

## BOARD OF DIRECTORS - OPEN MEETING

Date: Wednesday, February 10, 2016

Time: 14:30 – 16:30 hours

Location: Board Room, Dietary 3

Start	Time	Item	Topic	Lead	Purpose	Attachment
<b>1.0 CALL TO ORDER &amp; CONFIRMATION OF QUORUM</b>						
1430	5 min	1.1	Approval of Agenda & Chair's Remarks	Carson	Decision	Draft agenda
		1.2	Approval of Previous Minutes: December 10, 2015	Carson	Decision	Draft minutes
<b>2.0 CEO UPDATE</b>						
1435	15 min	2.1	CEO Report Highlights & External Environment Update	Flett	Discuss	Briefing note
<b>3.0 INTEGRATED BUSINESS</b>						
		3.1	No items identified for February Agenda	Flett	Inform	Verbal
<b>4.0 PATIENT CARE &amp; PEOPLE COMMITTEE</b>						
1450	10 min	4.1	Mid Year Committee Report	Carson/Kelly	Discuss	Briefing note
1500	10 min	4.2	Environmental Scan: Surrogacy Update	Kelly/Crawford	Discuss	Briefing note
<b>5.0 MEDICAL ADVISORY COMMITTEE</b>						
1510	10 min	5.1	COS Report – December & January MAC meetings	Zelt	Discuss	Briefing note
1520	5 min	5.2	Medical Staff Association Report	Thain	Discuss	Briefing note
<b>6.0 FINANCE &amp; AUDIT COMMITTEE</b>						
1525	10 min	6.1	Mid-Year Committee Report	Janiec	Discuss	Briefing note
<b>7.0 GOVERNANCE COMMITTEE</b>						
1535	30 min	7.1	Mid-Year Committee Report	Carson	Discuss	Briefing note
		7.2	SE LHIN Sustainability – Health Care Tomorrow Update	Carson/Flett	Inform	Briefing note
		7.3	Critical Path – 2016-17 Board of Directors Recruitment	Carson	Inform	Briefing note
		7.4	Critical Path – 2016-17 Officers Selection Process	Carson	Inform	Briefing note
		7.5	French Language Services Compliance Update	Carson/Flett	Discuss	Briefing note
<b>8.0 IN-CAMERA SEGMENT</b>						
1605	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>						
	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

## BOARD OF DIRECTORS - OPEN MEETING

Date: Wednesday, February 10, 2016

Time: 14:30 – 16:30 hours

Location: Fenwick Conference Room, Watkins 2

Start	Time	Item	Topic	Lead	Purpose	Attachment
13.		IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY				
14.		IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT				

## BOARD OF DIRECTORS: OPEN MEETING OF FEBRUARY 10, 2016

A meeting of the Board of Directors of Kingston General Hospital was held on Wednesday, February 10, 2016 in the Board Room, Dietary 3, of Kingston General Hospital from 14:30 to 16:30 hours. The following are the open minutes.

Elected Members Present (voting): Lynn Bowering, Scott Carson (Chair), Donna Janiec, Diane Kelly, Susan Lounsbury, Bill Robertson (by phone), Axel Thesberg and Glenn Vollebregt.

Ex-officio Members Present (voting): nil.

Ex-officio Members Present (non-voting): Silvie Crawford, Jim Flett, Kishore Thain.

Regrets: Peng Sang Cau, David O'Toole, Geoff Quirt, Richard Reznick, George Thomson and David Zelt.

Administrative Staff: Rhonda Abson (Recording Secretary), Sandra Carlton and Troy Jones.

### 1.0 CALL TO ORDER & CONFIRMATION OF QUORUM

The Chair called the meeting to order and confirmed quorum. The date of the next regular board meeting is Thursday, March 3, 2016 at 16:00 hours. Board members were reminded of the Cheers Event immediately following today's Board meeting being hosted by the Museum of Health Care. Board members and executive team members from Hotel Dieu Hospital and Providence Care will also be participating in the event along with the Museum Board.

