeholders as they progress.

The 2013 Safety Group held their first meeting of the year on February 10, 2014. During the meeting, presentations topics included a discussion of Bill 146, a research study looking at the Ontario needle safety regulation, and Hamilton Health Sciences discussing their health and safety management system review process. The April 9<sup>th</sup> webcast on the WSIB Rate Framework also provided information for Safety Group members, and the next meeting is scheduled to be held in Toronto on June 9, 2014.

**Ministry Of Labour.** The OHA met with representatives of the MOL Enforcement and Prevention divisions in February 2014, to discuss how our organizations can work together to support hospitals. This discussion included new MOL training requirements, the Safe at Work Ontario health care sector plan and the hazards most prevalent in hospitals. It was agreed by all parties that this meeting was beneficial and we should continue to meet regularly in the future.

The MOL has released its Safe at Work Ontario Inspection Blitzes and Initiatives plan for April 2014 – March 2015. For the health care sector, this plan is different from previous years as it includes no inspection blitzes focusing on a single hazard. Instead, MOL Inspectors will use a risk-based approach to address the top hazards within organizations.

The MOL Prevention Office has recently made its Worker and Supervisor Awareness training modules available for employers to upload into Learning Management Systems. This will help employers track employees' completion of the training, as required under the Regulation.

Bill 146, *Stronger Workplaces for a Stronger Economy Act*, was introduced in late December, 2013 and is currently in the middle of Second Reading within the Legislature. As the Bill could have significant impact on hospitals' relationships with temporary work agencies and student workers, the OHA is continuing to prepare for consultation, should it move forward.

**Health and Safety Advisory Committee.** The Health and Safety Advisory Committee will be meeting in late April, and meeting with the Public Services Health and Safety Association to discuss the provision of support for hospitals and the PSHSA's operational plans. The Committee has also been providing feedback to the OHA on several consultation areas, including the WSIB Benefits Policies Review and MOL training requirements.

**Communicable Disease Surveillance Protocol Committee (CDSPC).** The CDSPC will be meeting in early May 2014, to update the protocols for Influenza, Scabies, Tuberculosis, and Varicella-Zoster.

**Attendance Management Program Guide.** One of the key initiatives under the OHA's 2013-2016 Health Human Resources Work Plan is to develop an Attendance Management Program Guide. This initiative will provide an opportunity to share some of the great work and successes within hospitals in the area of attendance management. AON Hewitt, with guidance from OHA staff, has begun work on the development of Guide. The Advisory Committee members met on March 26, 2014 to review project objectives and timelines as well as provide feedback on an outline for the report. A draft report is expected for May 31, 2014, and the final report will be released to members later in the summer.

**Leadership Selection Diagnostic and Assessment Tools.** A call for participation for an OHA Leadership Assessment Tools Working Group has been sent to Chief Human Resources (HR) Officers in hospitals and HR leads in the CCACs. Our goal is to develop a report that showcases how different hospitals are successfully using assessment tools in their promotion decision making process and to build on what has already been developed within the sector. The report will also highlight some of the leading practices from other sectors used to ensure that the individuals promoted are the right leaders for the future. The working group will identify assessment tools currently available, how they can be utilized in health care, and which ones have been proven to be the most successful. Members of the working group will provide input to the OHA on how these tools can best be of assistance to the broader membership as well as provide input into the development of a report. The working group will meet in May 2014.



**ONA Economic Survey.** Results from the 2013 ONA Economic Survey were used to establish the base year total compensation model for the 139 participating hospitals and to understand the financial consequences of any changes to the collective agreement that are negotiated, mediated, and/or arbitrated. These results were used during ONA Mediation (February 24 to March 2 and March 11, 2014) and preparation for ONA Arbitration (March 15 and 16, 2014).

**OPSEU Economic Survey.** Results from the 2013 OPSEU Economic Survey were used to establish the base year total compensation model for the 46 participating hospitals and to understand the financial consequences of any changes to the collective agreement that are negotiated, mediated, and/or arbitrated. These results were used during OPSEU bargaining (February 10 to 14, 2014 and March 4 to 8, 2014).

**Strategic Direction Planning for 2015 OHA HR Benchmarking.** In preparation for the 2015 HR Benchmarking program, the OHA established an Advisory Group, composed of Chief HR Officers and senior HR professionals with a wide range of benchmarking expertise. Through the work of this group, the OHA gathered insights on the current state of the HR Benchmarking Program and recommendations moving forward. Chief HR Officers from member organizations participated in a teleconference on February 18, 2014 and provided input on the future direction of OHA's HR Benchmarking services. The OHA met with the Advisory Group on April 2, 2014 to review the feedback received and an update will be provided to the membership in late April.

**Region 3 Salary Survey.** The Region 3 Salary Survey collects information on compensation for Region 3 hospitals and three large hospitals outside of Region 3 with the purpose of capturing those organizations that have wage increases in the fall. This survey is supplementary to the Regional Salary Survey which is collected every summer. The survey captures 160 middle-management, professional, service, and clerical positions in Ontario hospitals. The final report of results from the 2014 survey included participation from 22 hospitals and was released on April 1, 2014.

**PWC Saratoga Human Capital Effectiveness Survey.** OHA partnered with PWC Saratoga for the fifth year in a row to provide hospitals and Community Care Access Centres the opportunity to participate in the 2014 Human Capital Effectiveness Survey, a survey that benchmarks human resources and workforce metrics at the organizational level. The survey was launched to OHA members on April 1, 2014 accompanied by three live survey tool demonstrations. The survey closes on May 15, 2014.

