



BOARD OF DIRECTORS - OPEN MEETING

Date: Thursday, March 03, 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 | Thomson | Decision | Draft agenda | | | | | |
| | | 1.2 | Approval of Previous Minutes: Jan 26 & Feb 9, 2016 | Thomson | Decision | Draft minutes | | | | | |
| 2. | CEO UI | PDATE | | | | | | | | | |
| 1605 | 5 min | 2.1 | CEO Report Highlights & External Environment Update | Flett | Discuss | Written Report | | | | | |
| 3. | INTEGR | INTEGRATED BUSINESS | | | | | | | | | |
| 1610 | 30 min | 3.1 | KGH Strategy: Q3 Reporting | Flett & Committee Chairs | Discuss | Briefing Note, Strategy Index & draft publication / presentation @ mtg | | | | | |
| | | 3.2 | Integrated Annual Corporate Plan 2016-17 Update & Refreshing our Strategy for <i>Outstanding Care, Always</i> Debrief of February 10 Planning Session Next Steps | Carson / Flett | Discuss | Briefing Note & Presentation slide deck to follow | | | | | |
| 4. | PATIENT CARE & PEOPLE COMMITTEE | | | | | | | | | | |
| 1640 | 5 min | 4.1 | Professional Practice Infrastructure | Kelly | Discuss | Briefing Note | | | | | |
| 5. | MEDICA | MEDICAL ADVISORY COMMITTEE | | | | | | | | | |
| 1645 | 5 min | 5.1 | COS Report – February MAC Meeting | Zelt | Discuss | Written Report | | | | | |
| 6. | FINANCE & AUDIT COMMITTEE | | | | | | | | | | |
| _ | 0.01/55 | | | | | | | | | | |
| 7. | GOVER | RNANCE | COMMITTEE | | | | | | | | |
| 1650 | 30 min | 7.1 | SE LHIN Sustainability – Health Care Tomorrow Update G2G Session – February 24, 2016 Webinar SE LHIN Strategic Directions & Priorities – March 14, 2016 Session with DM Bob Bell | Carson/Thomson Flett | Inform | Briefing Note | | | | | |
| | | 7.2 | Accreditation – Governing Self Assessment | Thomson/ Crawford | Discuss | Briefing Note & presentation | | | | | |
| | | 7.3 | Board's Work Plan – Mid-Year Review | Thomson | Discuss | Briefing Note & Updated Work Plan | | | | | |
| | | | Critical Path 2016-17 Board Recruitment | Thomson | Discuss | Driofing Note | | | | | |
| | | 7.4 | Chilical Paul 2010-17 Board Recruitment | 11101115011 | DISCUSS | Briefing Note | | | | | |

| 8. | IN-CAN | IN-CAMERA SEGMENT | | | | | | | | | |
|------|--|-------------------|---|---------|----------|--------|--|--|--|--|--|
| 1720 | 5 min | 8.1 | Motion to Move In-Camera (agenda items #9-11) | Thomson | Decision | Verbal | | | | | |
| 12. | REPORT ON IN-CAMERA DECISIONS & TERMINATION | | | | | | | | | | |
| 1830 | 5 min | 12.1 | Motion to Report the Decisions Approved In-camera | Thomson | Inform | Verbal | | | | | |
| | | 12.2 | Date of Next Meeting & Termination | Thomson | Inform | Verbal | | | | | |
| 13. | IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY | | | | | | | | | | |
| 14. | IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT | | | | | | | | | | |



Minutes

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.





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.





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.





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,





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.





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





- 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: February 18, 2016

Period Covered: February 3 to February 26, 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 February Board meeting. The report reflects items that are not necessarily being addressed by board and board committees.

Given that this is a Q3 reporting meeting there is a lot covered I will be elaborating on a few of these items at our upcoming board meeting and, as always, I am happy to take any questions on these or any other item.

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. Patients First Discussion Paper

There have been several opportunities for input on the Ministry's recently released discussion paper "Patients First". Susan Lounsbury and I had a chance to join MPP Kiwala for a session on February 18. 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.

The Patients First discussion paper focuses on a variety of topics including how to accomplish greater and more effective integration of community and hospital services, opportunities for improved access to primary care and how to ensure seamless links between primary care services and other providers. Our discussion focused on improvements to accessible home and community care as well as building stronger links between population and public health services. The Ontario Hospital Association (OHA) held a webcast for members and shared the attached copy of proposed key messages in support of Ontario's health system reconfiguration. The SE LHIN held a similar session on February 23 at the Days Inn.

3. KGH Patient Flow Update

As reported to the Board in February, the SE LHIN provided KGH with a Priority A1 designation from February 1 to 14, 2016 in order to allow us to give KGH ALC patients greater priority access to available beds than is normally available, second only to crisis patients in the community that require placement. By doing so, this allowed KGH to create additional capacity for patients who require acute tertiary care. At the time of preparing this report (Feb 24), KGH's ALC population have moved from 80 patients to approximately 60 patients. The management team continues daily monitoring and is working closely with our partners to ensure that patients are receiving the most appropriate care in organizations that are best suited to provide that care and support.





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4. Accreditation – Mock Tracers

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.

The Mock 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 attached schedule shows the dates and the tentative tracer areas. There will be a training session for the surveyors led by Silvie Crawford on March 16th.

