

## BOARD OF DIRECTORS - OPEN MEETING

Location: Board Room, Dietary 3

| 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: September 29, 2015                            | Carson   | Decision | Draft minutes           |
| <b>2. CEO UPDATE</b>  |        |      |   |          |          |                         |
| 1605  | 15 min | 2.1  | CEO Report Highlights & External Environment Update                         | Thompson | Discuss  | Written report          |
| <b>3. INTEGRATED BUSINESS</b>   |        |      |   |          |          |                         |
|   |        |      |   |          |          |                         |
| <b>4. PATIENT CARE &amp; PEOPLE COMMITTEE</b>                           |        |      |   |          |          |                         |
|   |        |      |   |          |          |                         |
| <b>5. MEDICAL ADVISORY COMMITTEE</b>                                    |        |      |   |          |          |                         |
| 1620  | 10 min | 5.1  | COS Report  | Zelt     | Discuss  | Briefing note           |
|   |        | 5.2  | Deputy Head – Critical Care Medicine  | Zelt     | Decision | Briefing note           |
| <b>6. FINANCE &amp; AUDIT COMMITTEE</b>                                 |        |      |   |          |          |                         |
| 1630  | 5 min  | 6.1  | Fiscal 2016/17 Budget Planning Update – January Resources Committee Meeting | Janiec   | Decision | Verbal                  |
| <b>7. GOVERNANCE COMMITTEE</b>  |        |      |   |          |          |                         |
| 1635  | 40 min | 7.1  | KGH Corporate Bylaw   | Thomson  | Decision | Briefing note           |
|   |        | 7.2  | Approach to KGH Collaboration Profile                                       | Thomson  | Discuss  | Briefing note & profile |
|   |        | 7.3  | Board Recruitment Update  | Thomson  | Inform   | Briefing note           |
|   |        | 7.4  | Approach to Board Officers Recruitment 2016-17                              | Thomson  | Inform   | Briefing note           |
|   |        | 7.5  | SE LHIN Sustainability Update – HealthCare Tomorrow                         | Thompson | Discuss  | Briefing note           |
| <b>8. IN-CAMERA SEGMENT</b>   |        |      |   |          |          |                         |
| 1715  | 5 min  | 8.1  | Motion to Move In-Camera (agenda items #9-11)                               | Carson   | Decision | Verbal                  |
| <b>12. REPORT ON IN-CAMERA DECISIONS &amp; TERMINATION</b>              |        |      |   |          |          |                         |
| 1810  | 5 min  | 12.1 | Motion to Report the Decisions Approved In-camera                           | Carson   | Inform   | Verbal                  |
|   |        | 12.2 | Date of Next Meeting & Termination  | Carson   | Inform   | Verbal                  |
| <b>13. IN-CAMERA ELECTED MEMBERS SESSION &amp; CEO ONLY</b>             |        |      |   |          |          |                         |
| <b>14. IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT</b> |        |      |   |          |          |                         |

## BOARD OF DIRECTORS: CLOSED MEETING OF OCTOBER 27, 2015

A meeting of the Board of Directors of Kingston General Hospital was held on Tuesday, October 27, 2015 in the Board Room, Dietary 3, of Kingston General Hospital from 16:00 to 18:05 hours. The following are the closed minutes.

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

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

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

Regrets: Peng Sang Cau, Al Orth.

Administrative Staff: Rhonda Abson (Recording Secretary), Jim Flett.

### 9.0 CONFIRMATION OF THE QUORUM

#### 9.1 Approval of In-Camera Agenda

The in-camera agenda and metering materials were pre-circulated to Board members.

Moved by Diane Kelly, seconded by Bill Robertson:

THAT the agenda was accepted as circulated.

CARRIED

#### 9.2 Approval of Previous Minutes: September 29, 2015

It was moved by Diane Kelly, seconded by Geoff Quirt:

THAT the closed minutes of the KGH Board of Directors held on September 29, 2015 be approved as circulated.

CARRIED

### 10.0 CONSENT AGENDA

The consent agenda items were circulated in advance of the meeting. Board members received a copy of the approved September committee minutes and the draft October minutes.

It was moved by Geoff Quirt, seconded by Diane Kelly:

THAT the final in-camera September 11, 2015 Governance Committee minutes be received;

THAT the final in-camera September 17, 2015 Finance and Audit Committee minutes be received; and

THAT the final in-camera September 21, 2015 Patient Care and People Committee minutes be received.

CARRIED

#### 11.0 NEW BUSINESS

##### 11.1 Appointments, Reappointments of Medical, Dental, Midwifery & Registered Nurse Extended Class Staff

The recommendation of the MAC was circulated in the agenda package.

