

## BOARD OF DIRECTORS - OPEN MEETING

Date: Tuesday, September 29, 2015  
 Time: 16:00 – 18:30 hours  
 Location: Board Room, Dietary 3 (NOTE NEW LOCATION)

Start	Time	Item	Topic	Lead	Purpose	Attachment
<b>1. CALL TO ORDER &amp; CONFIRMATION OF QUORUM</b>						
1600	5 min	1.1	Approval of Agenda & Chair's Remarks	Carson	Decision	Draft agenda
		1.2	Approval of Previous Minutes: July 28 & Aug 12, 2015	Carson	Decision	Draft minutes
<b>2. CEO UPDATE</b>						
1605	10 min	2.1	CEO Report Highlights & External Environment Update	Thompson	Discuss	Written report
<b>3. INTEGRATED BUSINESS</b>						
1615	5 min	3.1	2015-16 Board & Committee Work Plans	Carson & Committee Chairs	Decision	Briefing note & work plans
1620	5 min	3.2	2015-16 Board Policies Review	Carson & Committee Chairs	Inform	Briefing note
1625	20 min	3.3	KGH Strategy: Q1 Reporting	Thompson & Committee Chairs	Discuss	Briefing note & strategy index, target explanations, Q4 presentation & KGH This Quarter
<b>4. PATIENT CARE &amp; PEOPLE COMMITTEE</b>						
1645	10 min	4.1	Credentialing of Professional Staff	Kelly	Inform	Briefing note & presentation
<b>5. MEDICAL ADVISORY COMMITTEE</b>						
1655	5 min	5.1	COS Report	Zelt	Discuss	Written report
1700	5 min	5.2	Medical Staff Association Report	Thain	Inform	Written report
<b>6. FINANCE &amp; AUDIT COMMITTEE</b>						
1705	5 min	6.1	Debt Obligations	Janiec	Decision	Briefing note
<b>7. GOVERNANCE COMMITTEE</b>						
1710	10 min	7.1	Principal Based Decision Making	Thomson/Quirt Thompson	Decision	Briefing note & framework
1720	5 min	7.2	2014-15 Board Effectiveness Survey Results	Thomson/Quirt	Inform	Briefing note
1725	5 min	7.3	SE LHIN Sustainability Update – HealthCare Tomorrow	Carson/Thompson	Inform	Briefing note
<b>8. IN-CAMERA SEGMENT</b>						
1825	5 min	8.1	Motion to Move In-Camera (agenda items #9-11)	Carson	Decision	Verbal

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12.	REPORT ON IN-CAMERA DECISIONS & TERMINATION					
1825	12.1	Motion to Report the Decisions Approved In-camera		Carson	Inform	Verbal
	12.2	Date of Next Meeting & Termination		Carson	Inform	Verbal
13.	IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY					
14.	IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT					

## BOARD OF DIRECTORS: OPEN MEETING OF SEPTEMBER 29, 2015

A meeting of the Board of Directors of Kingston General Hospital was held on Tuesday, September 29, 2015 in the Board Room, Dietary 3, of Kingston General Hospital from 16:00 to 18:00 hours. The following are the open minutes.

Elected Members Present (voting): Scott Carson (Chair), Wendy Forsythe, Donna Janiec, Diane Kelly, Susan Lounsbury, Geoff Quirt, Bill Robertson, Axel Thesberg (joining via teleconference), George Thomson (joining via teleconference).

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

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

Regrets: Lynn Bowering, Pen Sang Cau, Al Orth.

Administrative Staff: Mary Pope (Recording Secretary), Chris Gillies, Troy Jones, John Lott, Theresa MacBeth.

### 1.0 CALL TO ORDER & CONFIRMATION OF QUORUM

The Chair called the meeting to order and confirmed quorum. The date of the next KGH Board meeting is confirmed for Tuesday, October 27, 2015 at 16:00 hours in the Fenwick Conference Room.

The Chair advised that tours have been organized by the Patient Care and People Committee. The next tour will take place on Thursday, October 15 at 15:00 hours and the Chair encouraged Board members to join these tours and confirm their attendance with Connie Kennedy at 613-548-6004. The October tour will focus on the cardiac, critical care and emergency areas of the hospital.

Members were also reminded that tickets are available for the November 7 "Cheers to Your Health Event" at the Delta Hotel. The Chair encouraged members to participate and to join him at the KGH table being organized by Leslee Thompson's office. Please order your tickets on the UHKF website and let the CEO's office know if you are planning on attending.