The Providence Care Founders' Dinner will be held on Saturday, March 5, 2016 at Ban Righ Hall. Tickets are available for purchase through the University Hospitals Kingston Foundation website at [www.uhkf.ca](http://www.uhkf.ca). The Chair confirmed that the CEO's office will organize a table for members to sit together.

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

The agenda was pre-circulated to members in advance of the meeting.

Moved by Lynn Bowering, seconded by Susan Lounsbury:

THAT the agenda be approved as circulated.

CARRIED

### 1.2 Approval of Previous Minutes: December 10, 2015

The Chair drew attention to the pre-circulated draft minutes of the December 10, 2015 board meeting.

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Moved by Kishore Thain, seconded by Axel Thesberg:

THAT the open minutes of the KGH Board of Directors meeting held on December 10, 2015 be approved as circulated.

CARRIED

### 2.0 CEO UPDATE

#### 3.1 CEO Report Highlights & External Environment Update

The CEO's written report was circulated in advance of the meeting. Jim Flett drew attention to the KGH Team Award Recipients and congratulations were extended as follows: in the leadership category – the Emergency Department Information System; in the knowledge category – the Palliative Care Redesign Team; and in the care category – the Neonatal Abstinence Syndrome Working Group.

Last Friday, KGH Board and executive team members received a copy of the Ministry of Health and Long-term Care's (MOHLTC) discussion paper entitled "Patients First – A Proposal to Strengthen Patient-Centred Health Care in Ontario". MPP Sophie Kiwala has invited the Chair and Vice Chair of the KGH Board, along with other healthcare leaders, to a special session to review and discuss the recommendations contained in the report. Scott Carson extended the invitation to another board member as he was unable to participate; Susan Lounsbury kindly offered and further information will be provided by the CEO's office.

Jim Flett and Silvie Crawford briefed the Board on current patient flow challenges. KGH is now approaching 80 ALC patients with the majority of these patients requiring long term care placement. The SE LHIN agreed to provide A1 designation in order to create additional capacity for those patients who require tertiary care from February 1 to 14, 2016 at KGH and Lennox and Addington County General Hospital. By doing so, KGH patients will have greater priority access to available beds than is normally available. A total of 92 surgeries have been cancelled to-date due to bed availability. Last year, KGH had a total of 65 surgical cancellations. These challenges will impact revenue due to the organization's inability to complete funded surgical cases. Work is already underway to examine the root causes of this increased surge.

Discussion focused on the Ministry's recent capital branch tour at KGH on January 22 and the KGH remains optimistic that support will be provided to proceed with Phase 2 redevelopment. Jim Flett provided an overview of the Phase 2 timelines: 2012 Agnew Peckham (with HCM Group) prepared the Service Delivery Model Report and Master Program to 2032; 2012 Master Program was prepared by HDR Architecture Inc. (with MMM Group); 2012 Cost estimate prepared by Marshall Murray; and 2014 Agnew Peckham prepared the Kingston Hospitals – Operating Room Projections Report. In December 2015, KGH received a series of questions from the Ministry and a submission was completed. This was followed by the January 2016 tour noted above and another series of questions have been received and the management team is preparing the necessary information at this time. It was agreed that Jim Flett would prepare a one-page brief on the overall project including the local share requirements. At this time, UHKF is raising funds for equipment as opposed to the actual building requirements. Detailed costing has been completed. Concern expressed about the lower Canadian dollar and the impact this will have on cost estimates.

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Troy Jones provided Board members with an overview of the recent lab project being implemented over the next six to eight weeks that will result in faster turnaround of lab results. KGH will be recognized as the only hospital in Canada with this technology. Congratulations was extended to Troy and his team on this accomplishment; and profiling this project to the community should be a consideration.

### 3.0 INTEGRATED BUSINESS

No items identified for the February agenda.

