

## 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"> <li>Strategy Performance Index 2016-17</li> <li>Quality Improvement Plan 2016-17</li> <li>Fiscal 2017 Operating/Capital Budget</li> </ul>	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 29, 2016

A meeting of the Board of Directors of Kingston General Hospital was held on Thursday, March 29, 2016 in the Fenwick Conference Room of Kingston General Hospital from 16:00 to 17:45 hours. The following are the open minutes.

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

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

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

Regrets: Kishore Thain.

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

### 1.0 CALL TO ORDER & CONFIRMATION OF QUORUM

The 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 Thursday, May 5, 2016 at 16:00 hours in the Fenwick Conference Room.

Tickets are available, through the UHKF website, to attend this year's Hotel Dieu Hospital Leadership breakfast slated for May 19 with guest speaker Neil Pasricha, author of *The Book of Awesome*. Queen's Alumni Kingston Breakfast Padre Lavery and Jim Bennett Achievement Awards will be held on Thursday, May 26. Further details will follow from the CEO's office in terms of location, timing and ticket price.

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

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

Moved by Geoff Quirt, seconded by Axel Thesberg:

THAT the agenda be approved as circulated.

CARRIED

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### 1.2 Approval of Previous Minutes: March 3, 2016

The Chair drew attention to the pre-circulated March 3 draft minutes. It was noted that the Chair of the March 3 meeting was George Thomson.

Moved by Glenn Vollebregt, seconded by Richard Reznick:

THAT the open minutes of the KGH Board of Directors meeting held on March 3, 2016 be approved as amended.

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. The report focused on the following areas: the recent SE LHIN meeting with Dr. Bob Bell; KGH's Phase 2 redevelopment updates and Dr. Bell's tour of KGH and Hotel Dieu Hospital; federal budget highlights; provincial health system funding reform; staff and physician engagement results; Hospital Information System Renewal work at the provincial level; a written update from the OHA CEO and Board Chair outlining key issues was provided; Health Quality Ontario (HQP) updated on the emergency department return visit quality program; legislative updates on a number of Bills was provided; and an invitation for Board members to attend one of the upcoming Providence Care tours and UHKF winemakers event were highlighted.

Discussion focused on Phase 2 requirements and whether the government has requested additional information following Dr. Bell's visit. Jim Flett indicated that further announcements may be made in May or June of this year. In terms of the SE LHIN meeting, Dr. Bell stated that the government is aiming for a January 1, 2017 implementation date on a number of recommendations contained in the Patients' First Action Plan. In terms of changes to the LHIN accountabilities and the overall health care/community care structures, April 1, 2017 has been identified as a key date.

### 3.0 INTEGRATED BUSINESS

#### 3.1 Integrated Annual Corporate Plan 2016-17

- Strategy Performance Index 2016-17
- Quality Improvement Plan 2016-17
- Fiscal 2017 Operating/Capital Budgets

At the March 3 Board meeting, members received an updated draft of the Integrated Annual Corporate Plan 2016-17 (IACP) 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

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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.

Jim Flett confirmed that the draft IACP, Strategy Performance Index, and Quality Improvement Plan has now been reviewed by each of the Board committees with only minor changes identified. The Board previously endorsed the operating and capital budgets at the special January 26, 2016 meeting. David Zelt noted that, with approval of the IACP, the Quality Improvement Plan will be posted on April 1<sup>st</sup> on the Ministry website.

Moved by Peng Sang Cau, seconded by Glenn Vollebregt:

WHEREAS the KGH Board of Directors endorsed the approach to the KGH Integrated Annual Corporate Plan for Fiscal 2017 at their meeting held on March 3, 2016; and

WHEREAS the KGH Board of Directors endorsed the approach to the Fiscal 2017 internal operating budget/balanced position and the proposed Fiscal 2017 capital budget at their meeting held on January 26, 2016; and

WHEREAS the Patient Care and People Committee recommends endorsement of the Quality Improvement Plan for Fiscal 2017, the KGH Board of Directors has reviewed and approves the QIP for submission on April 1st;

WHEREAS the KGH Board Committees have now reviewed and discussed the Integrated Annual Corporate Plan targets, indicators and performance corridors, and the related board committee assignment for review of the performance against these targets at their March Committee meetings, the KGH Board of Directors approves the Strategy Performance Index for Fiscal 2017; and

BE IT THEREFORE RESOLVED that the KGH Board of Directors approves the 2016-17 Integrated Annual Corporate Plan as presented at the March 29, 2016 Board meeting so that management can continue with more detailed tactic planning to guide the focus of our work to achieve the 2016-17 targets.