### 1.1 Approval of Agenda & Chair's Remarks

The agenda was pre-circulated to members in advance of the meeting. The Chair noted that staff members will join the meeting following a brief in-camera discussion.

Moved by Susan Lounsbury, seconded by Bill Robertson:

THAT the agenda be approved as circulated.

CARRIED

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MOTION TO MOVE IN-CAMERA:

Moved by Leslee Thompson; seconded by Susan Lounsbury:

THAT the Board move into an in-camera session.

CARRIED

An update on the in-camera discussion was provided by the Chair under agenda item #12.1 on page 8 of the open minutes. The Chair welcomed staff members of the meeting at 16:30 hours.

## 1.2 Approval of Previous Minutes

The Chair drew attention to the pre-circulated draft minutes of the July 28, 2015 meeting.

Moved by Susan Lounsbury, seconded by Donna Janiec:

THAT the open minutes of the KGH Board of Directors meeting held on July 28, 2015 be approved as circulated.

CARRIED

The draft minutes of the August Board meeting were pre-circulated.

Moved by Susan Lounsbury, seconded by Donna Janiec:

THAT the open minutes of the KGH Board of Directors meeting held on August 12, 2015 be approved as circulated.

CARRIED

## 2.0 CEO UPDATE

### 2.1 CEO Report Highlights & External Environment Update

The CEO's written report was circulated in advance of the meeting. Leslee Thompson reported that, on the Provincial front, health care agencies are anticipating legislation from the Ministry of Health and Long-term Care in response to the recommendations contained in the report *Patient's First – A Roadmap to Strengthen Home and Community Care*, recently released by the Ministry.

Meetings with ministry officials regarding changes around Healthcare Tomorrow and the support of SE CHEF have been held. Leslee Thompson advised the Ministry that she supported the changes as they related to her role and that of Kingston General Hospital. The CEO has also had considerable discussions with the Ministry to support moving forward with Phase 2 redevelopment. Senior staff from the Ministry's capital branch will be visiting KGH, Hotel Dieu Hospital and Providence Care on September 30<sup>th</sup>. Conversations of late have been more elevated and we continue to have the active support of our MPP, Sophie Kiwala, which has been beneficial. Discussions continue to look at options to release planning funding are also underway.

Recent media lead by the Canadian Union of Public Employees regarding readmission rates required further clarification by David Zelt to ensure accurate and factual information is being shared with the public. The CEO advised that the next big step for KGH is to be 'smoke free' by November 1. Board members will be kept updated on the information as it rolls out and provided access to the Q&A document prepared by the KGH's Strategy Management and Communications Department.

### 3.0 INTEGRATED BUSINESS

#### 3.1 2015-16 Board & Committee Work Plans

Board and committee draft work plans were circulated with the agenda package. George Thomson, Diane Kelly and Donna Janiec advised the work plans align with their committee terms of reference and that their committees made no additions or deletions to the circulated work plans, however adjustments may be required during the course of the board and committee year. George Thomson also advised that the Board work plan has been reviewed and no additions or deletions were recommended.

Moved by George Thomson, seconded by Donna Janiec:

THAT the 2015-16 work plans for the KGH Board of Directors, Finance and Audit, Governance and Patient Care and People Committees are approved.

CARRIED

#### 3.2 2015-16 Board Policies Review

Board members were provided with a link to the Board Policy Manual which is an excellent resource in terms of governance practices and processes. The briefing note circulated in the agenda package notes that all policies have been reviewed and that the next major review of the manual will take place in Fiscal 2017. Members were assured that the executive team is accountable to collectively monitor policies and if changes are needed they will be flagged and brought to the Board.

#### 3.3 KGH Strategy: Q1 Reporting

Board members have been provided with a detailed briefing note which provided an orientation to the Strategy Report as well as the draft Q1 Strategy Performance Indicators Report, the Targets Explanation Report, presentation slide deck and the KGH This Quarter publication. Leslee Thompson advised that for Q1 a very detailed review was made of the strategy in order to provide additional clarity.

John Lott reviewed the overall progress at Q1 with the members. We currently have 17 of our 27 strategy targets on track in green and yellow; 10 of 18 strategic direction targets on track and 7 of 9 enabler targets on track. 6 of 12 of our overall Quality Improvement plan targets are on track and 46 of 75 of our supporting corporate performance indicators are on track.