### 4.0 PATIENT CARE & PEOPLE COMMITTEE

#### 4.1 Mid-Year Committee Report

The Patient Care and People Committee mid-year report was pre-circulated with the agenda. In response to a question regarding the staff engagement results, Silvie Crawford confirmed that the executive team would be reviewing this information at their February 18 meeting and that a further report would be provided to the Patient Care and People Committee at their April meeting.

#### 4.2 Environmental Scan: Surrogacy Update

At the January Patient Care and People Committee meeting, members were briefed on surrogacy at KGH. The Ontario Hospital Association recently issued a guidance document for member hospitals which was shared with the Committee and a copy provided to the Board as part of their package. With the growing transparency in surrogacy in the Province, and with more defined guidelines being made available, hospitals are starting to see increased inquiries from a legal and practice perspective. Silvie Crawford further explained that KGH has support surrogacy for a number of years and assurance was given that policies are in place to support patients and families.

### 5.0 MEDICAL ADVISORY COMMITTEE

#### 5.1 COS Report – December and January MAC Meetings

On behalf of David Zelt, Dr. Kishore Thain drew attention to the pre-circulated report and offered to respond to questions from the last MAC meeting. No further discussion.

#### 5.2 Medical Staff Association Report

The written report of the President of the Medical Staff Association was pre-circulated. Kishore Thain expressed the Association's appreciation for the Board's leadership at this time.

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### 6.0 FINANCE & AUDIT COMMITTEE

#### 6.1 Mid-Year Committee Report

Donna Janiec, Chair of the Committee, drew attention to the Finance and Audit Committee mid-year report and particular attention to the strategic issues facing the committee and hospital at this time including the Healthcare Tomorrow project, the integrated research institute, and budget requirements. The Committee continues to have oversight of the whole risk framework and the group awaits further updates from the Governance Committee. It was recommended that further adjustments were required to ongoing partnership discussions under item #1. The CEO will follow up with staff to complete the necessary amendments.

### 7.0 GOVERNANCE COMMITTEE

#### 7.1 Mid-Year Committee Report

The mid-year report of the Governance Committee was circulated. A number of risk areas have been identified by the committee for the remainder of the year. It was recommended that further adjustments were required to page 2 of the report regarding ongoing partnership discussions. The CEO will follow up with staff to complete the necessary amendments.

#### 7.2 SE LHIN Sustainability – Health Care Tomorrow Project

Jim Flett drew attention to the monthly update on the Healthcare Tomorrow project. On Wednesday, February 3, leaders from across the region participated in the Vision 2020 session. The Health Care Tomorrow – Hospital Services project is a collaborative effort by all of the hospitals in the South East LHIN, along with the South East Community Care Access Centre, Queen's University Faculty of Health Sciences, SE LHIN and Shared Support Services Southeastern Ontario (SSO), to improve access to high quality care by better integrating and coordinating hospital services.

At the Vision 2020 session teams came together with leaders from across the region to share updates on the progress of their business cases for moving towards a regional shared services model in the areas of information technology, finance, human resources, facilities management, diagnostic imaging, pharmacy and laboratory services. A clinical working group has prioritized the need to focus on redesigning care for complex, frail, vulnerable patients. That group is working on a longer time frame and is not expected to deliver a business case as part of this phase of the project.

Dr. Kevin Smith, CEO at St. Joseph's Health System Hamilton, the Niagara Health System, St. Mary's General Hospital in Kitchener and Associate Professor at the McMaster University Faculty of Health Sciences. Dr. Smith shared his regional system planning experience, and offered advice to our regional hospital leaders.

On February 24, 2016, a governance session is being planned to discuss governance service models. Timing is from 16:00 to 18:00 hours and further information will be forwarded to Board members when received.

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### 7.3 Critical Path for 2016-17 Board of Directors Recruitment

The Governance Committee has reviewed the skill set requirements (human resources, information technology with a clinical based, and strategic management) and will proceed with recruitment for two elected vacancies. This year's advertisement will seek community members that support the French Language Services Act. When available, the final advertisements and application forms will be forwarded to the Board so that members can seek out and encourage community members to apply.

