

BOARD OF DIRECTORS - OPEN MEETING

Date: Tuesday, March 29, 2016
Time: 16:00 – 18:30 hours
Location: Fenwick Conference Room, Watkins 2

Start	Time	Item	Topic	Lead	Purpose	Attachment
1.	CALL TO ORDER & CONFIRMATION OF QUORUM					
1600	5 min	1.1	Approval of Agenda & Chair's Remarks	Carson	Decision	Draft agenda
		1.2	Approval of Previous Minutes: March 03, 2016	Carson	Decision	Draft minutes
2.	CEO UPDATE					
1605	10 min	2.1	CEO Report Highlights & External Environment Update		Discuss	Written report
3.	INTEGRATED BUSINESS					
1615	30 min	3.1	Integrated Annual Corporate Plan 2016-17 <ul style="list-style-type: none"> Strategy Performance Index 2016-17 Quality Improvement Plan 2016-17 Fiscal 2017 Operating/Capital Budget 	Committee Chairs	Decision	Briefing note & draft IACP, SPI, QIP & Budget Information
4.	PATIENT CARE & PEOPLE COMMITTEE					
1645	20 min	4.1	Patient- and Family-Centred Care	Kelly	Discuss	Briefing note
		4.2	Overview of Processes – Patient Confidentiality & Privacy	Kelly	Discuss	Presentation
5.	MEDICAL ADVISORY COMMITTEE					
1705	5 min	5.1	COS Report – March MAC Meeting	Zelt	Discuss	Written report
6.	FINANCE & AUDIT COMMITTEE					
1710	5 min	6.1	H-SAA Fiscal 2017 Extension	Janiec	Decision	Briefing note
7.	GOVERNANCE COMMITTEE					
1715	20 min	7.1	SE LHIN Sustainability Update – Healthcare Tomorrow	Carson/Thomson/ Flett	Discuss	Briefing note Dashboard to follow
		7.2	Accreditation Update	Thomson/Crawford	Discuss	Verbal
		7.3	2016-17 Master Board & Committee Meeting Schedule	Thomson	Inform	Briefing note & schedule
		7.4	2016-17 Critical Path Board Recruitment	Thomson	Inform	Briefing note
8.	IN-CAMERA SEGMENT					
1735	5 min	8.1	Motion to Move In-Camera (agenda items #9-11)	Carson	Decision	Verbal
12.	REPORT ON IN-CAMERA DECISIONS & TERMINATION					
1815	5 min	12.1	Motion to Report the Decisions Approved In-camera	Carson	Inform	Verbal
		12.2	Date of Next Meeting & Termination	Carson	Inform	Verbal
13.	IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY					
14.	IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT					

BOARD OF DIRECTORS: OPEN MEETING OF MARCH 3, 2016

A meeting of the Board of Directors of Kingston General Hospital was held on Thursday, March 3, 2016 in the Fenwick Conference Room of Kingston General Hospital from 16:00 to 18:30 hours. The following are the open minutes.

Elected Members Present (voting): Lynn Bowering, Scott Carson (by phone), Donna Janiec, Diane Kelly, Susan Lounsbury, David O'Toole, Geoff Quirt, Bill Robertson (by phone), Axel Thesberg (by phone), George Thomson (Chair), Glenn Vollebregt.

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

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

Regrets: Peng Sang Cau, Kishore Thain.

Administrative Staff: Rhonda Abson (Recording Secretary), Sandra Carlton, Chris Gillies, Troy Jones, John Lott, Theresa MacBeth.

1.0 CALL TO ORDER & CONFIRMATION OF QUORUM

In advance of the meeting, Scott Carson contacted George Thomson with a request to Chair today's meeting; and, with Board agreement, George Thomson assumed the role as Chair and called the meeting to order, confirmed quorum and asked that members joining by phone were able hear the proceedings. The date of the next regular board meeting is Tuesday, March 29, 2016 at 16:00 hours. Providence Care Founders' Dinner is Saturday, March 5, 2016 at Ban Righ Hall.

Congratulations were extended to Leslee Thompson as the recipient of the Queen's Alumni Jim Bennett Award. A reception and dinner will take place on Thursday, May 26, 2016 and further details will follow.

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 Geoff Quirt:

THAT the agenda be approved as circulated.

CARRIED

1.2 Approval of Previous Minutes: January 26, 2016 and February 9, 2016

The Chair drew attention to the pre-circulated draft January and February minutes.

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Moved by Richard Reznick, seconded by Susan Lounsbury:

THAT the open minutes of the KGH Board of Directors meeting held on January 26, 2016 be approved as circulated.

CARRIED

Moved by Susan Lounsbury, seconded by David O'Toole:

THAT the open minutes of the KGH Board of Directors meeting held on February 10, 2016 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. There have been several opportunities for input on the Ministry's recently released discussion paper "Patients First". Jim Flett reported that he and Susan Lounsbury attended an event with MPP Kiwala on February 18 and George Thomson and Axel Thesberg participated in another event on February 23 hosted by the SE LHIN. Participants were invited to share their views on the Ministry's proposal for the next steps in the transformation of the health care system as well as to provide feedback from different health care partners providing service in our community. On March 14, the SE LHIN is hosting another session for the Board Chair/Vice Chair and CEO where Deputy Minister Bob Bell will seek additional input on the Patients First proposal as well as discuss the Integrated Health Services Plan for our community. At the various sessions, discussion topics ranged from the overall reporting structure and LHIN role and the introduction of sub-regions, implications for physician fee structures, the role the government will be playing in the delivery of services.

George Thomson drew attention to the section in the report on the upcoming mock tracers that will provide Board members with a front line assessment of the care provided to patients and measures compliance with the standards and required organizational practices set by Accreditation Canada. Each tracer will provide written feedback to the program area surveyed. The tracers are scheduled on Wednesdays beginning March 23rd and continuing through May 4th. Each tracer will run between 1.5 to 2.5 hours beginning at 7:30 a.m. and finishing by 10:00 a.m. The Governance tracer is scheduled for May 4. The CEO's office will send a link to the schedule so that Board members can sign-up.

Also appended to the CEO report was the OHA's backgrounder on updated legislative and regulatory compliance changes and reporting requirements for the hospital sector. The listing has also been circulated to the executive team for review.

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3.0 INTEGRATED BUSINESS

3.1 KGH Strategy: Q3 Reporting

Board members received a detailed briefing package which included an orientation to the Q3 reporting process, the target explanations report, the Strategy Performance Indicators Report, and the draft Q3 publication *KGH This Quarter*.

Jim Flett presented an overview of KGH's progress noting that 21 of 27 (78%) of our strategy targets are on track; 9 of 12 of our overall Quality Improvement Plan targets are on track; 54 of 75 of our supporting corporate performance indicators are on track and overall we have a 12% improvement from Q1. Big wins in Q3 saw specimen collection and labeling errors turn green, medication reconciliation has moved from 78% in Q1 to 85% in Q3. KGH has successfully launched a new external KGH corporate website. C-diff rates are at an all-time low and the indicator has moved from red to green. Finally, Jim Flett reporting that KGH is projecting a balanced operating position for the fiscal year end which is a huge accomplishment in the current challenging environment. KGH continues to see increased demand for services and constrained capacity.

There are six areas of focus for KGH leaders going into Q4 in the areas of workplace violence where the team on Kidd 4 will be introducing 'risk reduction plans'. In the area of patient falls, teams are auditing for consistent use of risk assessment tools and further improvements are planned for implementation in Q4. John Lott noted that there are ongoing discussions by the senior team about how we set the target and measure falls at KGH for consideration in next year's reporting.

Alternate level of care days continue to trend up and work continues on standardizing processes and policies across the LHIN for managing ALC patients. Discussion focused on what best practices exist in other centres that could assist with patient flow issues such as nurse navigators, KGH exploring long-term care bed options or the hospital in the home pilot. David Zelt confirmed that KGH has nurse navigators and the Home First program has also been implemented. KGH continues to work closely with Providence Care as well as discussing how Community Care Access Centre staff are engaged in this process. KGH's "GOOG" (Get out of Gridlock) and ALC task force continue to meet regularly to identify opportunities to improve patient flow.

In terms of the Hospital standardized mortality rates reporting, the team is monitoring coding and chart completeness and it is expected to help KGH achieve its HSMR target. Discussion focused on whether additional education of housestaff in terms of coding requirements; it was confirmed that the Medical Advisory Committee is actively engaged on this issue.

The last red profile area that the team remains focused on relates to staff performance reviews. People Services continues to work with various areas to ensure that we are meeting our targets. Yellow areas that are being closely monitored include emergency wait times which have been around 27 hours but are trending upwards of 33 hours and hand hygiene compliance rates.

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Based on the above discussion, it was agreed that management would explore what other hospitals are doing to deal with some of the ALC and emergency department flow issues and report back to the Board through the Patient Care and People Committee.

3.2 Integrated Annual Corporate Plan 2016-17 Update and Refreshing Our Strategy for Outstanding Care, Always

As part of the supplemental mailing that was distributed to members on March 2, 2016, members received the next draft of the Integrated Annual Corporate Plan 2016-17 (IACP) and refreshed Strategic Directions, the February 10 Board planning session feedback notes, along with a slide deck presentation which included the strategy development framework and planning principles. The IACP draft has been aligned with the budget process, Quality Improvement Plan, staff and physician survey feedback, risk assessments, and current quality and performance results. Ongoing assessment of trends will be required and priorities informed in the year ahead. Issues and challenges being identified in the health care environment including our commitments to provincial initiatives such as the Health System Funding Reform, the Patients First proposal, and Healthcare Tomorrow – Hospital Services, will inform further updates that may be required.

In terms of next steps, once the Board has considered and endorsed the IACP, management will then proceed with the work of aligning specific indicators and corridors of performance with the 2016-17 targets that will then be reviewed by the board committees and recommended to the Board at the March 29 meeting; the draft Strategy Performance Index will be brought forward at that time. Detailed tactic planning will then begin in April. If there are significant changes to budget assumptions or if new performance targets are imposed by the SE LHIN, this would be brought back to the Board for discussion so that targets, indicators can be adjusted accordingly.

Discussion focused on Strategic Direction #6 “Create a high-performing regional health-care system with our partners” and whether this statement was bold enough in terms of the key leadership role that KGH has and continues to play. Board members also questioned whether the associated outcome, being part of an integrated system, should be positioned as leading rather than being part of the system; but other members recognized the need to ensure that KGH is not seen as dominating the leadership role.

As outlined in the recommendation on page 2 of the briefing note, the Chair sought support for the draft Integrated Annual Corporate Plan 2016-17 so that discussions could continue at the committee level in terms of developing the Strategy Performance Index. Formal approval of the IACP and its SPI, QIP and budget components will be obtained at the March 29, 2016 board meeting.

4.0 PATIENT CARE & PEOPLE COMMITTEE

4.1 Professional Practice Infrastructure

Diane Kelly, Chair of the Patient Care and People Committee, drew attention to the report discussed at the February committee meeting describing the domains of professional practice at KGH. The report provided members with an understanding of the roles of the Chief Nursing Executive, Directors of Professional Practice,

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Practice Leaders, and professional staff along with their accountabilities and promotion of professional practice.

5.0 MEDICAL ADVISORY COMMITTEE

5.1 COS Report – February MAC Meeting

The written report prepared by David Zelt was pre-circulated with the agenda package. Highlights included the recent MAC briefing on the Choosing Wisely campaign aims to help physicians and patients engage in informative conversations about tests, treatment, and procedures and to help physicians and patients make smart and effective choices about their care. It supports physicians to not only ensure patients obtain the necessary tests they need, but to also avoid tests/procedures that have no value and could cause them harm. Chris Gillies is overseeing the program at KGH and all medical disciplines are engaged in the program.

At the February MAC meeting, members also received an overview of the draft 2016-17 Quality Improvement Plan. The Fiscal Q3 Quality of Care Review Summaries and Recommendations report was also presented at the last MAC meeting.