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The 'Big Wins' in Q1 are: Get Out Of Gridlock (GOOG) which has sustained gains since March 2015 through the summer and results are being seen in ED wait times and medical/surgical occupancy; ED wait times are the most profoundly changed indicator, moving to GREEN for the first time in more than 3 years, which represents a huge effort and collaboration across the organization; June 2015 marked 38 months with no declared C-diff outbreaks at KGH with a continued downward trend; we achieved a \$3 million fundraising goal for the W.J. Henderson Centre for Patient-Oriented Research and increased the construction budget by \$1 million; and released our multi-media five-year strategy report to the community.

The 'reds' of concern were identified in the report with an action plan to improve. The hand hygiene continues to a concern for the organization. There is a lot of effort put into serious issue – we are at 90% however the challenge continues to be sustainability. Falls issue – targets have been changed, however it has been exceeded this quarter and issues continue to be monitored. The ALC number remains high and discussions continue with all partners in the region. A new indicator this year is workplace violence. We exceeded the target in Q1, however initiatives are underway to make impact into this issue. Silvie Crawford advised that the OHA is addressing this issue at a provincial level at the acute care facilities as well as the long-term care facilities.

It is expected that in Q2, strong improvements will be seen in the specimen errors targets; clinical service wait times; medical records and performance reviews. A group of leaders are meeting to work on the tactic work plans and timelines for finalization. This is a focus on proactive tactic planning, anticipating results in advance and course correcting in-between quarters.

The staff scheduling and time capture project continues to be an area with implementation issues that are affecting all staff. Leslee Thompson suggested that a brief presentation on the project be made at the next Board meeting. This is not a simple enterprise change and perhaps one of the most extensive changes that has been implemented in the last 7 years at KGH. Some of the challenges were expected and some were not, however the team has been extraordinary at addressing the issues. Unions also have concerns but are supportive of the tools, and are still working through the issues with People Services.

Board members were advised that we are conducting an Employee and Physician Engagement surveys once again this year. The surveys will be open from November 9 to November 27.

Silvie Crawford advised that alternate level of care issues are being discussed at monthly meetings with the South East Community Care Access Centre leaders and KGH with the main focus being on the current barriers to reducing ALC. Two patient experience advisors have been invited to join the committee to share their ALC patient care experience. KGH now has a representative on the Providence Care ALC Committee. With these strong connections made in Q1, it is hoped we will see improved results in Q2. The LHIN is also engaged and has recognized that ALC/patient flow is a LHIN-wide challenge and discussions take place with key hospital and CCAC leaders at the monthly LHIN meetings.

George Thomson left meeting at 17:20 hours.

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### 4.0 PATIENT CARE & PEOPLE COMMITTEE

#### 4.1 Credentialing of Professional Staff

The Chair called upon David Zelt to provide any additional information to support the briefing note and presentation outlining the due diligence process that was circulated in the agenda package. Dr. Zelt elaborated on the briefing note and outlined how the due diligence process must meet the needs of the School of Medicine as well as the hospital. As per the KGH Bylaws, the Credentialing Committee of the Medical Advisory Committee (MAC) is responsible for the credentialing process, for the collection and review of all information required in the Bylaws for professional staff to be credentialed at KGH. Upon a motion of approval by the MAC, the list of professional staff is then presented to the KGH Board of Directors to approve and grant privileges. The review of the credentialing process is done annually and the Board is assured by the Chief of Staff as to the effectiveness and fairness of the process. Members thanked Dr. Zelt for the slide deck that outlined the credentialing of professional staff process in detail and bringing clarity regarding the due diligence. David Zelt advised that the possibility of credential rejections would only be as a result of credential fraud or misrepresentation.

Moved by David Zelt, Seconded by Kishore Thain:

THAT In accordance with the KGH Bylaw, article 5.10 (c), (ii), the Chief of Staff hereby assures the Patient Care and People Committee and the KGH Board that the Medical Advisory Committee, on the Board's behalf, oversees the credentialing process for all professional staff, including physicians, extended class nurses, dentists and midwives as set out in the KGH Bylaw, article 16 and that all the necessary or advisable due diligence required by the Hospital's Bylaws and policies as part of the credentialing process is completed, effective and fair and that the professional staff meet or exceed the criteria for appointment or reappointment to the Hospital's medical and professional staff.

CARRIED

### 5.0 MEDICAL ADVISORY COMMITTEE

#### 5.1 COS Report

The regular report of the Chief of Staff has been circulated. Highlights of the focus of the most recent Medical Advisory Committee meeting were noted on page 2 of the report. Physician coding practices for patient records are being reviewed to ensure consistency in the information that is coded by Patient Records staff. Dr. Zelt is working with the Patient Records Committee to address the issues. To help optimize this information, oversight is being provided by the Quality Utilization Committee. The MAC will continue to be engaged in Healthcare Tomorrow initiatives.