### 7.4 Critical Path for 2016-17 Officers Selection Process

Scott Carson confirmed support for George Thomson to be elected Chair of the Board in June 2016 and Donna Janiec has confirmed her interest in standing for the Vice Chair position.

### 7.5 French Language Services Compliance Update

AT the January Governance Committee meeting, members were briefed on KGH's legislative compliance to meet French language services. The report provided background on the relevant legislation, outlined the francophone population breakdown and requirements of health services providers to ensure a commitment to the designation process; offering quality French language services to its Francophone community; adopts French language service delivery practices; adapts its corporate culture and supports its Francophone and French-speaking staff; and ensures adoption of active offer approaches to French language services. As part of the governance and accountability components of the designation plan, KGH must ensure that there is an annual report to the Board of Directors on the status of French language services; that there is representation of Francophones within the senior management team; that a senior manager has been designated to assume responsibility for the delivery of French language services; and that a mechanism has been put in place to manage complaints concerning French language services.

## 9.0 IN-CAMERA SEGMENT

### 9.1 The Chair requested a motion to move In-Camera.

Moved by Kishore Thain, seconded by Diane Kelly:

THAT the Board move into an in-camera session.

CARRIED

## 12.0 REPORT ON IN-CAMERA DECISIONS & TERMINATION

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

Moved by , seconded by :

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

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CARRIED

The Chair reported on the following in-camera decision/discussion items: the board approved the in-camera minutes of the December Board meeting; the board received the final November 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 approved the continuing appointment of Dr. Annette McCallum as Head of the Department of Diagnostic Radiology.

## 12.2 Date of Next Meeting & Termination

The Chair confirmed that the date of the next meeting is: Thursday, March 3, 2016 at 16:00 hours.

The meeting terminated at 16:30 hours on motion by Susan Lounsbury.

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

No session was held.

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

No session was held.

Scott Carson  
Chair



## JIM FLETT, INTERIM PRESIDENT & CEO

**Submitted to:** Board of Directors  
**Date of Issue:** February 1, 2016  
**Period Covered:** December 4, 2015 to February 3, 2016

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 December Board meeting and brief update that was provided at the January 26 Board/Finance and Audit Committee meeting. The report reflects items that are not necessarily being addressed by board and board committees.

### 1. General Update – KGH activities

Latest editions of KGH This Week are appended to my report for your information. I would encourage you to read about the great things that are happening at KGH!

### 2. Province's Pre-budget Consultations Underway

The 2016 Pre-Budget Consultations by the Legislature's Standing Committee on Finance and Economic Affairs has been posted online. The Committee held public hearings in Hamilton, Ottawa, Sault Ste. Marie, Thunder Bay, Toronto, and Windsor during the weeks of January 18 and February 1, 2016. A copy of the OHA's submission is appended to my report along with a quick fact sheet and key messages.

### 3. Ontario Hospital Association (OHA) – CEO Connections & Legislative Updates

The latest edition of Anthony Dale's CEO Connection is appended to my report. His report refers to an in-depth update on a number of bills impacting health care that have been introduced and passed into law. These included bills relating to mental health, health information protection, and labour and employment, as well as other general legislation impacting hospital operations. A number of policy and regulatory developments also occurred, particularly in relation to end of life care. The OHA has developed the attached backgrounder summarizing key legislative, policy and regulatory developments during the fall, and provides relevant resources for further information.

### 4. Council of Academic Hospitals of Ontario (CAHO)

Attached to my report is a copy of CAHO's submission to Finance Minister Charles Sousa highlighting the importance of government investment in health research. As well, Karen Michell has corresponded with MP Mark Gerretsen and a copy is appended to my report for information.