It was moved by David Zelt, seconded by Kishore Thain:

WHEREAS the Medical Advisory Committee assures the KGH Board of Directors that all the necessary or advisable due diligence required by the Hospital's bylaws and policies as part of the credentialing process has been completed and the report of the Credentials Committee was approved at the MAC meeting held on 2015 October 13 and

WHEREAS the MAC has confirmed to its satisfaction that the professional staff meet or exceed the criteria required for appointment or reappointment to the Hospital's Professional Staff;

BE IT THEREFORE RESOLVED THAT the Board of Directors has assured itself that the due diligence has occurred and hereby grants to the individuals listed in the attached Table A the appointment as recommended by the Medical Advisory Committee.

CARRIED

##### 11.2 Housestaff 2015-16

The Chair invited David Zelt to provide the motion as recommended by MAC noted in the pre-circulated meeting package.

Moved by David Zelt, seconded by Kishore Thain:

THAT the physicians on the attached list of *'New and continuing Residents'* who provided proof of coverage by CMPA and appropriate licensure by CPSO, their Hospital Application Form, and CPIC/VSS be appointed to the Medical Staff as Housestaff provided for in the KGH Professional Staff By-laws, ordinarily for the period 2015 July 1 to 2016 June 30.

CARRIED

**11.3 Quality of Care Review Summaries & Recommendations – Incident Reporting Summary 2015-16 Q1**

Diane Kelly, Chair of the Patient Care and People Committee, drew attention to her briefing note recently reviewed and discussed by the committee at their October meeting. Legislated by the Excellent Care for All Act, 2010 (ECFAA) and amendment to regulation 965 of the Public Hospitals Act 1990, hospitals must establish a system to ensure patient harm incidents are analyzed, that actions are taken to avoid or reduce the risk of recurrence of similar incidents, and to report on aggregate critical incident data to the Board's quality committee. The briefing document presented to the Board provided a sample of incidents in three separate programs and outlined the identified opportunities/actions that have been undertaken to support improvements in safe delivery of patient care. A summary of the total number of incidents logged into the SAFE incident reporting system including their severity level was highlighted. Diane Kelly drew attention to the top five incident categories noting the downward trend in 4 of the 5 incident types by comparing Q1 2015-16 results to Q3 and Q4 results, 2014-15. One area the committee discussed that is concerning are communication failures.

**11.4 KGH / HDH Update & CEO Succession/Recruitment**

Scott Carson confirmed that discussions continue with the Board Chair of Hotel Dieu Hospital, Michael Hickey, and representatives of Catholic Health International (CHI). Since the last update provided at the KGH September Board meeting and motion that was passed allowing for up to an eight week window for discussions to continue to support the eventual preparation of the legal framework for the creation of a new patient centred academic health sciences centre (AHSC).

George Thomson explained that three main issues have been identified that will require further discussion. While the parties have agreed to one operating budget, strategic plan, and Board, there are still issues that require further clarification and confirmation. A detailed briefing document was distributed at the Board meeting outlining the outstanding issues which were discussed by the parties at a meeting prior to today's board meeting. In summary, the three areas are: 1) appointment of the CEO and board appointments a proposed way of dealing with issues for the future in terms of a ratification process; 2) how prohibitive procedures will be handled; and 3) ensuring the parties protect, maintain and promote the HDH mission. It is recognized that both parties have contributed a significant amount of time and effort to reach the present stage in the deliberations.

Regarding the selection of the Board and CEO – the parties have agreed on the selection process for the first CEO/Board. One of the items requiring further discussion is to describe the selection process for future CEOs and how prospective candidates will commit to ensuring the Catholic mission is preserved at the HDH campus. It has been proposed that each hospital will maintain a Board with a limited but important role in recommending the CEO or Board slate to the Partnership Council's who will then ratify this decision. The By-laws (or other document) can clearly describe the process that the Boards/Partnership Council will need to follow in making such recommendations. The process will also describe how to invoke a dispute resolution process to try and resolve any disagreements with KGH and HDH representatives that will serve on the Partnership Council.

The parties acknowledge that there are prohibited procedures that cannot be performed at the HDH campus site. KGH has requested that such procedures are identified and both parties have agreed that further discussion is required to deal with how the performance of these procedures will be regulated and managed including the broader budgetary/capital and other implications such procedures would have as part of the CEO's overall leadership role. There are a number of things that can be done to define who has direct oversight responsibility as well as regular reporting to the AHSC Board so that its responsibilities under the agreement are maintained and assured. In response to a question regarding the types of procedures, the CEO provided the Board with some possible examples such as reproductive health, end of life, stem cell and research. Discussion focused on understanding the scope/number of prohibitive procedures that need to be addressed and, as an example, if the procedure is moved to one of the regional hospitals, what are the implications for the program?