CARRIED

### 4.0 PATIENT CARE & PEOPLE COMMITTEE

#### 4.1 Patient- and Family-Centred Care

The annual report provided the Board with an overview KGH's core principles and structures that are in place to support patient- and family-centred care as well as highlights of the KGH Patient and Family Advisory Council and the patient experience advisors work. The report included an overview of educational opportunities that have been provided to KGH staff, patient experience advisors, as well as information sharing

during KGH's staff and physician orientation sessions by the program. A listing of the organizations, hospitals, CCACs, that have approached KGH to learn more about our work was also included in the report. Speaking opportunities where Advisors, the CEO and staff were invited to deliver keynotes and share learning were highlighted. Examples of where Advisors partner with other departments within KGH was noted. For 2015-16, the quality improvement indicator is to achieve a 98% compliance rate for the five patient- and family-centred care standards that were put in place two years ago.

The Board discussed the final part of the agenda focusing on challenges and opportunities for the program, in particular, as it relates to ensuring ongoing funding. It will be important to ensure our activities align with others across the region. Jim Flett agreed to obtain the budget/funding available. The significant amount of volunteer hours to support the program was also noted. Ensuring that there are enough advisors for the significant amount of work that the organization is asking them to do is important to monitor.

## 5.2 Overview of Processes – Patient Confidentiality & Privacy

George Thomson, who chaired the last Patient Care and People Committee, drew attention to the slide deck presented at the recent committee meeting; a copy was provided to Board members as part of the agenda package. Generally laws are based on and follow 10 privacy principles: accountability, identifying purpose, consent, limiting collection, limiting use, disclosure and retention, accuracy, safeguards, openness, individual access, and challenging compliance. Hospital privacy is based on two primary Acts: *Freedom of Information and Protection Privacy Act* and the *Personal Health Information Protection Act*. External changes and influences on the privacy program were highlighted in the presentation and an overview of the recent case law challenges was included. Board members were briefed on KGH events for Fiscal 2014/15 to Q3 Fiscal 2015/16 results, i.e. access to personal health information infractions.

George Thomson highlighted the senior team's commitment to supporting protocols, reporting incidents to the privacy commissioner. Organizations are seeing increases in complaints as the general public gains an understanding of their rights under the law to access information and their rights for privacy. Troy Jones, Vice President and Chief Information Officer, added that several areas of the presentation are also reported to the Finance and Audit Committee in terms of risk and cyber threats. Donna Janiec, Chair of the Finance and Audit Committee, noted that the committee discusses breaches noting that they are proactively dealt with by management. In the past year there have been five disciplines and two terminations due to breaches.

Based on the presentation delivered at the meeting, George Thomson highlighted the fact that the privacy office/program at KGH is working well.

## 5.0 MEDICAL ADVISORY COMMITTEE

### 5.1 COS Report – March MAC Meeting

The written report prepared by David Zelt was pre-circulated with the agenda package. David Zelt noted that the main discussion items at the last meeting focused on the integrated annual corporate plan, quality improvement plan, and the physician engagement survey results.

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### 6.0 FINANCE & AUDIT COMMITTEE

#### 6.1 2016-17 Hospital Services Accountability Agreement (H-SAA)

In 2008, KGH and the SE LHIN entered into a hospital service accountability agreement. Donna Janiec explained that the agreement has been extended each year since that time through approval of an amending agreement. In this instance, the LHIN is requesting a three-month extension to the current agreement, to March 31, 2016. This will permit the SE LHIN to continue to work toward a new multi-year agreement.

All financial terms and patient activity volumes reflected in the agreement align with the Fiscal 2017 operating and capital budgets that were submitted following the Board's approval at the January 2016 meeting of the hospital annual planning submission (HAPs).

Moved by Donna Janiec, seconded Peng Sang Cau:

THAT the KGH Board of Directors approves the 2008-16 H-SAA Amending Agreement.