### 5. Government to Develop a Healthcare Sector Supply Chain Strategy

The MOHLTC, in collaboration with the Ministry of Government and Consumer Services (MGCS), has released a memorandum announcing its intention to develop a province-wide strategy to improve the delivery of supply chain management across the health care sector. The objectives of the project include optimizing efficiencies, identifying savings, containing costs and supporting innovative advances in patient care. An Expert Panel will be mandated to seek the advice of health care and supply chain stakeholders as it prepares recommendations that

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will “integrate and transform the delivery of Ontario’s healthcare supply chain.” A final report is due to the MOHLTC and the MCGS in the fall of 2016.

#### **6. Ministry of Health and Long-term Care (MOHLTC) Capital Branch Tour**

On Friday, January 22, Peter Kaftarian, Director of Capital Branch with the Ministry, toured Emergency, Labs, NICU and Labour and Delivery, and the operating rooms. It was a positive visit and we will look forward to hearing more from the Ministry in terms of our Phase 2 redevelopment requirements. We are continuing to try and arrange a visit by the Deputy Minister to tour the site as well.

As previously reported, we received a list of questions in late December from the Capital Branch in respect to our Stage 1 submission. Our response was completed and submitted on January 20th prior to Mr. Kaftarian's visit.

#### **7. Ministry Mandate Letters – Federal and Provincial Level**

In terms of the Federal government, Prime Minister Trudeau has delivered the Minister of Health’s mandate letter: [click here](#) which calls for a new multi-year Health Accord.

In September 2014, Board members were provided with a copy of the Premier’s mandate letter outlining deliverables in the Ministry of Health and Long-term Care’s portfolio. In January, Minister Hoskins posted a progress report on the key priorities identified in mandate letter [click here](#) (the mandate letter is also available at this link).

#### **8. KGH Patient Flow Update**

KGH has been experiencing sustained capacity challenges for the entire month of January. This has been influenced by growing alternate level of care (ALC) needs as well as challenges to repatriations to other hospitals. We have been at a sustained level of beyond 70 ALC patients and approaching 80 on a regular basis, with the majority of these patients requiring long term care placement.

We have utilized all possible inpatient capacity and are working closely with our physicians and CCAC to optimize discharges and aggressively pursue access and flow activities to improve our performance. Regrettably, in efforts to ensure safe quality care, we have had to cancel surgical procedures in order to create additional bed capacity. We have cancelled 22 surgeries since January 1<sup>st</sup> due to no bed availability for a total of 92 year to date. Last year, KGH had a total of 65 surgical cancellations as a result of no bed. As was discussed at our December Board meeting, these challenges will impact revenue due to our inability to complete funded surgical cases and well as impact our hospital profile by having a significant lower complexity patient population.

With this growing concern over ALC challenges, we approached the SELHIN to explore A1 designation in order to create additional capacity for those patients who require acute tertiary care. Priority 1A designation was confirmed for KGH and LACGH for the period February 1 to 14, 2016 inclusive. This will give KGH ALC patients a greater priority access to available beds than is normally available, second only to crisis patients in the community that require placement.

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## 9. KGH Team Awards Nominations

As reported in Leslee's December staff report, a special event honoring the recipients of this year's KGH Team Awards were honoured during the recent KGH Community Showcase. Peng joined me to recognize the contributions of all the teams that were nominated and pictures of the winning teams each year are posted in the Award display area in Watkins 2 Lobby.

- In the **Leadership category** – the **Emergency Department Information System team (EDIS)** has become vital to the functioning of the Emergency Department and the Urgent Care Centre at Hotel Dieu Hospital. Its implementation was a significant, multi-year, clinical change project involving staff, physicians and learners from across KGH and HDH. The system is used to track patient flow, capture clinical documentation and diagnostic results, and provide data for our reporting requirements. KGH is now one of the only academic hospitals in Canada to use an EDIS to its full potential.
- In the **Knowledge category** – the **Palliative Care Redesign team** has launched a study to generate new knowledge about the values, needs and wishes of people with life-limiting illnesses as well as those of their families and caregivers. The results will be used to improve the quality of care KGH provides to future patients with life-limiting illnesses.
- In the **Care category** – the **Neonatal Abstinence Syndrome Working Group** was formed to support the care of infants born to women on opioids. After running a successful pilot project, the group developed a new model for the maternal/child program where babies experiencing withdrawal symptoms would be cared for and comforted by the mother in a private room, supported by the health care team.