David Zelt noted that the privacy breaches continue to be a concern and the Board will be kept updated. Troy Jones advised that the accreditation review will look at the process rather than the number of cases of breaches.

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### 5.2 Medical Staff Association Report

The MSA President written report was circulated. Dr. Thain advised members that the new MSA executive elected to represent the medical staff are Kishore Thain as President and Jay Engel as Vice President, Ron Pokrupa as Vice President/Secretary.

### 6.0 FINANCE & AUDIT COMMITTEE

#### 6.1 Debt Obligations

A detailed briefing note was provided with the agenda package. Donna Janiec, Chair of the Finance and Audit Committee, reviewed the details of the committee's recommendations regarding capital investment requirements including the refinancing of a portion of the debt obligation which would provide immediate access to \$3.2 million for the capital investment needs. Blending the outstanding balance owing at this time and refinancing over a 5-year amortization period, would result in a decrease in the interest rate on this debt. The Bank of Montreal has waived any early renewal upfront penalty.

Moved by Donna Janiec, seconded by Diane Kelly:

THAT the Board approves management undertake refinancing the long-term infrastructure debt as proposed.

CARRIED

### 7.0 GOVERNANCE COMMITTEE

#### 7.1 Principle Based Decision-Making

Leslee Thompson reviewed the highlights from the Governance Committee deliberations and recommendation as outlined in the briefing note. In March 28, 2014 there were eight strategies identified that could be enhanced and more formalized within KGH to practice Principle Based Decision-making (PBDM) at organizational levels, and at the clinical level. There has been progress on most of these within the organization and an update will be provided at a future Patient Care and People Committee on KGH's progress related to clinical ethics.

On the corporate level it has been decided to step up the use of PBDM tools in our key committees, including Executive. The gap that we need to address now is the lack of consistency in the way the Board and board committees review and discuss key decisions. The Governance Committee looked at the 5 key pieces reflected in the PBDM guidelines have clarified the evidence that needs to be brought forward to ensure appropriate conditions have been met. This information will be shared with all board committees as a checklist when moving forward with organizational decision-making information. The checklist will take the 5 principles and the framework of accountability to ensure the process for decision-making reflects all principles and the framework. A revised briefing note template will be formatted to have the 5 elements along the side for reference when addressing the status for each area.



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Moved by Geoff Quirt, seconded by Susan Lounsbury:

THAT the principal based decision making is fully adopted in Board and Committee decision-making.

CARRIED

## 7.2 2014-15 Board Effectiveness Survey Results

The Chair reported that, at the last board meeting, a brief update was provided on the results from the June 2015 surveys. The Governance Committee prepared a briefing note on those results which was circulated in the package. Geoff Quirt noted that there were a number of members that indicated their willingness to serve as a Chair of our committees and 3 members willing to move into the Board officer positions. The Governance Committee adopted for follow up some of the recommendations made, for example: 1) PBDM; 2) the Governance Committee work plan has been modified to monitor the one year strategic plan; 3) the committee is actively discussing Board member education requirements; and 4) board portal access issues. It was noted that the two February dates on the board calendar will continue to be held for a Board education event.

## 7.3 SE LHIN Sustainability Update – Healthcare Tomorrow

The briefing note was pre circulated to members. Appended to the note is a copy of the recent SE LHIN Board motions relating to the project. Leslee Thompson reported that the Secretariat has been established and they are laying out the work to be executed over the next 8 months. The teams in place are looking at implementation and prioritizing opportunities and challenges. The Secretariat is also reviewing the change management planning and project structure in order to define how to move forward with appropriate support for the workgroups. It will be critical to keep the momentum going so that sustainability issues facing the region can be handled and ensuring that the efforts of those involved translate to outcomes that will be supported by the Boards of the hospitals and LHIN. Leslee Thompson noted that the regional meetings with the Board Chairs are going to be critical in preparing boards to receive the Phase 2 reports. It was suggested that the material provided, as we move through Phase 2, cut out all Phase 1 material and provide link to this information; to only have pertinent and new information in the briefing notes. Leslee Thompson agreed to look at the material and address, at the same time as ensuring that a good trail of the due diligence is retained for the board.

## 8.0 IN-CAMERA SEGMENT

### 8.1 Motion to Move In-Camera

Moved by Kishore Thain, seconded by Richard Reznick:

THAT the Board move into an in-camera session.