6.0 FINANCE & AUDIT COMMITTEE – no items identified.

7.0 GOVERNANCE COMMITTEE

7.1 SE LHIN Sustainability – Health Care Tomorrow Project – Phase 2

Jim Flett drew attention to the monthly update on the Healthcare Tomorrow project which included the monthly dashboard. On February 24, several board members participated in the governance-to-governance webinar which focused on service governance for shared service organizations. The link to the webinar will be circulated to board members as soon as it is available. Work is underway to finalize the deliverables for Phase 2 recommendations to be received by hospital boards in June, i.e. business cases. There may be a requirement for additional meetings in May and June; requests from the LHIN will be forwarded, when received.

Discussion focused on the term business case and whether there will be new investment/capital needed to support the recommendations. Jim Flett explained that there would need to be a pacing approach which would allow savings in one area to be applied to capital investment in another part of the project. It was recommended that each of the business cases include three key elements in their development – how it will improve access to patient care; what efficiencies will be realized; and how access and quality improvements will be realized.

Following the February 24 Governance to Governance session, questions remain from other health care partners with respect to the deliverables associated with this project. Until the business cases are delivered, it will be difficult for hospitals to see the value proposition associated with the changes necessary to support a sustainable health system for the region.

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7.2 Accreditation – Governing Self Assessment

Board members received the results from the governance self assessment and governance functioning tool. George Thomson reported on the Governance Committee's recent presentation by Silvie Crawford and Doug MacInnis in terms of next steps. There is agreement that further board education is needed in several areas: 1) stakeholder engagement; 2) feedback from patients and clients; 3) summary reports on patient and family concerns; and 4) board member performance feedback. An education work plan will be developed and brought forward to the next Governance Committee meeting for review.

7.3 Board's Work Plan – Mid-Year Review

Mid-year, the Governance Committee reviews the Board's overall work plan to assure itself that deliverables are being met. Adjustments have been made to the plan and outlined in the briefing note. In some instances, it is simply a timing issue; the policy manual review requirement has been deferred to September 2016 when the committees will start their review as part of their annual committee orientation sessions. The Governance Committee will be receiving an update from the University Hospitals Kingston Foundation to ensure that obligations are being met under the new operating agreement and to also understand how endowments are being handled.

7.4 Critical Path for 2016-17 Board Recruitment

The Governance Committee has reviewed the skill set requirements (human resources, information technology with a clinical based, and strategic management) and the Governance Committee has reaffirmed moving ahead with this year's recruitment for two elected vacancies. The English/French advertisement will appear in the March 5 Whig Standard and the March 10 Kingston This Week. The CEO's office will forward the application link as Board members also play an important role in seeking candidates. The deadline for applications is April 6 and interviews will be held on April 26.

7.4 Critical Path for 2016-17 Officers

In advance of the meeting, Board members received the nominations package to support George Thomson as Chair and Donna Janiec as Vice Chair. Included in the package was confirmation that the incumbents have read the selection process for board officers, the term of office requirements, and each has reviewed their respective role descriptions and a short bio for each candidate was also included.

Moved by Susan Lounsbury, seconded by Diane Kelly

THAT George Thomson be recommended as Chair and Donna Janiec as Vice Chair of the Board of the Board of Directors of Kingston General Hospital at the special meeting of the Board that immediately follows the annual general meeting slated for June 13, 2016.

CARRIED

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9.0 IN-CAMERA SEGMENT

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

Moved by Glenn Vollebregt, seconded by Lynn Bowering:

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 Richard Reznick, seconded by Lynn Bowering:

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

CARRIED

The Chair invited a motion to report on the following in-camera decision/discussion items: the board approved the in-camera minutes of the January and February Board meeting; the board received the final January 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 the Q3 performance reports of the former CEO and COS; the board received a briefing from the Patient Care and People Committee on KGH's Quality of Care Review Summaries and recommendations along with the Q3 incident reporting summary for fiscal 2015-16; the Board received a briefing on workplace violence corporate indicator reporting, the Board received an update on recent discussions with Hotel Dieu Hospital; and the Board dealt with a personnel issue.

12.2 Date of Next Meeting & Termination

The Chair confirmed that the date of the next meeting is: Tuesday, March 29, 2016 at 16:00 hours.

The meeting terminated at 18:30 hours on motion by Susan Lounsbury.

13.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY

A brief session was held.

14.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT

A brief session was held.

George Thomson
Chair

JIM FLETT, INTERIM PRESIDENT & CEO

Submitted to: Board of Directors
Date of Issue: March 21, 2016
Period Covered: February 26 to March 23, 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 March 3 Board meeting. The report reflects items that are not necessarily being addressed by board and board committees. As always, I am happy to take any questions on items in the report.

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. Accreditation Update

Mock Tracers are simulated Accreditation Q-Mentum Surveys with KGH's senior leaders taking on the role of surveyor. The mock tracer provides a front line assessment of the care provided to patients and measures our compliance with the standards and required organizational practices set by Accreditation Canada. Each tracer will provide written feedback to the program area surveyed.

Further to Rhonda's email of March 4, sending along the Accreditation Tracer Schedule confirming registration information. In advance of your session, our office will provide you with additional information in terms of timing, room location, name of surveyor, etc. For Board members who still wish to register, [click here](#). Sessions will be held between 7:30 to 10:00 am and normally take 1.5 to 2.5 hours.

March 30 – Medication Management or Critical Care or Pediatrics	April 6 – Ambulatory Cancer Care	April 6 – Emergency	April 6 – Infection Control or Emergency or Ambulatory Cancer Care	April 13 – Leadership	April 20 – Obstetrics	April 20 – Mental Health	April 27 – Emergency Preparedness + Human Capital + Principle Based Decision Making	May 4 - Governance
Susan Lounsbury	Lynn Bowering	Bill Robertson	David O'Toole	Lynn Bowering	Donna Janiec	Lynn Bowering	George Thomson	Lynn Bowering
				Jim Flett				Jim Flett
								Donna Janiec
								Susan Lounsbury
								Geoff Quirt
								Bill Robertson
								David Zelt

Another key date for your schedules is Monday, October 17 at 16:00 hours when the Accreditation Canada surveyors will interview the Board.

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2. SE LHIN Meeting with Dr. Bob Bell

As reported in my March 3 staff report, there has been several opportunities for input on the Ministry's recently released discussion paper "Patients First". On March 14, I was joined by George Thomson, Donna Janiec, Glenn Vollebregt, and Silvie Crawford at a governance session hosted by the SE LHIN. At the session, Dr. Bob Bell provided an overview of the [Patients First discussion paper](#) and participants were invited to join in a discussion on the LHIN's next update to their [Integrated Health Services Plan](#). Another link that Board members may wish to view is through the Longwoods site from a talk Dr. Bell gave in February - [Changes to Ontario's Health System](#) and I would encourage members to view the 15 minute video.

3. Phase 2 Redevelopment Updates

Tour with Dr. Bob Bell – following the above noted LHIN session, the Deputy then joined Silvie, Allan McLuskie, Director Facilities Management, Dr. David Pichora and I on a 90-minute tour of KGH which focused on the emergency department, operating room, neonatal intensive care unit, and areas of the labs. During the visit, Dr. Bell noted that KGH is one of 22 hospitals in the Province with similar deficiencies; he did, however, recognize KGH's geographic location in proximity to Toronto and Ottawa if members of our community are requiring tertiary level care. I then joined the Deputy in a tour at Hotel Dieu Hospital. Overall, both Dr. Pichora and I felt the tours went well. A brief update was also provided to MPP Kiwala as she also continues to work on this file for the hospitals.

Update for MP Mark Gerretsen - on March 31 a meeting has been scheduled with MPP Mark Gerretsen to continue a dialogue with the MP's office on our needs to Phase 2 redevelopment.

City of Kingston Request for an Update - we also understand that the University Hospitals Kingston Foundation will be participating in an upcoming Council meeting to talk about the impact of the City's campaign gift and to demonstrate the need for continuing support. While still tentative, the two dates that we are working with are April 19 or May 3.

4. Federal Budget (to be completed Wednesday morning)

5. KGH Staff & Physician Engagement Results

The executive team has received a high level overview of the results from the National Research Corporation and, as noted in KGH This Week March 15 edition attached, managers are discussing the results and engaging staff and physicians in conversations to help build an Engagement Action Plan for their own area. A review of the results will be presented at the April 21 Patient Care and People Committee and then through to the Board on May 5.

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6. UHKF Event – Winemaker’s Dinner Benefit Series

AquaTerra Executive Chef Brent McAllister and Charles Baker of Niagara-on-the-Lake’s internationally acclaimed Stratus Wines invite you to enjoy a memorable evening of great food and wine in support of University Hospitals Kingston Foundation on **Friday, April 29 from 6:00 – 9:00 pm**. Advanced ticket purchase required. Limited Availability/tickets available by phone 613-549-6243. www.uhkf.ca/events/

7. UHKF Call for Nominations – Ian Wilson Award for Volunteerism and the Davies Award for Philanthropic Leadership

These awards are presented annually by the University Hospitals Kingston Foundation to individuals who meet the attributes outlined in the attached backgrounders. If a member of the KGH Board has a suggestion, please feel free to let our office know and we are happy to work with you to complete the nominations process. Deadline for submissions are April 22, 2016.

8. Providence Care – King West Tours

Several tour dates have been identified for members of the Board to join UHKF board members for a tour of Providence Care’s new hospital. We still have space for the tour on April 29 at 9:00 am at the King West site. Please let my office know by connecting with Mary Pope: popem@kgh.kari.net if you wish to join the tour.

9. Hotel Dieu Hospital Leadership Breakfast

Save the date! Hotel Dieu will be holding their annual leadership breakfast on May 19, 2016. Author Neil Pasricha will discuss his New York Times bestseller “The Book of Awesome”. You can purchase tickets at the UHKF site – www.uhkf.ca – they are \$100.00 before May 1st and \$110.00 after May 1st.

10. Queen’s Alumni Awards – Jim Bennett Award & Padre Lavery Award

The Padre Lavery Award dinner hosted by the Kingston Branch of the Queen’s University Alumni Association. Congratulations to the 2016 Padre Lavery and Jim Bennett Award recipients. Dr. John Meisel, LLD’96, and **Leslee Thompson**, NSc’84, are being honoured by the Kingston Branch this spring. The awards will be presented May 26th at Queen’s University. Ticket information is expected by month’s end and will be forwarded to board members. I hope that you will join me at the dinner.

11. Health System Funding Reform Update

Member hospitals received an update from the Hospital Advisory Committee (HAC regarding 2016-17 hospital funding, including plans for re-setting the Hospital-based Allocation Model (HBAM) envelope. As outlined in the attached update, HAC was formed to provide advice and recommendations to the Ministry of Health and Long-term Care regarding hospital related health system funding reform.

12. Ontario Hospital Association – Update from the Board Chair and CEO

The OHA has started its annual outreach to hospital CEOs across the province to obtain their views, discuss emerging issues, and key priorities. In the past, the OHA has conducted regional sessions but have elected to change this year’s approach to one-on-one phone calls/in person meetings. Appended to my report are the latest OHA Board Chair and CEO reports covering the period December 2015 to February 2016.

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The other update is to let you know that the OHA is seeking candidates for board positions. Principal areas of focus for this year's Board recruitment are: expertise in investment management, accredited financial experts with experience in corporate finance, and hospital Trustees. The OHA directly and indirectly holds a substantial investment portfolio. Over the next year, the OHA will be taking steps to establish new mechanisms to manage its full scope of investments and, as a result, is seeking candidates with investment management expertise for current and future Director roles. A completed application package must be submitted by **April 1, 2016**. To request for an application package, please contact Melinda Moore, Manager, Corporate Governance, mmoore@oha.com.

13. Health Quality Ontario (HQQ) Announces Emergency Department Return Visit Quality Program

In a letter to all Local Health Integration Network (LHIN) CEOs sent in early March, the Ministry of Health and Long-Term Care (Ministry) announced a new program, set to launch on April 1, 2016, aimed at supporting hospitals in exploring emergency department (ED) return visits as an indicator of quality of care. HQO has been tasked with managing this program, and Access to Care will provide relevant data reports. This bulletin and [letter from HQO](#) are a follow up to provide additional information about the program.