**Administrative Physician Compensation Survey.** On April 8, 2014, the OHA launched the call for participation for the 2014 Administrative Physician Compensation Survey. The survey examines hospital compensation practices as they pertain to the administrative component of select administrative physician positions. The survey uses a familiar web-based interface to collect data on stipends, time commitments, and common perquisites for several benchmark positions, including the Chief of Staff, Chief Medical Executive/Vice President of Medical Affairs, Program Chiefs, Department Chiefs, Division Heads, and Medical Directors in various specialty categories. The report is expected to be released in June.

**Ultimate HR Manual.** A marketing campaign was launched for our members in March 2014 and followed by a webinar on April 22<sup>nd</sup>, 2014 to inform our members about the benefits of the CCH Ultimate HR Manual. The Ultimate HR Manual provides comprehensive HR support on various policies, legislations and HR policy templates. The OHA has negotiated a significantly reduced rate for our members to access this subscription. As a result of this campaign, we have 55 hospitals that

have subscribed to this service. The subscription remains open for any member that may be interested in subscribing. CCH also offers free newsletters and webinars along with this membership.

## CORPORATE ACTIVITIES

**OHA 90<sup>th</sup> Anniversary.** This year, the OHA is celebrating its 90<sup>th</sup> anniversary, and is developing a campaign to thank OHA members for their ongoing support and engagement over the past 90 years. Content will be shared via dedicated 90<sup>th</sup> anniversary website, healthscape e-newsletter, social media channels, and news release. Campaign strategy includes the following items:

- Animated video – sketch style video showcasing how Ontario hospitals have played an essential role in the evolution of health care, and how hospitals are at the forefront of change
- Member Engagement – Hospitals are invited to submit the following:
  - Hospital Success Stories – What makes your hospital special (i.e., special achievements in patient care, recent innovations, enriched/helped the community, unique organizational culture)
  - Historical photos
  - Perspectives on the future of health care
- Grassroots – Provide OHA members with materials and tools that will help pitch stories to community newspapers; leverage OHA CEO hospital visits for engagement opportunities with local politicians
- HealthAchieve – Special 90<sup>th</sup> Anniversary delegate fee; Reception premium; Tradeshow area featuring hospital successes / innovations
- The Next 90 – OHA is reaching out to noted futurists to request perspectives on the future of health care

**HealthAchieve Recognized as Best Conference at the Canadian Event Industry Awards.** On March 27, 2014, the OHA's signature event, HealthAchieve, was presented with the prestigious "Best Conference" award during the 17<sup>th</sup> Annual Canadian Event Industry Awards (CEIA). The CEIA is a national program which recognizes outstanding achievements in Canadian special events.

HealthAchieve was recognized for its progressive annual conference and tradeshow which hosts close to 6500 attendees including 300 exhibitors from across the globe. This is the first time HealthAchieve has received the CEIA's "Best Conference" award.

**Board Portal Launch.** In a collaborative effort, the Information Technology department and the President's Office are in the final stages of the Board Portal re-design project. The new Board Portal will be a stand-alone site, with a fresh, clean design which follows OHA Marketing Standards. The site features a new user-friendly interface and all content has been reorganized to be easily and quickly accessible, while ensuring a fully secure user experience. The new portal is fully mobile compatible, with full functionality available on all mobile devices. The new Board Portal will be launch at the April meeting.

**Luceo – Applicant Tracking System.** The OHA has implemented Luceo, an applicant tracking tool that enables the OHA to develop and maintain a talent pool for current and future recruitment needs. Luceo is a CareerBuilder product.

**From:** Warren DiClemente  
**Sent:** Thursday, April 17, 2014 1:27 PM  
**To:** All OHA Staff  
**Subject:** OHA Named one of the Best Workplaces in Canada



To All OHA Staff,

As the Chair of the Staff Relations Committee, I am thrilled that the OHA has, once again, been recognized as one of the **Best Workplaces in Canada** for 2014. This will be the fourth consecutive year that the OHA has been honoured with this award. This year's list includes 100 organizations and the official listing of all winners appeared in a special report in the April 17 edition of the Globe and Mail. Click [here](http://www.theglobeandmail.com/partners/advbestworkplaces2014/) [http://www.theglobeandmail.com/partners/advbestworkplaces2014/] to view the report.

OHA has ranked 23rd place in the 'less than 1000 employees' category and has also been honoured with the following award:

- **Best Workplaces in Canada for Women** – The OHA was one of 25 organizations out of 100, recognized for practices that enable women to advance themselves personally and professionally, and better address some of the complex challenges women face, including balancing career and family responsibilities.

This list of *Best Workplaces in Canada* is compiled by Great Place to Work® Institute Canada. The competition process is based on two criteria: two-thirds of the total score comes from a survey completed by all full time employees; and the remaining one-third of the score comes from an in-depth review of the organization's culture. Together, they provide crucial data relative to the five trust-building dimensions of a great place to work: credibility, respect, fairness, pride, and camaraderie. Over 300 organizations participated in this year's national competition.

I would like to extend particular thanks to the Staff Relations Committee - Agnes Cho, David McCoy, Emitis Moshirzadeh, Kathleen Preston, Mary Romero, Rachel Bredin, Leslie Carmichael, Julie Giraldi, for their participation in the competition process and for their continued efforts on your behalf in making the OHA a great place to work.

On behalf of the Senior Management team, we are extremely proud of the hard work and dedication of all our staff. Each and every one of you plays an important role in creating a culture that we can all be proud of.

Warren

WARREN DICLEMENTE  
Chief Operating Officer and Vice President, Educational Services