CARRIED

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### 12.0 MOTION TO REPORT ON IN-CAMERA DECISION/DISCUSSION ITEMS & TERMINATION

#### 12.1 Motion to Report Decisions Approved In-Camera

Moved by Scott Carson, seconded by Kishore Thain:

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

CARRIED

The Chair reported on the following in-camera decision/discussion items: the board approved the in-camera minutes of the July and August meetings; the board received the final May minutes from the Patient Care and People, Finance and Audit as well as the May and July Governance Committees; the board approved a number of medical staff appointments and reappointments and housestaff appointments as well as the reappointment of Dr. Mussari as Deputy Head in the Department of Diagnostic Radiology. The board received the CEO and COS Q1 performance reports and approved the CEO Performance Agreement for 2015-16. The board agreed to passed a motion with respect to KGH and HDH continuing discussions for the next 8-week period relating to corporate matters.

#### 12.2 Date of Next Meeting & Termination

The Chair confirmed that the date of the next meeting is: Tuesday, October 27, 2015 at 16:00 hours.

The meeting terminated at 18:20 hours on motion by Kishore Thain.

### 13.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY

A brief in-camera session was held with elected members and the CEO only which ended at 18:30 hours.

### 14.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT

A brief session was held.

Scott Carson  
Chair

## LESLEE THOMPSON, PRESIDENT & CEO

Submitted to: Board of Directors

Date of Issue: September 22, 2015

Period Covered: August 12 – September 23, 2015

This note provides an update on major issues and activities that CEO and management have been addressing since the Board meeting held on August 12, 2015 (regular) outside those issues already addressed by board and board committees.

I will provide additional insights into the provincial scene at the meeting.

### 1. General Update – KGH activities

Latest editions of KGH This Week are attached for you to read (will be provided under separate cover). At the board meeting we will provide an additional update on the scheduling project which has had some major implementation challenges, however the project continues to progress.

### 2. Foundation Update – UHKF Cheers to Your Health

UHKF has been busy preparing for the next *Cheers to Your Health* event that Board members might like to consider attending the November 7<sup>th</sup> dinner at the Delta Hotel, Grandview Ballroom with the reception starting at 6:00 pm and dinner at 7:00 pm. Tickets are \$225.00 per person and can be reserved by calling UHKF at 613-549-5452, Ext. 5915 or 5916 or visit the UHKF website at [www.uhkf.ca/events/cheers](http://www.uhkf.ca/events/cheers).

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

### 3. Provincial Update:

#### Ontario Appoints New Chief Health Innovation Strategist

The Ontario government announced recently that it has selected William Charnetski a well-known private sector leader to be the province's new Chief Health Innovation Strategist. This appointment is one of the key recommendations of the Ontario Health Innovation Council's (OHIC) report to champion Ontario as a leading centre not only for new and innovative health technology, but also for bringing that technology to market both here in Ontario and around the world.

SUBMITTED TO: KGH Board of Directors  
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### **Hospital Information System (HIS) Renewal**

The Ministry has taken initial steps to develop its eHealth 2.0 strategy with the establishment of the eHealth Investment and Sustainment Board (Board). The strategy will focus on making investments in eHealth that will advance the objectives of *Patients First: Action Plan for Health Care*. Recently, Ontario's LHINs circulated an FAQ document in anticipation of the province's eHealth 2.0 roll out and the HIS renewal process, to help explain the Board's mandate and composition and provide background on the newly convened HIS Renewal Advisory Panel. The OHA has been asked to re-distribute the FAQs on behalf of the Ministry, to ensure that all hospitals receive them and a link has been provided above.

### **4. Ontario Hospital Association**

Appended to my report is the latest update from the Ontario Hospital Association Board Chair, Pierre Noel. OHA continues to advocate for hospitals on major files including health system funding reform. There is a lot of new legislation being introduced by this government that has implications for Ontario Hospitals and I will provide an update on some of the latest changes at the board meeting.

This year's OHA AGM and convention will be held in Toronto from November 2 to 4. We have reserved a registration for a member of the Board and attached is the link to the OHA program: [www.healthachieve.ca](http://www.healthachieve.ca). If you have an interest in attending, please let Mary know at [popem@kgh.kari.net](mailto:popem@kgh.kari.net).

### **5. Media Report**

Attached to my report is the quarterly media report providing members with top media highlights in Q1.

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

Leslee J. Thompson  
President and Chief Executive Officer

Att.