As part of the program, hospitals will be asked to review data on return visits involving their ED, conduct audits to identify the underlying causes of these return visits, and take steps to address these underlying causes. The goal of the program is to promote a culture of continuous quality improvement in the ED and reduce misdiagnosis and other factors that increase the risk of returning to the ED. All hospitals participating in the Emergency Room NACRS Initiative (ERNI) are encouraged to participate; however, as noted below, this program is mandatory only for the Pay for Results (P4R) hospitals.

Recently, the Ministry sent a memo to LHIN CEOs to provide updates on the P4R program beginning in fiscal year 2016/17. In addition to the requirement to participate in HQO's ED Return Visit Quality program, the Ministry has added a number of elements to the P4R program including: A sixth indicator, Ambulance Offload Time (AOT). The aim of this indicator is to provide an incentive to reduce offload delays and enable faster access to care for patients arriving by ambulance.

14. Legislative Updates

On March 8, 2016, Ontario passed the ***Sexual Violence and Harassment Action Plan Act*** (Bill 132). The legislation is designed to make workplaces, campuses and communities safer and more responsive to the needs of survivors and to complaints about sexual violence and harassment. The legislation is one of the 13 commitments within [It's Never Okay](#), the government's action plan to stop sexual violence and harassment. Click [here](#) to access the OHA Backgrounder on Bill 132.

To mark the one-year anniversary of the action plan, the government released a [2015-16 Progress Report](#), which highlights the actions Ontario has taken in the last year to help end sexual violence and harassment in the province.

On February 25, 2016, the Honourable Charles Sousa, Ontario's Minister of Finance, released the 2016 Ontario Budget, including budget implementation legislation in Bill 173, ***Jobs for Today and Tomorrow Act (Budget Measures), 2016***. Specifically, Bill 173 proposes amendments that support of *The Path to 2025: Ontario's*

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Accessibility Action Plan, and that are intended to make it easier for people with disabilities to participate in their workplaces and communities. To this end, the bill proposes amendments to 11 statutes, targeting areas that represent barriers to accessibility, including the *Accessibility for Ontarians with Disabilities Act*, the *Freedom of Information and Protection of Privacy Act*, the *Public Hospitals Act*, and the *Substitute Decisions Act*. The OHA has developed a [backgrounder](#) summarizing the relevant changes proposed in the legislation.

On February 26, 2016, the Ontario government released a **draft [Cap-and-Trade Regulation](#)** designed to lower the province's greenhouse gas emissions. The regulation is set to take effect on January 1, 2017.

A majority of hospitals will be indirectly impacted by pass through cap-and-trade fees applied to the price of natural gas. Initial estimates suggest that hospitals may see an increase in the cost of natural gas of about \$0.03 per cubic meter (approximately a 15% increase). In aggregate, hospitals consume approximately 260 million of cubic meters of gas per year, resulting in a cost increase of about \$7.9 million for the sector. Hospital facilities that emit 10,000 tonnes of CO₂e or more will be required to report their greenhouse gas emissions to the Ministry of Environment and Climate Change. Released alongside the cap-and-trade regulation were new measures for greenhouse gas reporting that will replace the original Greenhouse Gas Emissions Reporting Regulation. Based on current data, six hospitals fall into this category. The OHA is reviewing the regulation and will provide more details as they become available.

The ***Public Sector Labour Relations Transition Act*** (PSLRTA) creates a framework for addressing issues related to amalgamation, restructuring and integration of certain broader public sector entities, including health services integrations. Amendments to PSLRTA were passed in December 2015 to provide that, following an event to which PSLRTA applies, if a bargaining agent represents a minimum threshold level of representation set by regulation in the new bargaining unit, the majority bargaining agent would be ordered to be the bargaining agent for the new bargaining unit without a representation vote.

PSLRTA provides that threshold set by regulation must be more than 60%. The Ministry of Labour (MOL) is proposing to make a regulation to prescribe this threshold at 75%, but a different number may be prescribed based on the comments received. This amendment would come into force on June 10, 2016. The deadline for comments to the MOL is March 28, 2016. The OHA will be providing feedback on the proposed regulations on behalf of members.

I would be more than pleased to respond to questions from my report at our March 29 meeting.

Jim Flett
Interim President and Chief Executive Officer

Att.

Province giving more money to hospitals

New funds announced in this year's provincial budget



(From left) Ontario Minister of Health and Long-Term Care Dr. Eric Hoskins, Deputy Premier Deb Matthews, Premier Kathleen Wynne and Minister of Finance Charles Sousa unveil the 2016 budget in Queen's Park on Thursday, Feb. 25. (Photo credit: The Ontario Liberal Party)

For the first time in five years, the provincial budget includes funding to assist hospitals in offsetting inflationary cost increases. Last week's budget announcement indicated that a total of \$345 million in new funds will be distributed in fiscal 2016/17.

"This investment will go to support frontline care and help keep wait times low, maintain access to elective surgery and ensure that important health service programs are maintained," said Anthony Dale, President and CEO of the Ontario Hospital Association.

Just how this will impact KGH's overall finances is yet to be determined. Over the past few months, work has been underway to put the final touches on a balanced operating budget for the upcoming fiscal year. After starting out with a \$15 million funding gap between our estimated operating costs for next year and our current funding, we were able to refine our cost assumptions and engage staff and physicians across the hospital to

send in solutions that allowed us to submit a balanced operating budget to our Board for approval in late January.

We still have work to do though as we were not able to maintain the \$20 million level we have been achieving in recent years to provide for the ongoing replacement of patient care equipment, technology and building infrastructure repairs.

The provincial budget also included another \$50 million will be added next year to the Health Infrastructure Renewal Fund (HIRF), which will grow to a total of \$175 million across all hospitals. KGH will see a portion of this new funding to help address deferred maintenance issues in the hospital.

On the same day the province announced this new funding for hospitals, they also announced that the current funding formula will be "reset". This revised formula will determine the funding allocation that each hospital will receive for the upcoming fiscal year.

Continued on next page...

Coming up

Kingston's Hospitals & Healthcare in French:

Come hear about plans and time lines for implementing French language services at KGH, Hotel Dieu Hospital and Providence Care. Wednesday, March 9, at 5 p.m. at the Batoche Community Centre, 32 Lundy's Lane at CFB Kingston. Please note this event is French language only.

Communicate with H.E.A.R.T.:

If you haven't completed your training for this important initiative yet, and you don't require backfill, you can register for training on *KGH Today* on our intranet. The training now comes in two parts, beginning with an e-learning course followed by a one-hour "Skills Practice" class. This training is also open to physicians, volunteers, learners and Patient Experience Advisors. There is also a monthly blog you can check out on our intranet that's full of helpful reminders on how we can all Communicate with H.E.A.R.T. in our daily work.

SSTC missed meal break changes:

Improvements have been made for staff who submit a "missed meal break" payment request. As of February 23, you can now use the existing overtime request process to request payment for your missed meal break. Visit *KGH Today* for more details.

KGH Art Gallery sale: Don't forget all of the paintings on display in our Kidd 1 main corridor are up for sale. The paintings are by local artist Debra Krakow and 30 per cent of the proceeds will support KGH. The show will be up for viewing until Friday, March 4.

Province giving more money to hospitals continued....

"The province's decision to invest more in hospitals is definitely welcome news for us, but unfortunately we do not know what this announcement means for us next year," says J'Neene Coghlan, Chief Financial Officer. "Our next step will be to work closely with the South East Local Health Integration Network (SE-LHIN) to learn more about these funding changes for KGH. Details are expected by late spring." ■

KGH Knowledge Exchange

Partnering with Patients: new Accreditation Canada standards

Join Silvie Crawford, Executive V.P. and Chief Nursing Executive on Wednesday, March 9, 12 to 1 p.m. in the Burr 1 Conference Room.

Partnering with patients and families is the key to better quality health care for all Canadians. That's why Accreditation Canada has made some changes to its program to strengthen the focus on patient- and family-centred care. Hospitals will now be measured against some new standards aimed at ensuring patients and families are meaningfully participating in their own care and are also involved in hospital planning, decision making and quality evaluations.

Come out to learn how KGH is working to meet the revised Required Organizational Practices.

Kinsmen Dream Home lottery to benefit our NICU

The annual Kinsmen Dream Home lottery is back for another year and once again a portion of the proceeds will be going to support KGH's smallest patients. Tickets for the lottery are now on sale and can be purchased for \$150 each.

Last year, the Dream Home lottery raised \$280,000 in total and \$105,000 of that was donated to the Neonatal Intensive Care Unit (NICU). Another \$10,000 was donated to the Cancer Centre at KGH. The remaining \$165,000 was split between several other local charitable organizations.

"The Kinsmen have been incredible supporters of patient care through their generous gifts to our hospitals over the years. We are thrilled that they have made another substantial pledge of support this year," says UHKF Executive Director Denise Cumming.

In total, the Kinsmen plan to donate \$1 million to the NICU over the next several years.

Ryan Hanes, chair of the Dream Home lottery, told our staff during last year's cheque presentation that he has personally experienced the outstanding care delivered in our NICU. "My oldest

son spent his first two days in the NICU, so it's a cause that is very dear to my heart. What a spectacular opportunity for the Dream Home to give back to the community. I don't know that there is a more deserving or noble cause than the NICU in the city."

This year's dream home, located at 1044 Woodhaven Drive, was built by CaraCo Homes and has three bedrooms and two-and-a-half baths. It also features an open concept kitchen and great room with large windows that overlook a pond behind the house.

There are 5,500 tickets available for the Dream Home Lottery. \$10,000 and \$5,000 prizes are also up for grabs, as well as 10 separate \$1,000 prizes. Tickets can be purchased at a number of locations around the city as well as by phone. For more details, visit www.kinsmendreamhome.com. The draw will take place on Sunday, April 3. ■



This year's Dream Home is located in Kingston's west end on Woodhaven Drive, near the intersection of Princess Street and Bayridge Drive. (Below) A peek inside at the Dream Home's kitchen and great room



Patient survey kiosks in Cancer Centre

“Your Voice Matters” survey a quick way to share feedback



(Right) KGH volunteer Yasmeen Maurice demonstrates how the new survey kiosks on Burr 1 work to Barbara Girard, South East Regional Patient and Family Advisory Council member.

KGH is one of the first cancer centres in the province to roll out Cancer Care Ontario's (CCO) new patient feedback survey, Your Voice Matters.

Each time a patient comes for cancer treatment at the Cancer Centre of Southeastern Ontario at KGH, their interactions with staff and the healthcare team have a big impact on their overall experience — from contacting the centre with questions, to dealings with reception, or interactions with their healthcare team. Your Voice Matters is a series of questions collected through several kiosks in the Cancer Centre that offer an opportunity for patients to share their thoughts and experiences in real time.

“This survey allows patients to give

us satisfaction feedback right after their appointment so that we can build on their positive experiences and improve where needed,” says Rana Fowler, Program Manager, Cancer Program. “It is important to capture how they are feeling at the moment of their visit so we know what the issues are right away and are able to address them.”

Armed with this real-time patient reported information, the Cancer Centre staff can look at ways to improve the quality of care and outcomes as well as enhance the patient experience. The survey only takes five minutes to complete and can lead to changes that will impact cancer patients and their families across Ontario.

Continued on next page...

Coming up

KGH Knowledge Exchange:

Partnering with patients and families is the key to better quality health care and Accreditation Canada has now made some changes to its program to focus more on patient- and family-centred care. Come learn more about the new standards for hospitals from Silvie Crawford, Executive VP and Chief Nursing Executive. Wednesday, March 9 from 12 to 1 p.m. in the Burr 1 Conference Room.

Kingston's Hospitals and

Healthcare in French: Come hear about plans and timelines for implementing French language services at KGH, Hotel Dieu Hospital and Providence Care. Wednesday, March 9, at 5 p.m. at the Batoche Community Centre, 32 Lundy's Lane at CFB Kingston. Please note this event will be in French language only.

Weight Watchers at Work: Weight Watchers uses the latest scientific thinking to help people lose weight in a sustainable way. Here at KGH, a trained Weight Watchers leader will provide experienced guidance at weekly meetings and you will now get 20 weeks for the price of 16. The meetings will be held on Tuesdays at noon starting on April 12 and running to August 23. Visit *KGH Today* or www.kghwellness.ca for details.