CARRIED

### 7.0 GOVERNANCE COMMITTEE

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

A verbal update was provided at the March 29, 2016 board meeting. Jim Flett reported that half day retreat has been planned for March 30 to receive the next updates on the various projects that are underway to support Health Care Tomorrow. Senior leaders will review the various timelines and deliverables leading up to the June Board recommendations; adjustments are expected and, at this point, identification of the teams that are ready to bring forward business plans in June will be confirmed. David Zelt reported that work continues on a clinical plan. A governance-to-governance session will be held in early May to brief boards on these activities. All board members will be invited to attend the June 9 in person governance session. Final recommendations will be brought forward to the June 13 board meeting. It is anticipated that timelines will be tight to prepare the final business plans for delivery. There was consensus among board members that, if required, a special board meeting would be scheduled to allow for sufficient review and discussion of the various options. If available, time should be allocated on the May board agenda to brief the Board on the projects that will be coming forward in June.

#### 7.2 Accreditation – Governing Self Assessment

George Thomson, Chair of the Governance Committee, reminded members of the mock tracer that is scheduled for Wednesday, May 4 at 8:00 hours in the Fenwick Conference Room. At this point, 12 board members have signed up for the session. Several areas were identified at the last board meeting requiring further discussion and two education sessions have been identified on the 2016-17 master board and committee schedule prior to the regular August and September Board meetings. The tentative schedule shows the governing interview being held on Monday, October 18 at 08:00 – 10:00 hours.

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### 7.3 2016-17 Master Board & Committee Meeting Schedule

George Thomson, Chair of the Governance Committee, drew attention to the 2016-17 board schedule. Based on the same approach as last year, the briefing note highlighted the modifications that will be needed for the year ahead.

The Governance Committee has also started working on the board committee compositions for next year. Further discussion is needed at the April committee meeting in order to finalize the changes necessary to the compositions. George Thomson confirmed that he would be in touch with members next months to discuss committee assignments.

Moved by Geoff Quirt, seconded by Axel Thesberg:

THAT the 2016-17 meeting schedule is approved.

CARRIED

### 7.4 2016-17 Critical Path for Board Recruitment

The Governance Committee has reviewed the skill set requirements (human resources, information technology with a clinical based, and strategic management). As of today's meeting, no applications have been received. The deadline for applications is April 6 and interviews are slated for April 26. The Chair asked that further discussion take place during the in-camera segment.

Richard Reznick departed the meeting at 17:05 hours.

### 9.0 IN-CAMERA SEGMENT

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

Moved by Axel Thesberg, seconded by Bill Robertson:

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

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The Chair reported on the following in-camera decision/discussion items: the board approved the in-camera minutes of the March 3 Board meeting; the board received the final February minutes from the Patient Care and People, Finance and Audit, and Governance Committees; the board approved a number of medical staff appointments and reappointments and housestaff appointments; the board approved the reappointment of Dr. Annette McCallum as Head of the Department of Diagnostic Radiology; the board was briefed on public sector salary disclosure reporting requirements; and the board was briefed by the interim CEO on the recommendation of a replacement in case of sudden vacancy in the CEO position.

### 12.2 Date of Next Meeting & Termination

The Chair confirmed that the date of the next meeting is: Thursday, May 5, 2016 at 16:00 hours.

The meeting terminated at 17:45 hours on motion by Geoff Quirt.

### 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.

Scott Carson  
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 many 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. We are in the process of finalizing the tracer schedule. 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.

Another key date for your schedules is Monday, October 17, 2016 at 16:00 hours when the Accreditation Canada surveyors will interview the Board.

### 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 responded to questions from the audience; and participants were also 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. The video content is very similar to the messages that Dr. Bell provided on March 14th.

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The Ministry of Health and Long-term Care has just released its [Patients First: Action Plan Progress Report](#). Since introducing the Action Plan for Health Care in February 2015, results have included:

**Improving access:** making [hospital parking more affordable](#) by freezing rates for three years and requiring hospitals that charge more than \$10 a day to provide discounted parking passes. Supporting more than 5,000 Ontarians per year who are trying to start or expand a family, by funding [in vitro fertilization procedures](#).