George Thomson confirmed that the two current hospital Boards would continue to exist, each having a very limited role to ensure that their respective missions are maintained. Ensuring support of the HDH mission requires further discussion in terms of what this includes and how that protection is assured. The parties have assumed that the HDH Board, through the Partnership Council, will have an ongoing role in ensuring the HDH mission and values are maintained in the work done at the HDH campus.

The Memorandum of Understanding or Principles document has been reworked in a way to reflect some of key requirements noted above. While further discussion will be needed on the details to support the process, it was agreed that George Thomson should continue the dialogue. In developing the draft MOU/principles document, it will be important to state how quality and care will be improved and the reasons to move/relocate a program or service. Ensuring that periodic updates are provided to the appropriate LHIN and Ministry staff as discussions continue was noted. Discussion focused on ensuring that the incumbent CEO has a sense of the scope of the inaugural position and the Board Chair agreed to have undertaken these discussions.

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

### 12.1 Summary of Actions

The Chair invited a motion to report on the following in-camera decision/discussion items: the board approved the in-camera minutes of the September Board meeting; the board received the final September minutes from the Patient Care and People, Finance and Audit and Governance Committees; the board approved a number of medical staff appointments and reappointments and housestaff appointments. The board received a report from the Patient Care and People Committee relating to quality of care review summaries and recommendations as well as an update on incident reporting summary for Q1. The Board was provided with an update on continuing discussions between KGH and HDH regarding corporate matters.

Moved by Geoff Quirt, seconded by Axel Thesburg:

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

CARRIED

Scott Carson  
Chair

## LESLEE THOMPSON, PRESIDENT & CEO

Submitted to: Board of Directors

Date of Issue: October 16, 2015

Period Covered: September 23 – October 16, 2015

This note provides an update on activities inside and outside KGH that relate to our mission and annual corporate plan that have been underway since our September Board meeting and that are not already being 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 provided to you under separate cover. Notable is that flu shot season is underway and our staff have launched our annual United Way campaign and they have some terrific events planned to help increase our level of support this year.

### 2. Ontario Hospital Association - Governance Centre of Excellence

If you have not already done so, I encourage subscription to the OHA's Governance Centre of Excellence – simply click [here](#) and complete your registration. Under separate cover, a copy of the September 2015 edition of "Boards" is attached – there are a number of excellent articles in this publication.

### 3. Patient Safety Week – October 26-30

A number of key events have been planned at KGH for Patient Safety Week. OHA's healthscape has issued a special issue on patient safety available [here](#). This is another subscription that Board members may wish to consider. To subscribe: <http://www.oha.com/news/pages/subscribe.aspx>

### 4. HQO Releases Yearly Report on How Ontario's Health System is Performing

Health Quality Ontario (HQO) reports to the public each year on the performance of the health system and the health status of Ontarians. The foundation for the yearly Measuring Up reports is the Common Quality Agenda, a set of key indicators selected in collaboration with health system partners. They use the Common Quality Agenda to track long-term progress in meeting health system goals, to make the health system more transparent and accountable, and to promote integrated, patient-centred care. To review Health Quality Ontario's *Measuring Up 2015*, please [click here](#). To read a high level summary of the report, please [click here](#).

### 5. CIHI: Your Health System Updates and HSMR Release

The Canadian Institute for Health Information (CIHI) will be updating the indicator results reported in the [Your Health System](#) web tool on December 16, 2015. Similar to past releases, hospitals are currently reviewing embargoed information in advance of the release. As well, CIHI will also release the latest results for the

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Hospital Deaths (HSMR) indicator. Re-baselined HSMR results on December 16. Any major concerns will be highlighted at December 10 Board meeting.

## 6. Health System Funding Reform Update

In 2012, Ontario began a process of moving to a funding model for the health care system that aims to better reflect the needs of patients served by each hospital and its surrounding community. Since the introduction of Health System Funding Reform (HSFR), significant progress has been achieved, with the implementation of the Health Based Allocation Model (HBAM) and Quality-Based Procedures (QBP).

With the fourth year of HSFR implementation upon us, the Ministry of Health and Long-Term Care engaged with system partners to identify how to continue to advance HSFR to support the delivery of high quality care. In response to that feedback, the Ministry is taking concrete steps to address this feedback and to ensure that we adapt to evolving system priorities.

As one key step, the Ministry established a new governance structure to ensure that the appropriate strategic oversight is in place and that has been designed to be more responsive to the policy and strategic elements of HSFR, ensuring that we are moving in a direction that links quality and funding.