New Library Services point-of-care tool: To support clinical care, KGH is trying out a new point-of-care tool on our Library Services page on our intranet. It's called UpToDate and there are surveys on the page where you can share feedback on how it works. Visit *KGH Today* for more details.

Patient survey kiosks in Cancer Centre continued....

"Five years ago I was diagnosed with breast cancer. During my treatment I experienced many events and emotions, mostly very positive, but there were some experiences that could have been better," says Barbara Girard, South East Regional Patient and Family Advisory Council member. "As an Advisory Council

member I have a voice in the decisions made in the Cancer Centre — every patient and family member who walks through the doors has a voice."

The survey will also be a record of positive interactions as well as allow patients to have input into the improvements that will make their experience even better.

"There are always things that can be improved and cancer patients in our region now have the chance to express their feelings and opinions during their treatment," says Girard. "Say it, write it down, and tell people what you think. Every voice is valued. It is through input from patients and families that we all work together to provide Outstanding Care, Always." ■

KGH celebrates dramatic reduction in specimen collection and labelling errors across hospital

Every day hundreds of specimens from patients are sent to our clinical laboratories for testing. All of them are important as they help decide the next steps in a patient's care plan. To ensure fast and accurate testing, KGH has been focused on reducing the number of specimen collection and labelling errors being made. This past fiscal quarter, we reached an all-time low with only 39 such errors taking place.

"This result is due to a collective effort and energy across the organization with a relentless focus on patient safety that has allowed us to make significant progress," says Joyce deVette-McPhail, Director of Clinical Laboratories. "From nurses who take the sample, to the Information Management team that provided the software, server and network technology, this result is due to great teamwork throughout the hospital."

Having the number of incidents in the double digits hasn't always been the case at KGH. In fact, there was a time when it was common to have mislabeling and collection errors occur by the hundreds every quarter.



Proper labelling is key to fast and accurate test results.

"Today we now receive calls from our peer hospitals who want to learn how we achieved this dramatic improvement and what steps they can take at their own institution to achieve similar results," says deVette-McPhail.

The work towards this reduction hasn't always been easy. To help us get there, we invested in new technology to help ensure the quality of specimen labelling, implemented a Phlebotomy team to help ensure blood is taken properly, and undertook a Lab Order Entry project that educated staff on how to properly submit specimens for testing in the labs.

Despite all of this progress, the work to reduce specimen collection errors is not done. To sustain our improvements, education will continue on targeted units that have been identified as having challenges with proper labeling protocols. In addition, everyone is being encouraging to continue to self-report on errors when they do occur using our online Safe Reporting Tool. This will help our labs look at new ways to prevent the errors from happening in the future, such as mislabeling, misplacing or not labelling a specimen.

"We will be going to where staff are to help them understand the proper steps to collect and label a specimen so we can test it in a timely and accurate manner when it arrives in the labs," says deVette-McPhail. "With the continued hard work and attention to detail of every team across KGH, we are confident that together we will sustain this dramatic reduction."

To read more about this milestone and other highlights that occurred in Q3, please read the *KGH This Quarter: Q3* report, available now on *KGH Today* on our intranet and at www.kgh.on.ca. ■

Engagement survey results are in

Employees and physician feedback to help shape our future

It has been a few months since the call went out for people across KGH to “Share your thoughts. Shape our Future.” Now the results are in from our Employee and Physician Engagement Surveys and we are ready to move on to the next phase, “From Input to Impact.”

“Over 65 per cent of employees and 37 per cent of physicians completed the survey in November surpassing our target. This is to be celebrated! It demonstrates that a large number of people at KGH are already engaged in making improvements by sharing their thoughts through the survey tool,” says Sandra Carlton, Joint VP and Chief Human Resources Officer. “Once again, ours was one of the highest reported response rates to the NRC Engagement Survey of all OHA hospitals in this reporting period. Now it’s time to study the results and work together to make the improvements that will have the most impact at the corporate and team levels.”

So just how did we do overall? At the corporate level, the survey shows the hospital-wide engagement level is similar to what it was when we held our first survey in the summer of 2013. Our overall score held steady, moving up slightly to 54.8 per cent from 54.5 per cent. As for physicians, their overall engagement level slipped slightly, moving to 48.4 per cent from 50.5 per cent in the previous survey.

To help analyze these results, both surveys have been broken down into a series of themes that are drawn from related questions in the survey. For employees, 58.1 per cent of people responded that they are proud to tell others



Teams across KGH will soon be discussing their engagement results and ways they can improve engagement in their area.

they are part of this organization, which is an improvement from 2013. It’s clear that where we focused our efforts we saw improvements. This included areas like training and development, leadership, job feedback and staff health and wellness. We also saw improvement in areas related to the work or unit team theme, the immediate supervisor theme and the patient safety theme.

We lost some ground inside the job theme, which moved from 64.5 to 61.2 per cent. The infection control theme, the health and safety theme, and the patient care theme also decreased somewhat.

“Overall, these results show us we have work to do to catch up to our peer hospitals when it comes to employee engagement levels for both employees and physicians,” says Carlton. “They also point us to where we need to focus our efforts next as we strive to continuously improve engagement in our workplace.”

And this is where the team work comes in. Every team at KGH will connect with their leader over the next while to

Continued on next page..

Coming up

KGH Public Art Gallery: Just in time for spring, there is a colourful new art installation up in our main Kidd 1 hallway. The artist is Wendy Cain and she is a print maker and paper artist who recently retired from teaching printmaking and papermaking at the Ontario College of Art and Design. A portion of the proceeds from every sale will flow back to KGH through the UHKF. Visit *KGH Today* for more information.

St. Patrick's Day musical performance: You can treat yourself to a musical performance this week. A group called Lonraigh will perform from 12 to 1 p.m. in the Abramsky main lobby on St. Patrick's Day on Thursday, March 17.

Weight Watchers at Work: Weight Watchers uses the latest scientific thinking to help people lose weight in a sustainable way. Here at KGH, a trained Weight Watchers leader will provide experienced guidance at weekly meetings and you will now get 20 weeks for the price of 16. The meetings will be held on Tuesdays at noon starting on April 12 and will run until August 23. Visit *KGH Today* or www.kghwellness.ca for details.

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KGH This Quarter Report: Our report for Q3 is now out and it puts the spotlight on our latest performance metrics. Visit *KGH Today* and follow the links.

Engagement survey results are in continued....

review results and engage in conversations to help build an Engagement Action Plan for their area.

"This is a crucial step for teams across KGH," says Carlton. "We heard that it is important for individuals to have the ability to make decisions and improvements in their work. So, everyone will now have another chance, alongside their colleagues to review their team results and identify the things that matter the most to them in terms of engagement

and then create a plan to implement some changes."

The same goes for Physicians. Their results will be shared at the department level to spark conversations that will lead to the creation of Engagement Action Plans for things that matter most to them.

If you have any questions about these next steps, please contact your manager. To learn more about our overall corporate engagement survey results and the themes mentioned above, visit KGH Today and follow the links. ■

Team prize winners

As part of the engagement survey fun, prizes were created for teams with the highest participation rates. Teams hitting 60 per cent were automatically entered into a draw and prizes are now ready to be handed out to teams in five different size categories. In total, there are 11 winning teams and to see if your team is one of them, visit *KGH Today* on our intranet and look for the list. ■

Staff Scheduling and Time Capture project update

New operations committee formed to drive ongoing improvements

It's been just over eight months since we first went live with the Staff Scheduling and Time Capture (SSTC) project and a new operations committee is now in place to take stock of where we are and see what needs to be done next to improve everyone's user experience.

At the moment about three-quarters of hospital employees are using the system each day. As new groups were brought on board last summer and fall, a number of possible improvements were identified by staff and managers to enhance the system. Many of these complex changes were successfully implemented. There are still some that remain outstanding.

The operations committee will now be looking for input from staff and managers to help prioritize the remaining work to further streamline the system and make the most of the Kronos technology.

"Making sure that everyone has input into the decisions that will be made is the key to our success," says Silvie Crawford,

Executive VP and Chief Nursing Executive. "We are asking people to engage with the operations committee to provide input specific to the processes in your area and to identify opportunities for improvement."

Anyone who has suggestions for improvement should speak to their manager or email their ideas to schedulingproject@kgh.kari.net

In the meantime, preparations to bring the remaining groups of employees onto the system, are on hold pending recommendations from the operations committee.

"We are keen to on-board the remaining groups onto Kronos. However, to ensure a smooth transition, getting the processes and the timing right remains our priority," says Al Page, SSTC Project Manager.



The new SSTC operations committee will be gathering input from people across the hospital to help improve the system.

"Unfortunately this means people will have to continue to be patient and stay tuned for project updates in the coming weeks and months."

To learn more about the SSTC project, look under the Quick Links menu on *KGH Today*. The SSTC page has a range of helpful resources, including FAQs and instructions on how to use the system to manage your vacations and schedule. ■

Davies Award Winner List

Please note that a couple of those were supposed to be for '07 – the dates on the plaques are as they are listed below.....

'04	Bill Henderson
'05	Sylvia Burkinshaw
'05	RBC Financial Group
'06	Doug Hogeboom
'06	Homestead Land Holdings and Brit & Sally Smith
'08	RHSJ (Religious Hospitalers of St. Joseph)
'08	Sisters of Providence
'08	Sally & Percy Robinson and Samuel Robinson Foundation
'09	KGH Auxiliary
'09	Volunteer Services Hotel Dieu Hospital
'09	Larry Gibson
'10	Rose of Hope
'10	Geraldine Tepper
'11	Debbie and Dan Corcoran
'11	BMO Financial Groups
'11	Kids for Kids Hockey Tournament
'12	Empire Life
'12	Kinsmen Club of Kingston
'12	John M. & Bernice Parrott Foundation
'13	Prostate Cancer Fight Foundation
'13	Melo Family & Ambassador Hotel
'13	McKenna Modler
'14	Child Development Centre Run/Walk Committee
'15	B'nai Brith
'15	Liz Dobbs Jones

Ian Wilson Award

'11	Mac Voisin
'11	Chandra Davies
'11	Tanya MacDonald
'12	Chris Cunningham
'13	Richard Kizell
'14	Sherri McCullough
'15	Jennifer Fisher



**EXTRAORDINARY PEOPLE.
INNOVATIVE HEALTH CARE.**

Call for Nominations for the 2016 Ian Wilson Award for Volunteerism in Fundraising

The sixth annual ***Ian Wilson Award for Volunteerism in Fundraising*** will be presented on June 22, 2016.

The award is granted annually by University Hospitals Kingston Foundation to an **individual** who has demonstrated outstanding volunteer efforts in the solicitation of donations benefitting the Kingston hospitals through an event, organized campaign or informal activity. Last year's recipient was **Jennifer Fisher**.

The award honours Ian Wilson, a former hospital board Chair, Chair of the *Together We Can* campaign for Kingston's hospitals and tireless volunteer with a wide range of community and health-related organizations.

Any volunteer, hospital staff member, hospital board or committee member, or third party event organizer may be nominated. Nominations will be accepted from anyone within the hospital community.

Selection Criteria:

The winner will be selected based on their demonstrated alignment with the following qualities, as characterized by Ian Wilson throughout his volunteer tenure with the hospitals:

- Unwavering positive attitude
- Exemplary financial support within personal means
- Clear commitment to supporting the hospitals in our community
- Obvious enthusiasm for hospital fundraising
- Tangible positive results of volunteer efforts
- Good humored determination
- Ability to convey empathy and compassion for patients and their families
- Shameless ability to ask
- Above and beyond attitude and commitment

The nominee's tenure of involvement will also be taken into account in selecting recipients.

Previous recipients of the award are not eligible to be nominated again.

Nominations should be accompanied by a brief statement that answers the following questions:

1. What is this volunteer's history of involvement and support of the Kingston hospitals?
2. How has this volunteer demonstrated the qualities above through their volunteer fundraising effort on behalf of the Kingston hospitals?
3. What makes this volunteer stand out compared to others?