Overall the KGH Community Showcase was a great success with increased participation in the Expo and increased submissions for the award categories over the previous year.

## 10. KGH & The KFL&A United Way

This year's overall United Way Campaign raised \$3,414,000 for our community. In terms of KGH's support, through our employee campaign we raised \$38,669 and I want to personally thank Crystal Huntley, a Patient Care Assistant who is a member of the Burr 4 team for leading KGH's overall campaign.

## 11. Providence Care Founders' Dinner

The Annual Founders' Dinner will be held on Saturday, March 5, 2016 at Ban Righ Hall. The event will kick-off at 5:30 pm with a reception and delivering the keynote address is Bob Rae followed by a family style dinner at 8:00 pm. Tickets are \$150.00 each / \$300.00 per couple and can be purchased on-line at the following address: [click here](#). Again this year, my office is more than happy to arrange for the KGH group to sit together.

## 12. New KGH Research Institute Website & Research Funding News Update

Further to our January 26 Board meeting, I wanted to send along the link to the KGHRI [click here](#). The other tremendous news Roger shared with the Board was the major funding announcement for Dr. Elaine Petrof's research from the U.S. National Institutes of Health. The up to \$1.2 million announcement will enable a multi-

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institutional team to further develop Repoopulate, a synthetically derived alternative to fecal transplants, used to treat recurrent *C. difficile* infection.

### **13. Hospital Services Accountability Agreement (HSAA)**

As I reported at our January 26th Board Meeting, the OHA and LHINs are currently in process of developing a new HSAA with a goal of introducing the new contract this spring. I joined the OHA team in November 2015 and we are hopeful that this engagement will produce a new agreement. A web cast was held on February 3 to update hospitals and LHINs of the progress made to date and to highlight the goals of this process, which include: incorporating the Multi Sector Accountability Agreement (MSAA) and Long Term Care Home Service Accountability Agreement (LSAA) into the HSAA to simplify the process for hospitals that currently must manage more than one agreement, simplifying the overall document and schedules, as well as addressing inconsistencies with the MoH and LHIN Accountability Agreement (MLAA). Given this process will not be completed by March 31, 2016, we will have an extension for at least three months of the current HSAA.

### **14. Hospital Information Systems (HIS) Renewal Panel**

Last summer the Deputy Minister, MoHLTC Bob Bell (DM) issued a directive putting conditions on approvals required for significant hospital investments in information technology. Until further notice Ministry approval is currently required for such investments. At the same time the DM initiated a panel to provide advice and direction as to how future investment should be guided, and asked the panel to provide guidance on current requests for approval to procure new HIS technology that hospitals feel cannot await the report of the Panel. Along with other LHIN, Hospital, and OHA representatives I am participating on this Panel. Troy Jones is also on an advisory committee supporting the Panel. The final report of the Panel is expected to be available in March of this year.

### **15. Queen's Announces New Provost**

Last week, the University announced the appointment of Dr. Benoit-Antoine Bacon as Queen's next Provost and Vice Principal Academic succeeding Dr. Alan Harrison. Dr. Bacon is a neuroscience researcher and has spent the last three years as the Provost & Vice President Academic at Concordia University.

### **16. New Model of Medical Education**

On January 19, Dr. Richard Reznick announced that Queen's School of Medicine will play a leading role in the Royal College of Physicians and Surgeons of Canada's initiative to transform specialty education from a time-based system to a competency-based medical education system. Under the new model, residents are promoted once they have demonstrated competency in a given field, rather than on a timeline. As of July 2017, all incoming Queen's residents will start their training using a competency-based medical education model, making Queen's the first medical program to complete the transition.

I would be more than pleased to respond to questions from my report at our February 10 meeting.

Jim Flett  
Interim President and Chief Executive Officer

Att.