## 7. Hospital Information System (HIS) Renewal Advisory Panel

A significant number of Ontario's hospitals are replacing or upgrading their Hospital Information Systems (HIS) – and there is an opportunity for hospitals, LHINs, and the Ministry to examine ways to maximize the value and impact of public investment in these systems. This work is one important component of eHealth 2.0 which will see the renewal of the existing eHealth strategy. The eHealth Investment and Sustainment Board has established the HIS Renewal Advisory Panel to undertake activities to inform such decisions. Jim Flett serves on the panel along with other senior leaders across the system. The objective of the panel is to provide recommendations to the Board to maximize the value of current and future information system investments in Ontario while taking into account the need for hospitals to have cost-effective systems supporting the provision of quality care and to support health system transformation including electronic sharing of health information. This work is now underway and further updates will be provided to the Board.

## 8. Updated Guidelines End-of-Life Care/Proposed Measures to Protect Patients from Sexual Abuse

Following its recent Council meeting, the College of Physicians and Surgeons of Ontario (CPSO) has issued updated guidance on end-of-life care issues in its [Planning for and Providing Quality End-of-Life Care policy](#). The revised policy sets expectations of physicians regarding planning for and providing quality patient care at the end of life. It covers number of issues including: advance care planning, consent to treatment, interventions and care management (including do-not-resuscitate orders), wishes and requests to hasten death, and conflict management.

The Council also made a [number of decisions and recommendations](#) regarding physician sexual abuse of patients, and with respect to patient involvement in the CPSO's investigations and discipline processes. This includes proposed changes to strengthen the *Regulated Health Professions Act*.



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## 9. Selection Process for the Province's Patient Ombudsman

The Patient Ombudsman will assist patients and their caregivers who have not had their concerns resolved through existing processes at hospitals, long-term care homes or community care access centres. The work of the Patient Ombudsman will also inform province-wide health care system quality improvement. Establishing a Patient Ombudsman is part of the government's plan to build a better Ontario through its **Patients First: Action Plan for Health Care**.

The consultation process continues and public input has been sought to identify the skills, experience, and personality traits that the Patient Ombudsman should have. The top three skills that Ontarians have identified include: 1) can investigate facts and details to reveal the sources of a problem and enable its solutions; 2) can connect with decision-makers in the health care system; and 3) can develop clear recommendations, based on large amounts of complex information. Ontarians have also identified a background in handling patient or consumer concerns as the most important.

## 10. OHA and OMA Launch Guidance for Developing an Effective Hospital-Physician Relationship

In early October, the Ontario Hospital Association (OHA) and the Ontario Medical Association (OMA) have developed *Guidance for Developing an Effective Hospital-Physician Relationship*, a resource which provides guiding principles and a practical approach that hospitals can use and customize regardless of their size, type or geographic location. Although having effective relationships between hospitals and physicians is integral to the delivery of high-quality patient care, both the OHA and OMA recognize that the nature of the hospital-physician relationship varies across the province. Strengthening these relationships and transforming an organization's culture require a concerted effort, which is best achieved through an effective process that is supported across the organization.

Over the next several months, the OHA is developing additional resources on this topic, including an article series, entitled "Effective Working Relationships between Hospitals and Physicians". This series features leading practices gathered from a comprehensive literature review done earlier this year, as well as an analysis of a recent OHA survey on hospital-physician relationships. The first article in the series is available [here](#). The OHA also plans to interview hospital CEOs and physician leaders in Ontario to better understand specific initiatives that support hospital-physician relationships. The survey results and informational interviews will then inform the development of further resources and tools in order to provide ongoing support.

## 11. Fundraising Campaign Launched!

The University Hospitals Kingston Foundation (UHKF) has announced its next major fundraising campaign, *Extraordinary People, Innovative Healthcare*, with a goal to raise \$65 million to benefit Kingston General Hospital (KGH), Hotel Dieu Hospital, and Providence Care. The campaign was publicly launched in a celebration aboard the *Island Star*, where campaign chair Susan Creasy spoke about the importance of supporting local health care. UHKF is already halfway to reaching its \$65 million goal! The money raised will support a variety of programming and development between Kingston's three hospital organizations including specialized acute care, emergency services, ambulatory care, diagnostics, surgical care, medical research, obstetrics and neonatal intensive care, and long-term care. Recent fundraising efforts went towards diagnostics, including the second Magnetic Resonance Imaging (MRI) machine at KGH. There are new posters and banners around KGH profiling the campaign launch and they look terrific.



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

Further to my report last month, we hope that members of the Board will attend the *Cheers to Your Health* event being planned for 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). Let Rhonda know if you are planning on attending so that we can organize a KGH table!

UHKF is also looking for Board members to host a “Cheers” 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.

## 13. The KGH Story

As you know I have committed to writing a short book on the KGH turnaround story to capture some of the highlights of our journey over the past 7 years. It is a daunting exercise but my plan is to have it ready for people by the end of January. I have never done anything like this before and I am hoping in the end that people will enjoy reading about a key time in the KGH history where everyone came together to achieve what many said couldn’t be done.

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.