Nominations will be accepted until 4:00 pm, Friday April 22, 2016 electronically, by fax to 613-549-5455 or in person to: Marie Mackenzie, University Hospitals Kingston Foundation at:

Marie.mackenzie@uhkf.ca

University Hospitals Kingston Foundation
55 Rideau St., Suite 4
Kingston, Ontario K7K 6Y3

For further information call: 613-549-5452 ext. 5914



**EXTRAORDINARY PEOPLE.
INNOVATIVE HEALTH CARE.**

Ian Wilson Award for Volunteerism 2016 Nomination Form

For volunteer supporters of University Hospitals Kingston Foundation who have demonstrated:

- Unwavering positive attitude
- Exemplary financial support within personal means
- Clear commitment to supporting the hospitals in our community
- Obvious enthusiasm for hospital fundraising
- Tangible positive results of volunteer efforts
- Good humored determination
- Ability to convey empathy and compassion for patients and their families
- Shameless ability to ask
- Above and beyond attitude and commitment

Name of Nominee: _____

1. What is this volunteer's history of involvement and support of the Kingston hospitals?

2. How has this volunteer demonstrated the qualities above through their volunteer fundraising effort on behalf of the Kingston hospitals?

3. What makes this volunteer stand out compared to others?

Nominations will be accepted until 4:00 pm, Friday April 22, 2016 electronically to marie.mackenzie@uhkf.ca, by fax to 613-549-5455 or in person to: Marie Mackenzie, University Hospitals Kingston Foundation: For further information call: 613-549-5452 ext. 5914.



**EXTRAORDINARY PEOPLE.
INNOVATIVE HEALTH CARE.**

Call for Nominations for the 2016 Davies Awards for Philanthropic Leadership

The prestigious ***Davies Awards for Philanthropic Leadership*** are awarded annually by University Hospitals Kingston Foundation.

Last year's recipients were the **B'nai Brith Lodge** and **Liz Dobbs Jones**.

Nominations will be accepted from any member of the hospital community, including staff, board and board committee members, patients, volunteers and donors.

Selection Criteria:

Award recipients are **individuals, organizations and community groups** who have demonstrated outstanding philanthropic leadership benefiting the Kingston hospitals and the provision of healthcare for the people of Kingston and southeastern Ontario.

Previous recipients of the award are not eligible to be nominated again.

Nominations should be accompanied by a brief submission that answers the following questions:

1. How has this donor demonstrated philanthropic leadership to benefit the Kingston hospitals?
2. Why are you nominating this donor?
3. What makes this donor stand out compared to others?

Nominations will be accepted until 4:00 pm, Friday April 22, 2016

electronically, by fax to 613-549-5455 or in person to: Marie Mackenzie, University Hospitals Kingston Foundation at:

[**Marie.mackenzie@uhkf.ca**](mailto:Marie.mackenzie@uhkf.ca)

**University Hospitals Kingston Foundation
55 Rideau St., Suite 4
Kingston, Ontario K7K 6Y3**

For further information call: 613-549-5452 ext. 5914



**EXTRAORDINARY PEOPLE.
INNOVATIVE HEALTH CARE.**

The Davies Awards for Philanthropic Leadership 2016 Nomination Form

The prestigious ***Davies Awards for Philanthropic Leadership*** are awarded annually by University Hospitals Kingston Foundation on behalf of all three of Kingston's hospital foundations.

Award recipients are **individuals, organizations and community groups** who have demonstrated outstanding philanthropic leadership benefiting the Kingston hospitals and the provision of healthcare for the people of Kingston and southeastern Ontario.

Name of Nominee: _____

1. How has this donor demonstrated philanthropic leadership to benefit the Kingston hospitals?

2. Why are you nominating this donor?

3. What makes this donor stand out compared to others?

Nominations will be accepted until 4:00 pm, Friday April 22, 2016 electronically to marie.mackenzie@uhkf.ca, by fax to 613-549-5455 or in person to: Marie Mackenzie, University Hospitals Kingston Foundation:. For further information call: 549-5452 ext. 5914.

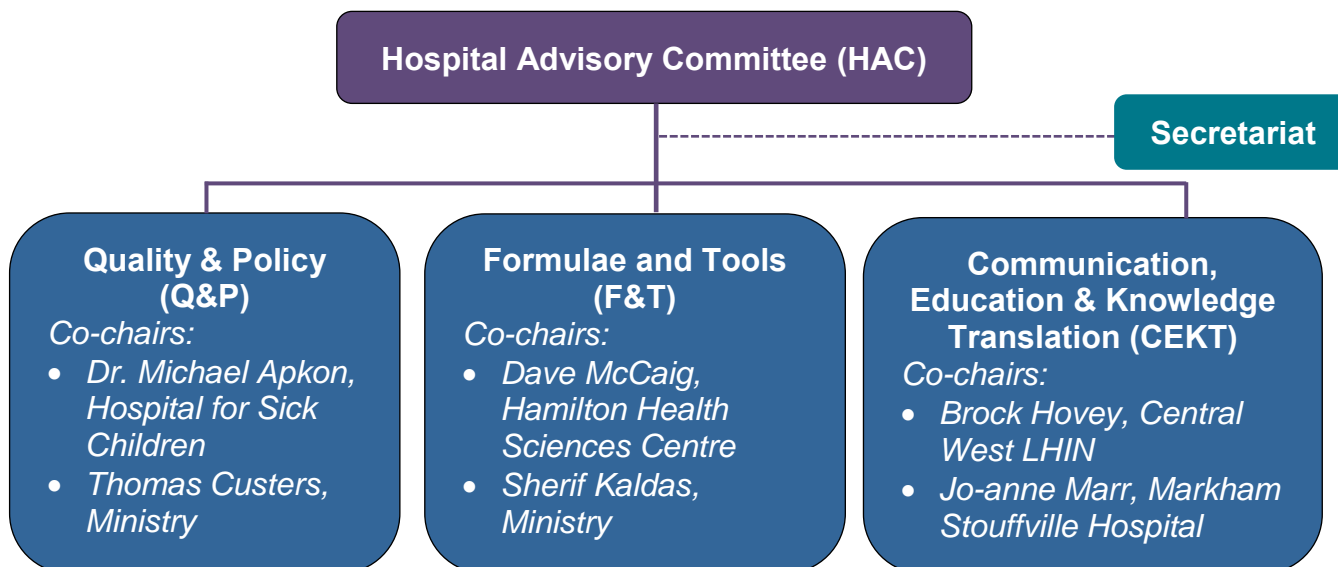
UPDATE ON HEALTH SYSTEM FUNDING REFORM (HSFR) FROM THE HOSPITAL ADVISORY COMMITTEE

Date: March 1, 2016

From HAC Co-Chairs: Melissa Farrell (MOHLTC), Anthony Dale (OHA), Bill MacLeod (LHINs)

This bulletin provides a status update on the Hospital Advisory Committee (HAC) and shares **key information regarding 2016-17 hospital funding, including plans for re-setting the HBAM envelope.**

HAC was formed to provide advice and recommendations to the Ministry of Health and Long-Term Care (Ministry) regarding hospital-related HSFR. HAC is made up of senior representation from the Ministry, the Ontario Hospital Association (OHA) and the Local Health Integration Networks (LHINs). Three subcommittees have also been formed to support the HAC. In future bulletins we will share information on the work of HACs subcommittees, which are made up of a broad and diverse membership.



Since HAC began meeting in July 2015, the committee has focused on: (i) activating the subcommittees; (ii) guiding the development of 2016-17 allocations and strategic discussions regarding future direction of HSFR including transitioning from mitigated to unmitigated funding; (iii) providing more timely and useful information to hospitals for planning purposes; and, (iv) practical discussions about when and how to implement more direct payment incentives for quality of care into the formulas.

Quality-Based Procedures (QBPs)

HACs Quality and Policy Subcommittee has been focused on analysis and options to support a more direct link between the funding and quality outcomes we are trying to achieve through the QBP program. This includes assessing what is working/not working in other jurisdictions and evaluating the current design and function of the QBP approach to ensure a greater alignment of evidence and trends in funding reform.

Hospital HSFR Data

HAC is also examining how to get useful funding data beyond funding letters to hospitals earlier in their planning cycles. With this goal in mind, we are working closely with our QBP partners, such as Cancer Care Ontario, to bring the timing of data reports and critical decisions (e.g., QBP approvals) into closer alignment. Recognizing there will always be limitations in terms of what can be shared when, in part due to the provincial budgeting process, we believe we are making tangible progress and will continue to explore opportunities for sharing useful funding data earlier in hospitals' planning cycles.

Hospitals will be informed, through their LHINs, on when actual and expected data will be available. These data will also be used to inform HBAM allocations for 2016-17.

2016-17 Health Based Allocation Model (HBAM) Results

We now have each hospital's actual versus expected data which include cost and service information, as well as expected expenses. This data is being used to inform HBAM funding allocations for 2016-17. We have also updated the HBAM key source material, and have revised the associated Data Source Guide. Please contact your LHIN for more information.

Provincial HBAM Trends

Since the introduction of HSFR, we have seen a number of positive provincial trends. The number of patients being served has continued to grow in 2014/15. At the same time, the cost of providing these inpatient services grew at a much slower pace. This meant a drop in actual unit costs – an important indicator of improved performance. This favourable cost trend is being driven by, among other factors, a reduced length of stay for patients.

This demonstrates a great achievement by hospitals in keeping costs contained, while continuing to deliver essential care to a growing population.

Improving Equity through a “Re-set” of the HBAM Envelope

An HBAM “re-set” will be achieved through a recalculation of each hospital's contribution to the HBAM funding envelope. This re-set will reflect updates in each hospital's funding since contributions were first calculated two years ago. While more details will be provided, a basic explanation of the HBAM re-set is this:

- HBAM is a fixed pool of funding that is redistributed each year on the basis of HBAM expected expenses per hospital. Each HSFR hospital contributed a portion of its base funding to establish the HBAM (and QBP) funding pools.
- Those contribution amounts have not changed, while base funding amounts have – in other words, hospital contributions to the HBAM pool do not reflect funding increases and decreases that have taken place since the original calculation of the HBAM pool.
- In the interest of equity, HBAM contributions should be increased for hospitals that have seen an increase in their base funding (e.g. through PCOP) and vice versa. There is agreement that the inequity that has arisen between hospitals must be corrected before it worsens.
- While mitigation corridors were in effect, the need for a regular or annual reset was less obvious.

The Ministry is working closely with the OHA and LHINs to understand the magnitude and impact of the reset and to consider possible strategies to mitigate while ensuring a reset is accomplished in this fiscal year.

Communications

Many LHIN and hospital representatives have been involved in the launch of HAC and have contributed to its collaborative efforts and consultations. We will continue to communicate actively, through bulletins such as this one, webcasts and engagement sessions. If you have recommendations or questions about how HAC can best share information, or suggestions on the types of information you would find helpful, please contact:

Email us at HSF@ontario.ca or call our hotline at 416-327-8379

Abson, Rhonda B.

Subject: FW: Update from OHA's Board of Directors
Attachments: image003.png; ATT00001.htm; President's Report.pdf; ATT00002.htm

From: Flett, Jim
Sent: March-10-16 10:25 PM
To: Abson, Rhonda B.
Subject: Fwd: Update from OHA's Board of Directors

Sent from my iPad

Begin forwarded message:

From: Pierre Noel <pnoel@oha.com>
Date: March 10, 2016 at 9:44:03 AM EST
To: Undisclosed recipients;;
Subject: Update from OHA's Board of Directors

I am pleased to present this report of the OHA Board's activities since the December meeting.

Health System Restructuring

On January 22, the Board met by teleconference to consider the province's *Patients First* discussion paper. At that time the Board created a Special Committee to guide preparation of the OHA's submission to the government.