It would be mutually beneficial to the Board and KGH staff to have board members to participate along with senior leaders in the Mock Tracer. Board members would be able to get firsthand view of the point of care while providing an additional element of authority to the survey team.

5. Queen's Undergraduate Medical Education Program (UGME) Accreditation was a Success I am pleased to report that the Queen's UGME program achieved a full eight year Accreditation with no further reviews until 2023. KGH/HDH Medical Director, Chris Gillies, has prepared a report on the outcomes from the recent visit which is appended to my report.

6. KGH Staff & Physician Engagement Results

The executive team has received a high level overview of the results from the National Research Corporation Canada (NRCC) regarding the surveys completed by staff and physicians back in December. We will now start the process of analyzing the results in more detail and start to prepare the presentation for an upcoming Patient Care and People Committee.

7. University Hospitals Kingston Foundation

Silvie Crawford recently attended the UHKF Board meeting on my behalf and I am pleased to report that the UHKF board approved the transfer of \$2,783,683.44 in support of the Centre for Patient-Oriented Research. We shared with the Board the recent visit by MOHLTC Capital Branch and provided an update on the work and activities to support KGH's Strategy Refresh.

8. 2016 Canada Research Chairs

Earlier this month, Queen's announced a new Canada Research Chair - Mark Ormiston (Biomedical and Molecular Sciences, Medicine and Surgery) – The CHIR Tier 2 Canada Research Chair in Regenerative Cardiovascular Medicine, Dr. Ormiston studies cell-based therapies and cardiovascular immunology – the impact of immune cells on cardiovascular diseases. His research centers mostly on Pulmonary Arterial Hypertension. Taking elements of cardiovascular science, immunology and stem cell biology, he hopes to create new therapies and gain a greater understanding of disease processes.





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9. Provincial Budget

The Ontario budget was released on Thursday, February 25. Attached to my report is a brief statement from the Ontario Hospital Association (hospital member webcast was held on Friday, February 26 and we will brief members at our March 3 Board meeting. CAHO has also produced an overview which is also attached.

10. Legislative Reporting Checklist Updated

Last year we provided the attached checklist which provides members with a summary of the major legislation and regulations reporting requirements affecting the hospital sector. It also gives you an overview of more generally applicable legislation that may affect hospital operations and governance.

11. Council of Academic Hospitals of Ontario (CAHO) – Breakfast at Queen's Park Event
On Wednesday, March 2, I will be attending CAHO's "Advancing Health Research Breakfast" in Toronto – part of
CAHO's "Healthier, Wealthier, Smarter campaign (http://healthierwealthiersmarter.ca/) A number of
researchers, including Dr. Elaine Petrof who will be joining Roger Deeley and I at the breakfast, will be in
attendance to showcase their research with MPPs. The breakfast will be held in the main legislative dining room
and we have extended a personal invitation to MPP Kiwala to join us at the event.

The Council of Academic Hospitals of Ontario (www.caho-hospitals.com) is comprised of 24 member hospitals who invest \$1.4 billion in research and development in Ontario and employ over 16,400 researchers and staff. This investment stimulates \$3.8 billion in economic output and supports 41,000 total jobs across Ontario.

12. Ontario Hospital Association's – "healthscape" – www.healthscape.ca

As a reminder, a number of great articles appear in the OHA's publication *healthscape* and I would encourage new board members to sign-up to receive regular updates on health stories and educational opportunities. In the February 11 edition, Hamilton Health Sciences Centre CEO Rob MacIssac shares the role HHSC will play in healthcare delivery.

Health Quality Ontario (HQO) – Quality Improvement Report / Hospital Sector

In April 2015, more than 140 hospitals submitted their annual Quality Improvement Plans to HQO. An analysis of these submissions has been completed and HQO is sharing the information in their recently released "Insights into Quality Improvement" located here. Overall, the 2015/16 QIPs showed that hospitals are improving, but there is more work to be done. Hospitals are expanding their improvement strategies to capture information about patients' experiences, and are working hard to build relationships with system partners. The most commonly cited cross-sector collaboration was Health Links which focus on providing appropriate, coordinated care to patients with complex needs in the community.

14. Providence Care Founders' Dinner

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





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15. 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. The following dates have been identified: March 11, 18, April 1, 8, 22 and 29 from 9:00 to 10:30 am. Total numbers on each tour is 10. Please let my office know by connecting with Mary Pope: popem@kgh.kari.net.

16. 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". Further details will follow regarding ticket price and how to purchase.

17. Padre Laverty Awards Dinner

Inaugurated in 1967 as the Kingston Award, the Padre Laverty Award is presented by the Kingston Branch of the Queen's University Alumni Association to a degree recipient, usually a resident of the Kingston area, for outstanding service to Queen's University or jointly to the Queen's and Kingston communities. In 1991, it was renamed to commemorate the long and distinguished service of the first University Chaplain, Padre A. Marshall Laverty. This award is presented annually at the Padre Laverty Award dinner hosted by the Kingston Branch of the QUAA. Congratulations to the 2016 Padre Laverty 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. Information regarding registration for the award reception and dinner will be available soon.

Q3 Media Report

Attached to my report is the quarterly media report providing members with top media highlights in Q3.

I would be more than pleased to respond to questions from my report at our March 3 meeting.

Jim Flett Interim President and Chief Executive Officer Att.