The Special Committee is being chaired by Barry McLellan, President and CEO of Sunnybrook Health Sciences Centre. The members are Bill Reichman, Chief Executive Officer, Baycrest Centre for Geriatric Care; Kwame McKenzie, Medical Director, Centre for Addiction and Mental Health; Alex Munter, Chief Executive Officer, Children's Hospital of Eastern Ontario; Wade Petranik, Chief Executive Officer, Dryden Regional Health Centre; Marianne Walker, President & CEO, Guelph General Hospital; Brad Holman, Immediate Past Board Chair, Hanover and District Hospital; Eric Vandewall, President & CEO, Joseph Brant Hospital; Derek Graham, Chief Executive Officer, Manitoulin Health Centre; Tim Rutledge, President & CEO, North York General Hospital; Pierre Noel, President & CEO, Pembroke Regional Hospital Inc.; David Higgins, President, St. Joseph's Healthcare Hamilton; Matt Anderson, President & CEO, William Osler Health System; and Gay Wrye, Past Board Chair, Windsor Regional Hospital.

On February 9, the Board had the opportunity to engage in dialogue with Dr. Robert Bell, Deputy Minister of Health and Long-Term Care, on this subject. This discussion allowed Board members to gain a better understanding of the government direction in this area.

During the Board meeting on February 10, Dr. McLellan provided an update on the committee's progress and received input from the Board to its work. He reported on the member engagement plan to provide input from hospital leadership into the development of the OHA's submission. Board members provided feedback on the key themes that had been identified and ideas for additional topics that could be included.

OHA management has arranged for a variety of opportunities for hospitals to contribute to the development of the submission and input to the OHA's on-going advocacy related to this

initiative. Further information has been provided through “Bulletins” and will continue to be communicated that way.

Ontario Telemedicine Network

The Board was pleased to welcome Dr. Ed Brown for a dialogue about the work of OTN and its continuous improvement to enable innovation in the provision of patient care. Dr. Brown reflected on recent successful initiatives of the Network and identified challenges to on-going adoption of technology in patient care.

Health System Funding Reform

The Board continues to monitor developments in HSFR and to provide guidance to management in areas that affect hospitals. The Board was provided up-to-date information about the work of the Hospital Advisory Committee (HAC), the HSFR Secretariat, and progress on the draft HSFR Priorities. The Board was briefed about plans from the Ministry of Health and Long-Term Care to implement a re-set of the pool of funds distributed using the Health Based Allocation Model. The re-set will recalculate each hospital’s contribution to the HBAM funding envelope to reflect updates in each hospital’s funding since contributions were first calculated two years ago. The OHA is working closely with the Ministry and LHINs to understand the magnitude and impact of the reset and to consider possible strategies to mitigate while ensuring a reset is accomplished in the 2016/2017 fiscal year.

Provincial Budget 2016/2017

An update of the Association’s work on Pre-Budget Advocacy for the 2016/2017 provincial budget was provided to the Board. Eric Vandewall, President & CEO, Joseph Brant Hospital, chairs the Board’s Special Committee on this topic. As previously reported through a Bulletin, the OHA Board Chair and the President & CEO, presented to the Standing Committee on Finance and Economic Affairs on February 1.

Key messages of the submission included:

- Health System Restructuring is taking place: Ontario hospitals are champions of patient-centered care and have developed strong partnerships with government and other providers in an effort to create a better experience for patients and clients across a range of services.
- Health services are straining to meet patient needs: Ontario hospitals are extremely efficient. Per capita funding for Ontario hospitals is the second lowest in the country, which generates annual savings of \$4.5 billion each year and frees up money for other important health system priorities. At the same time, Ontario's wider health system continues to face ongoing capacity challenges.
- Hospitals are under significant financial pressure: With time, health system restructuring has the potential to improve access to primary and home and community care, thereby easing pressure on hospitals, but, as restructuring takes place over the next 24 months, there is also the risk of instability within the healthcare system. An investment in hospital operating costs will help to ensure stability within Ontario's healthcare system during this restructuring period. After four years with no inflationary increase, funding in the 2016 Ontario Budget would help maintain the gains being made in the system.

One of the objectives of the OHA’s pre-budget advocacy work was to garner more media attention on the current financial situation hospitals are facing and the tough choices that will need to be made as a result. In response to the government’s announcement of its policy on parking fees, the OHA began discussing its pre-budget messages publicly and earlier than in recent years. The OHA released a

statement on hospital revenues and participated in media interviews. The OHA statement was picked up by over 40 newspapers across the province and the story of hospital parking ran nationally in over 100 publications. Along with this statement, OHA submitted an op-ed to several newspapers and was picked up by Hamilton Spectator, North Bay Nugget, Toronto Star, Toronto Sun, Kingston Whig Standard, Waterloo Record and Windsor Star. OHA President and CEO, Anthony Dale, did on camera interviews with CBC, Global and City TV. In general, the coverage was very balanced and the potential impact on hospital operations as a result of this reduction in revenue, in the context of four years of an inflation funding freeze, was highlighted.

The Board expressed its support for the work of the Special Committee in guiding the development of the submission. Meetings with government officials will continue as the budget is prepared. On February 25 the government tabled the provincial budget in the legislature, significantly earlier than in recent years. A bulletin was recently released with highlights from the budget, followed by a members teleconference.

OHA Board Recruiting

The Board revised its Competency Matrix to include investment management expertise. With the on-going and emerging challenges in the financial markets, the Board has decided to recruit more expertise in this area to enable it to become more active in its approach. The Board also agreed to focus this year's recruiting efforts on expertise in investment management, financial experts, and hospital Trustees.

Application packages will be distributed to hospitals and others in the weeks ahead. Please consider who within your network (including those who serve on the hospital's Board) could be encouraged to apply.

OHA Financial Year-End

The Board approved a change to the Association's year-end to March 31, effective in 2017. This aligns the Association with its Members and enables a change to the date of the annual meeting.

Beginning in 2016, voting Members will elect OHA Board members at a Members' meeting held in conjunction with the annual *Fall Governance Forum and Leadership Summit* in early September. For 2016 only, there will be an additional Members' meeting later in the Fall for which the financial statements will be distributed to Members and at which members will appoint the auditor for the 2016/2017 year. This meeting will be made available to members electronically to enable participation. In 2017, these meetings will come together in one annual general Members' meeting in early September.

We are excited to incorporate our Members' meeting with the *Fall Governance Forum and Leadership Summit* as this event has proven to provide great educational value to hospital leadership – both board members and executive management.

Other Business

The Board also:

- received updates
 - on the development of the 2015/2016 Hospital Service Accountability Agreement (HSAA) template;
 - from the Special Committee leading the development of the Association's next strategic plan; and
 - on the implementation of a wholly-owned subsidiary to manage and invest the portfolio currently held by Greystone Health Trust; the terms of the trust agreement require it to be wound up in the next year, so the Board has been

putting new systems in place to manage that portfolio which supports the OHA's member services;

- approved amendments to policies related to:
 - oversight of the CEO and the role of the Executive Committee;
 - the role of the Chair and the Vice-Chair(s) and guidelines for selecting those leaders;
- received
 - the President's Report and quarterly update on the CEO's priorities;
 - quarterly reports on the operating plan and investment portfolio;
- admitted to the OHA as associate members:
 - Blanche River Health Partners;
 - Northern Ontario School of Medicine/École de médecine du Nord de l'Ontario; and
 - Chatham-Kent Hospice Inc.

Next Board Meeting

The next regular meeting of the Board is scheduled for April 27, 2016. For a schedule of 2015/2016 Board meetings, please go to www.oha.com and click on "About Us" and "Board of Directors".

Attached for your reference is the President's Report to the Board which provides an update on the OHA's Operating Plan and includes information about member outreach activities in recent months.

If you have any questions or comments, please don't hesitate to contact me at pnoel@oha.com or Anthony Dale, President and CEO, OHA at adale@oha.com.

President's Report

December 2015 – February 2016

I am pleased to present a brief report of key activities undertaken within the months of December 2015 through February 2016.

OPERATING PLAN UPDATE

The information below provides an update on the activities to address the priority areas in the Operating Plan 2015/2016 that was approved by the Board in June 2015.

A. HIGH IMPACT MEMBER AND SYSTEM PRIORITIES

Priority Area	Update
System Reconfiguration	<p><u>Core activities:</u></p> <p>Capacity Planning. OHA staff met with the Director from the new “Capacity Planning and Priorities Branch” within the Ministry of Health and Long-Term Care (MOHLTC) to discuss progress on Government’s promise in the 2015 Ontario Budget to develop a robust capacity plan for the province. OHA is planning to support the Ministry in hosting a roundtable in March or April for stakeholders that will examine alternate care solutions related to ALC and mental health/behavioral issues. Of note, the Ministry has engaged HayGroup to complete a provincial plan on trends of population needs by broad clinical groups.</p> <p>Analytics. On November 20, Tectonic Advisory Services presented to the OHA Advisory Panel the identified needs gaps hospitals face and identified potential roles for OHA to support hospitals in this new environment going forward. A final report from Tectonic is under review and OHA staff intends to prepare an implementation plan for the Board over the coming months.</p> <p>The interviews showed “unanimous support for the OHA’s initiation of this research, a high level of interest in the findings by hospitals and the Ministry and unanimous macro-level support for HSFR itself.”</p> <p>The report identified that hospitals collectively ranked the following as areas that the OHA could add the most value through an expanded analytics role:</p> <ol style="list-style-type: none"> 1. Timely Access to Data and Benchmarking Reports 2. Partnering, Advocating and Convening 3. Education and Training (as a longer-term strategy through college and university programs) 4. Educational Programs (OHA can develop in-house, on-going programs) <p>Synthesis of Models of High Performing Health System. The OHA engaged University of Toronto’s Institute for Health Policy, Management and Evaluation to develop a white paper that will clarify what it means to achieve value in the health system from the patient perspective. The final paper from the researchers (led by Ross Baker) received feedback at five OHA regional education sessions held in October and November and stakeholder briefings are ongoing. It is expected that the official launch of the paper will occur later this winter.</p>

Priority Area	Update
	<p>In December, the OHA presented a webcast with Ross Baker entitled “Contributing Toward a High Performing Health Care System”. The session reviewed the 12 attributes of a high performing health care system highlighted in Ross’s paper.</p> <p>Educational Services is developing a System Reconfiguration Educational Strategy that will begin with a hybrid session in February with the OHA’s response to the <i>Patients First - A Proposal to Strengthen Patient-Centred Health Care in Ontario</i> discussion paper. Following the member engagement session, the OHA will hold five regional sessions in April, followed by a conference in June.</p> <p>An OHA Special Committee on Health System Reconfiguration was established on January 22 to guide the OHA’s response to the Discussion Paper, ensuring that hospitals have a collective voice in the discussion. The Committee, chaired by Barry McLellan, is composed of OHA Board members and others, representing all regions and types of hospitals.</p>
Patient Experience Strategy	<p><u>Core activities:</u></p> <p>Patient Experience Surveying RFP. On June 22, 2015, the OHA released an RFP for a new Patient Reported Performance Measurement (Patient Surveying Services) contract. With the guidance of the hospital representatives, the RFP committee is very close to concluding negotiations with the Supplier who received the highest ranking at the conclusion of the RFP evaluations. Following the advice of the Board, the negotiations have focused on ensuring clear service level accountabilities and associated abatements, as well as regular opportunities for hospitals to evaluate the performance of the Supplier. Negotiated prices are expected to offer hospitals savings relative to 2015/16. Hospitals will also have access to a range of new modes of surveying that will offer additional savings to hospitals. An announcement is expected in mid-February and will be followed by a series of webinars, telephone outreach and in-person events designed to make hospitals aware of the services and pricing available in the new contract.</p> <p>Patient Engagement. In December, OHA hosted an HQO jointly sponsored webinar and in February will publish a guidance document on Patient and Family Engagement and QIPs. In February, OHA will also share guidance designed to assist hospitals in preparing for new Patient (Client) and Family Centered Care content in the Accreditation Canada standards beginning January 2016. The OHA has prepared a draft guidance document indexing and analyzing engagement requirements across key standards including Governance and Leadership.</p>
Hospital-Physician Alignment	<p><u>Core activities:</u></p> <p>Member Consultations. The OHA has completed 28 informational interviews with various hospital CEOs and physician leaders from 20 hospitals across the province. The information gathered through these member consultations, in addition to the quantitative information gathered through the OHA’s member survey on hospital-physician relations, will be developed into a final report that can inform the OHA’s work in the area of hospital-physician relationships over the next year. Successful strategies from hospitals can also be shared with the broader membership to facilitate learning across the province.</p>

Priority Area	Update
	<p>The OHA is planning a hospital-physician education series including a full-day conference and half-day GCE workshop entitled “Strengthening Hospital-Physician Relationships”. Target audience includes hospital CEOs, physicians (in leadership positions and front-line), directors of medical affairs, and board members. Attendees will learn about issues that strain relationships between hospitals and physicians – both in the hospital and primary care settings; how to formalize the hospital-physician relationship in their organization; leveraging the OHA/OMA guidance document; and, optimizing the role of family physicians in hospital care to achieve greater integration and continuity of care.</p>
<p>Collective Bargaining and Labour Relations</p>	<p><u>Core activities:</u></p> <p>ONA/OPSEU Bargaining: Following extensive preparation throughout the past number of months, negotiations for a renewal central collective agreement with ONA commenced in early November 2015 and have continued throughout January 2016. In addition, negotiation dates for a renewal central collective agreement with OPSEU have been set. These negotiations will commence in late April 2016.</p>
<p>Health Human Resources and Leadership</p>	<p><u>Core activities:</u></p> <p>Executive Compensation Frameworks. In November, OHA staff met with (Acting) ADM, Employee Relations, Marc Rondeau and other key staff responsible for creating the executive compensation frameworks for the sector. The purpose of the meeting was to provide the ADM and his team an overview of the OHA Executive Compensation Framework developed as a result of the Manley Report, and to share key information and insights related to the challenges with recruitment, retention, and compression. The OHA is also coordinating meetings with the ADM and his team to meet with Mercer and a few hospital governors, and to participate in hospital tours. The purpose of the meeting with Mercer is to provide insights on the development of the OHA framework to the ADM and his team. The meetings with a few hospital governors and hospital tours will help to ensure that there is an understanding of the different types of hospitals in Ontario, as well as the services and the roles they play in their communities.</p> <p>In addition, the OHA and two hospital trustees also met with staff in the offices of the Premier, Minister of Health and Long-Term Care and Treasury Board to share similar information and engage in further dialogue. The meetings focused on the trustees of hospitals sharing their challenges as governors. The “Value for Leadership” report was also shared with them in an effort to provide key demographic and other related data.</p> <p>The OHA has reached out to hospital CEOs to participate in Community Health Leadership Week – a week of coordinated government outreach to local Members of Provincial Parliament in late January. The goal of this outreach is to strengthen relationships with local government representatives and raise awareness about the leadership role hospitals play in their communities. The OHA has provided support to members through key messages and templates.</p> <p>OHA staff met in January with the post-secondary education sector to share common issues and efforts among the university, college and health sectors. The</p>

Priority Area	Update
	<p>post-secondary education sector has submitted information requested under the directive sent by the government in the fall of 2015 and continues to wait to learn the outcome of this process and receive executive compensation frameworks for their sector. OHA management will continue to meet regularly with the post-secondary sector and coordinate any joint efforts on this issue.</p> <p>Quality Healthcare Workplace Awards (QHWA). Work is underway to finalize a report highlighting success stories from the 2015 applications which will be released in the coming months. Currently, an extensive review of the awards is being conducted to ensure the program remains beneficial to the membership. In addition to a scan of other programs, in December 2015, staff reached out to all Chief HR Officers of hospitals and Community Care Access Centres for input on the program through a survey. Staff will continue to keep members informed as the plan to revamp the program is developed.</p> <p>Health Care HR Benchmarking Survey. The 2015 Health Care HR Benchmarking Survey collects data regarding various HR metrics, including, but not limited to: Staffing, Overtime, Turnover, Vacancy, Demographics, Tenure, as well as Sick Leave. This year's survey has been enhanced to include strategic organization-wide metrics regarding occupational health & safety, engagement, training and development, and turnover, broken down by age categories. All the survey data has been successfully submitted and validated for accuracy.</p> <p>The online reporting tool has been enhanced to include: 74 new HR metrics, graphs for every metric representing individual organizations and the industry average, percent change of every metric's value versus the prior survey year, as well as enhanced filtering capabilities. This enhanced reporting tool is in the process of being tested and will be released in early February. The new Executive Strategic Summary will include the overall key findings from this year's survey in addition to some comparable external benchmarks. A customizable power-point presentation template will also be provided to participating organizations, which can be easily tailored for internal strategic planning meetings.</p> <p>Key overall survey findings were presented to the Strategic HR Provincial Leadership Council meeting on February 4, for discussion and strategic planning purposes.</p> <p>Salary Survey Advisory Committee. The Committee's first meeting for 2016 took place on February 5 to plan for the upcoming surveys, including a review of survey questions and the addition of new job classes. The Committee also discussed adding additional data validation checks to the online tool and the implementation of supplementary reporting capabilities for survey results.</p> <p>Leading Practices in Health Care Recruitment: Interview Simulation Circuit. In December, the HHRL division launched a new user guide for members that illustrates the use of an Interview Simulation Circuit (ISC) as a leading HR recruitment strategy. <i>Leading Practices in Health Care Recruitment: Interview Simulation Circuit</i> was developed to support organizations in recruiting candidates who are both skilled and a good fit for their organization and culture by obtaining an aggregate score of a candidate's non-cognitive competencies through the ISC method's short, independent assessments, conducted in a timed circuit. The guide</p>

Priority Area	Update
	<p>is intended for organizations wanting to build a culture of collaboration and engage patients and families in a creative approach to recruitment.</p> <p>Workplace Safety and Insurance Board Rate Framework Modernization Project. At the December 1 consultation with stakeholders, the WSIB provided an update on the Rate Framework Modernization, including changes to the proposed model. The OHA is pleased that a number of its recommendations were included in the update, with an understanding that many of the specific proposals would be developed in consultation with all stakeholders before finalization. The OHA will continue to engage with the WSIB throughout 2016, as the new model is finalized for approval by the WSIB Board, and during 2017 as consultations on legislative and policy changes occur.</p> <p>Provincial Infectious Disease Response Framework and Ebola Preparedness. At the December meeting of the OHA Safety Group, representatives of the MOHLTC Emergency Management Branch (EMB) joined OHA member hospital health and safety representatives in a session discussing Ontario's response to Ebola. Topics discussed included successes, barriers, and opportunities for improvements identified by members at both the organizational and system level. Following this meeting, the OHA submitted a summary of the discussion to the MOHLTC EMB, for its consideration. This input supports the OHA's work to encourage the development of a more permanent, sustainable and appropriately funded Provincial framework for responding to infectious disease threats. The OHA continues to engage with the MOHLTC in this area.</p> <p><u>Ancillary activities:</u></p> <p>Health and Safety Advisory Committee. The Health and Safety Advisory Committee (HSAC) met in early December, to discuss areas impacting member hospitals that relate to worker health, safety, emergency preparedness and workers' compensation. At this meeting, Joanna Noonan, Manager, Occupational Health, Safety, and Wellness at Kingston General Hospital was elected Vice-Chair of HSAC. The committee also agreed that a call for participation would be sent out in early 2016, to support additional representation from some OHA regions, where departures from the committee have created opportunities for participation.</p> <p>Safety Group. At the final meeting of the 2015 program year, members of the 2014 OHA Safety Group were presented with Certificates of Achievement by Elizabeth Witmer, WSIB Chairperson, for participation in the 2014 program. Ms. Witmer also spoke to the importance of the Safety Groups program and prevention activities in the workplace. At this meeting safety group members also discussed legislative updates and new safety initiatives at their hospitals, and collaborated during a group exercise that focussed on a hospital's response to a violent assailant within the hospital. Later in December, members of the 2015 OHA Safety Group submitted their year-end reports for review by the WSIB. The results of these submissions will contribute to the overall rebate received by participants.</p> <p>On February 3, the OHA launched the 2016 Safety Group program with a web conference and Introduction to Auditing course for participating hospitals. The number of participating hospitals in the 2016 OHA sponsored Safety Group has</p>

Priority Area	Update
	<p>increased by more than 20% from the 2015 year, showing continued support for this initiative by OHA members, in their efforts to eliminate workplace injuries and illnesses.</p> <p>Workplace Violence Prevention. As a follow up to the OHA Workplace Violence Prevention Summit held at the OHA on October 1, the OHA distributed the final report on outcomes from the summit to participants on December 18, and to OHA members in January 2016. A variety of stakeholder partners from across the healthcare system attended the summit, including Primary Care, Long term Care and Acute Care. Other system partners including unions, the MOHLTC, Ministry of Labour, Ontario Medical Association and the College of Physicians and Surgeons also participated. The event focused the identification of root causes of workplace violence in healthcare along with identifying and discussion of existing system, organizational and individual barriers to preventing these incidents from occurring.</p> <p>The OHA has been asked to present the findings contained within the report to the Leadership Table on Workplace Violence Prevention in Healthcare on February 4. Meetings of the four working groups under the Joint Ministry project for Workplace Violence Prevention in Healthcare began the week of January 18. The hospital sector is well represented, having more than twenty hospital representatives participating as members of the working groups. Some of the hospitals' representatives on these working groups include hospital CEOs, Chief Nursing Executives, Chief Human Resources Officers and Health and Safety professionals. The OHA will continue to support hospital representatives who are members of these committees throughout the duration of joint ministry multi-year project. Regular updates will be provided to member hospitals on the work of the four working groups.</p> <p>As part of its action plan coming out of the October 2015 summit, the OHA is offering several education opportunities (in-person and via webcast) focussing on the topic of workplace violence prevention and harassment.</p> <p>Planning will begin shortly for the OHA's 2016 Workplace Violence Prevention summit. The summit will take place in the fall of 2016.</p> <p>Health Care Worker Influenza Immunization. OHA continues to participate in the MOHLTC's technical advisory committee, most recently attending a meeting in late December. This working group will help inform the MOHLTC's position on Influenza Immunization and will continue working into early 2016. Outcomes of the work by this technical committee will then be brought to an executive steering committee, on which the OHA will also participate.</p>
Education Delivery Models	<p>Request for Proposal (RFP) for Lean Health Care Program Offerings. The purpose of this RFP is to retain the services of a consulting firm to assist OHA to develop and deliver a series of Lean health care offerings. These offerings will provide comprehensive Lean health care training for OHA's members from an introductory level up to an expert level. These offerings will commence 2017.</p>

B. SERVICES AND SUPPORTS TO IMPROVE MEMBER SATISFACTION

Priority Area	Update
HSFR/QBPs	HSFR. Efforts with the MOHLTC continue around HBAM and QBPs. Changes currently being developed in the funding methodology will have an effect on 2016/17 allocations.
System Integration	The Suicide Prevention Standard Task Force held a meeting on January 22. The Task Force is being Chaired by Dr. Ian Dawe, Physician in Chief, Ontario Shores Centre for Mental Health Sciences. At this meeting, Dr. James Sproule, Deputy Chief Coroner, Ministry of Community Safety and Correctional Services, attended for a discussion on how to improve the collection of data with respect to suicide deaths under hospitals care. An update was also provided on a recent discussion between OHA staff and Dan MacKay, Architect, Health Capital Branch and Gary Freedman, Manager, Capital Project Management Office, MOHLTC on the need for physical plant standards to reduce the risk of suicide within hospitals.
Green Health Care	Cap and Trade. In December the OHA submitted a letter to the Ministry of Environment and Climate Change presenting the OHA's position on the proposed Cap and Trade program. In the letter the OHA outlined the challenges of hospitals that would be required to participate in the credit trading market, advocating for hospitals to be permitted to opt-out of direct participation. In addition, the letter advocated for hospital access to some of the funding that would be generated for government from the Cap and Trade fees for investment in energy-saving hospital infrastructure.
OHA Benefit Plan	<p>Mental Health First Aid (MHFA). The OHA will be piloting MHFA as an exclusive value-add service in 2016. MHFA is the help provided to a person developing a mental health problem or experiencing a mental health crisis. This program will be piloted in participating Hospitals, and is offered in partnership with Desjardins. The goal of this program is to help managers and supervisors recognize and understand the symptoms of mental health problems, provide help to prevent the mental health problem from developing into a more serious state, promote the recovery of good mental health by accommodating employees in distress or recovering from a crisis, and increase productivity and reduce absenteeism.</p> <p>The Benefit Plans Advisory Committee (BPAC). The Committee will continue to meet quarterly in 2016, continuing to focus on overall plan experience as reported by Desjardins, with a particular focus on LTD incident rates, causes, reoccurrences and duration.</p>
eHealth	eHealth Technologies and Applications Registry Redesign. The eHealth Registry Redesign Steering Committee met in December to discuss the pilot strategy and identify pilot group participants to test the new survey tools and Business Intelligence (BI) tool. The eHealth Team plans to launch the pilot groups in March and rollout the new eHealth Registry to all members by the summer. Currently, the eHealth Team is focusing on adding the question sets to the new survey platform, conducting internal testing, and working with a vendor to develop the BI tool.

Priority Area	Update
	<p>The new generation of the eHealth Registry will provide members with:</p> <ul style="list-style-type: none"> • An expanded data collection tool that goes beyond inpatient care and captures ambulatory care data as well • Individualized hospital reports that include metrics which gauge the degree to which eHealth applications have been adopted across the organization • Financial and demographic information based on the current year's budget • An analytics tool that is equipped with a robust set of metrics and indicators which will facilitate meaningful information sharing and analysis. <p>HIS Strategy. The Hospital Information System (HIS) Renewal Panel, co-chaired by Murray Glendining (LHSC) and Donna Cripps (HNHB LHIN CEO), met in December to refine the framework for joint HIS procurements and implementations, assessing the short and long term goals, as well as challenges associated with their recommendations.</p> <p>It is anticipated that the eHealth Investment and Sustainment Board will review the Panel's recommendations in February and disseminate appropriate information shortly thereafter. The OHA will continue to monitor and disseminate information on this initiative as it becomes available.</p>
<p>Governance Centre of Excellence</p>	<p>The GCE delivered the webcast GCE Board Self-Assessment Tool – Presentation of Provincial Results Webcast on January 14. The provincial results featured the boards that participated in the 2015 survey process and highlights of those overall results were featured as well as stories from three participating organizations – Windsor Regional Hospital, Glengarry Memorial Hospital and Canadian Mental Health Association Waterloo Wellington Dufferin. The webcast also highlighted some of the new features of the 2016 self-assessment process.</p> <p>The GCE has partnered with CPSI to deliver the Effective Governance for Quality and Patient Safety Program (EGQPS) program in a hub-affiliate model approach and to be the exclusive provider of this program to hospital boards in Ontario. Commencing spring 2016, the GCE will be delivering approximately 3-4 sessions annually in Ontario with the opportunity to deliver this session to individual boards, upon request. In preparation for the launch of these sessions, the GCE and CPSI hosted a two-day session on January 13 and 14 to train a new roster of facilitators who will deliver the EGQPS program across the province.</p> <p>Community Engagement Imperative for Health Care Boards. Toronto– January 29. Richard Delaney, President of the Canadian Institute for Public Engagement, facilitated this workshop which helped participants understand and build skills in areas such as: benefits of community and stakeholder engagement in the Ontario health care setting; risks associated with community and stakeholder engagement; and, establishing or renewing policy and engagement frameworks in your organization.</p> <p>Professional Staff Credentialing: Key Issues and Responsibilities for Board Members - January 28, 2016. Featuring Kate Dewhirst, Partner, DDO Health Law, and Kate Crawford, Lawyer, Borden Ladner Gervais LLP, this webcast addressed key issues and responsibilities of board members for professional staff credentialing.</p>

Priority Area	Update
	<p>Topics included: review of legislation requirements; ways to ensure the board fulfills its due diligence; development of procedures and policies to support the annual reappointment process; and, how to develop effective relationships and build accountability among the key stakeholders in the credentialing process.</p>
Quality and Risk Management	<p>Patient Relations. OHA, along with a few hospitals, is representing the sector on an HQO committee mandated to develop reporting requirements and indicators to measure patient relations services offered by health system providers. This is in response to recent amendments to ECFAA that require hospitals to meet new regulations governing patient relations practices.</p> <p>Ontario College of Pharmacists (OCP) to Accredite Hospital Pharmacies. Recent amendments to the <i>Drugs and Pharmacy Regulations Act</i> give the OCP the authority to set standards, inspect, and accredit hospital pharmacies. In October, the OCP proposed amendments to their by-law outlining proposed fees and details on the public registry (first year \$6000 for application and issuance per site and ongoing \$5000 annually for renewal per site). Through a submission to the OCP and the Ministry, OHA was successful in securing a reduction of those fees to \$3500, but will continue to advocate for the adoption of a sustainable oversight model.</p> <p>Critical Incident Review and Disclosure: Balancing the Appropriate Use of QCIPA. Toronto - February 4. Chaired by Charlie Chan, Vice President Medial Affairs and Quality, UHN, this conference included an interactive discussion regarding the QCIPA legislative recommendations, case study outcomes and perspectives, and process review processes from an organizational and patient level. The goal of the program was to share information on how hospitals conduct quality of care reviews for critical and non-critical incidents, within or outside the QCIPA framework.</p>
Legislative/Legal Affairs	<p>Hospital Parking. On January 18, Dr. Eric Hoskins, Minister of Health and Long-Term Care, announced that the government will introduce a parking pass system for frequent patients and their families at some Ontario hospitals. This flows from a campaign commitment made during the 2014 Provincial Election.</p> <p>While the MOHLTC's framework is substantially different from the options originally proposed by the government, it also differs substantially from the OHA's Draft Guideline on Parking Rates and guidance the OHA provided to the Ministry over the course of the last two years. The MOHLTC's framework, enacted through a legislated Directive, will come into effect on October 1, 2016.</p> <p>In a number of media statements and engagements, the OHA has stressed the importance of maintaining hospital revenues and indicating the extreme challenge that this proposal may pose for the field, in the absence of transitional funding being provided to hospitals in the provincial budget.</p> <p>Surrogacy Guidance Document. The OHA launched a guidance document to help hospitals manage surrogacy pregnancies and births, which is now available in the OHA Knowledge Centre. This resource addresses the legal, clinical, and operational issues arising in this context and is intended to assist hospitals in developing internal best practices and policies to guide decision-making. It was also featured at the OHA</p>

Priority Area	Update
	<p>Conference on Risk in Obstetrical Care in November 2015.</p> <p>Registered Nurse Prescribing. The Health Professions Regulatory Advisory Council (HPRAC) conducted a stakeholder consultation regarding the issue of RN prescribing. The OHA consulted with the broad membership, including targeted consultation with each of the Provincial Leadership Councils. Based on member input, the OHA developed a submission highlighting its support for enhancing patient access to care, optimizing scopes of practice and promoting inter-professional care, but also emphasizing the importance of minimizing risk of harm to patients.</p> <p>Physician-Assisted Dying. The decision of the Supreme Court of Canada in <i>Carter v. Canada (Attorney General)</i> is currently set to come into effect on June 4, 2016. This effective date follows a recent decision by the Supreme Court to extend the implementation deadline by four months (from February 4, 2016).</p> <p>In January 2016, the OHA also provided a submission to the College of Physicians and Surgeons of Ontario (CPSO) on its Interim Guidance Document on Physician-Assisted Death. The submission was developed in consultation with members, leadership councils, and the OHA Advisory Group on Physician-Assisted Death. In addition, the OHA hosted a webcast on physician-assisted dying, which featured OHA members, along with representatives from the Ministry of Health and Long Term Care and the CPSO. The OHA is also preparing a Frequently Asked Questions resource to assist members as they prepare for the legal availability of physician-assisted dying.</p> <p>Health Information Privacy Developments. The OHA continues to engage in a broader strategy for member education and resource development on health information privacy issues. It has convened a member working group to inform the development of proposed education resources, which may include online training modules, certificate programs, webcasts, and various backgrounders, tools, templates and checklists. The working group has identified the need for resources that will raise awareness about the compliance-related risks in the current health information privacy environment.</p> <p>OHA staff also held meetings with the Office of the Information and Privacy Commissioner, focused both on educational initiatives, and on current regulatory and legislative issues (including developments related to Bill 119, <i>Health Information Protection Act</i>). In the latter meeting, OHA members presented their perspectives on some of the ongoing and emerging issues related to health information privacy protection in the hospital setting.</p> <p>Smoking Ban on Hospital Grounds. On January 1, 2016, regulations that ban smoking on hospital grounds came into force. The regulations permit temporary designated smoking areas until January 1, 2018 after which time hospitals would be required to be 100% smoke free on their grounds. A number of challenging interpretation and implementation questions have arisen in the context of the new regulations. OHA staff is continuing to raise and address these questions with the Ministry in an effort to seek additional clarification on these issues for members.</p>

Priority Area	Update
	The OHA will be hosting a webcast on February 4 on the new regulations. The Ministry of Health and Long-Term Care is participating to discuss the new requirements and two hospitals will be highlighting some best practices they used to go smoke-free. There is likely an opportunity for additional educational programming to help hospitals to transition to being fully smoke-free by 2018.

C. CORE AND ONGOING CORPORATE ACTIVITIES

Priority Area	Update
Stakeholder and Member Engagement	<p>2016 Member Satisfaction Survey. The OHA released its annual Member Satisfaction Survey on January 21. Feedback from the survey is vital to helping staff understand and track the organization's progress in meeting member needs. The survey link was sent to hospital CEOs and Board Chairs in an email which included a link to the 2015 Report to Members video.</p> <p>Provincial Leadership Councils. Provincial Leadership Councils provide advice to OHA on issues of common concern to their members and sectors. Periodically, their activities are reported to the Board.</p> <p>Physician Provincial Leadership Council Meeting. The OHA's Physician Provincial Leadership Council held its first meeting of the year on January 27. Highlights of the meeting included an environmental scan of the political, legislative and economic landscape, a presentation from the Ontario College of Family Physicians followed by a dialogue about potential opportunities to collaborate. Council members were also consulted on the recent Patients First: A Proposal to Strengthen Patient-Centered Care in Ontario discussion paper to identify areas of concern and inform the OHA's work in this area in the time ahead.</p> <p>The Small, Rural and Northern Provincial leadership Council (SRN Council) met on January 19. Agenda items discussed included:</p> <ul style="list-style-type: none"> • Rural Health Hubs. OHA staff and Council members provided a status update • Integrated Quality Improvement Plans. Lee Fairclough, Vice-President, Quality Improvement, Health Quality Ontario, presented on the integrated Quality Improvement Plans and the increased requirements of patient engagement in development of plans • Pre-Budget Advocacy. Shabnum Durrani discussed OHA's pre-budget advocacy and advocacy for small hospitals such as the Transformation Fund and 1% increase to base funding • Government's White Paper. Lou Reidel solicited feedback from members on the MOHLTC White Paper "Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario" to inform the OHA's official response to MOHLTC • Health System Funding Reform (HSFR). Lou Reidel provided an update on HSFR and the plan to develop a small hospital funding formula

Priority Area	Update
	<p>The Medium Size Hospital Provincial Leadership Council met on January 14 and agenda items discussed included:</p> <ul style="list-style-type: none"> • Quality Based Procedures (QBPs) Health Based Allocation Models (HBAM) Thresholds. Andy Geer, OHA Funding and Performance Consultant, presented his analysis with respect to QBPs/HBAM thresholds on medium sized hospitals funding • Pre-Budget Advocacy. Shabnum Durrani, Director, Public Affairs and Member Communications, provided an update on the OHA's Pre-Budget Advocacy work • Government's White Paper. Lou Reidel solicited feedback from Council members on the MOHLTC White Paper "Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario" to inform the OHA's official response • Also of note, the <i>Transfer of Accountability Task Force</i>, which reports to the Medium Size Hospital Council, held their first meeting on January 25. The Task Force is chaired by Guy Chartrand, CEO of Collingwood General and Marine Hospital, and had 17 members in attendance, as well as representatives from HIROC, EMS and the MOHLTC.