**Connecting services:** increasing the government's investment in [home and community care](#) by five per cent annually - an increase of \$750 million over three years. Providing funding for up to [75 new attending nurse practitioners](#) in long-term care homes over three years. Nurse practitioners work as part of a care team to strengthen services for patients. Released [Patients First: A Roadmap to Strengthen Home and Community Care](#), the government's plan to transform the home and community care sector to enable more patients to receive high-quality care at home and in the community.

**Informing people and patients:** banning the sale of flavoured tobacco products, raising the maximum fines for those who sell tobacco to youth and [banning the sale of e-cigarettes](#) to anyone under the age of 19. Launching the [Healthy Kids Community Challenge](#) across the province to encourage kids to be healthy and active.

**Protecting patients and the health care system:** selecting [Ontario's first-ever Patient Ombudsman](#) after an online consultation in which nearly 1,000 Ontarians identified the skills, experience and personality traits that the Patient Ombudsman should have. Christine Elliott was announced in this role December 2015. Funding a [nasal spray flu vaccine](#) to better protect children and youth against the flu. Introducing the [Health Information Protection Act](#), to protect the personal health information of patients by strengthening reporting requirements for privacy breaches and doubling fines for offences. Improving the patient experience is part of the government's plan to build a better Ontario through its *Patients First: Action Plan for Health Care*, which is providing patients with faster access to the right care, better home and community care, the information they need to stay healthy and a health care system that's sustainable for generations to come.

### 3. Phase 2 Redevelopment Updates

**Tour with Dr. Bob Bell** – following the above noted LHIN session, the Deputy then joined Silvie Crawford, Allan McLuskie, Director Facilities Management, Dr. David Pichora and I on a 90-minute tour of KGH which focused on the emergency department, operating rooms, neonatal intensive care unit, and some areas of the labs. During the visit, Dr. Bell noted that KGH is one of many hospitals in the Province with similar deficiencies; he did, however, recognize KGH's unique situation being the only centre providing complex and specialty care between 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 has also been 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 Mark Gerretsen to continue a dialogue with the MP's office on our needs to Phase 2 redevelopment.

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**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. We will be following up with Denise Cummings to support this effort.

#### **4. Federal Budget – Overview Provided by Chris Simpson, CMA President**

Finance Minister Bill Morneau tabled the 2016-17 federal budget, *Growing the Middle Class*, yesterday in the House of Commons. As highly anticipated, the first budget presented by the new government proposes significant deficit spending, as first committed by Prime Minister Trudeau during the federal election campaign. The government projects a \$29.4 billion deficit in 2016-17.

Responding to the concerns conveyed by many small business stakeholders, notably the CMA and MD-MP Contact Program members, Budget 2016-17 recognizes the important contribution of small business, specially mentioning health care professionals, to create opportunities and strengthen communities. The government indicated it would defer its promised reduction to the small business tax rate. The budget does include other technical changes to tax measures pertaining to corporations, detailed further below. The CMA will maintain its prioritization of advocacy in support of the Canadian-Controlled Private Corporation (CCPC) framework.

The federal government has delayed major investment in the health sector. However, the budget reaffirms its commitment to move forward with a new Health Accord. I am confident from our advocacy and engagement activities on the Hill that many significant measures (including what we have been calling for – significant support for homecare, infrastructure money for LTC, support for informal caregivers, CHT reform and movement on pharmacare) will be specifically addressed in the context of the new Health Accord.

There are several noteworthy commitments related to health in this budget, however, including, support for PHAC for immunization and concussion management; as well as funding to several health-related organizations such as Canada Health Infoway, the Canadian Foundation for Healthcare Improvement and (very importantly for the academic community) a significant increase in annual support for CIHR.

In addition, there is significant investment in so-called social infrastructure – addressing the social determinants of health – around things like affordable housing, food security, and access to clean water and waste disposal; with a particular (and probably unprecedented) focus on First Nations' communities – some big dollars attached to this.

Overview of Key Relevant Budget Components:

#### **Key health-sector commitments, all funding commitments beginning in 2016-17:**

- A reaffirmed commitment to work in partnership with provinces and territories to negotiate a new multi-year Health Accord focused on: the affordability and accessibility of prescription drugs, improved access to home care and mental health services, and support for pan- Canadian innovation in the delivery of health services.
- \$25 million over five years to the Public Health Agency of Canada to improve immunization coverage rates (focus on vaccine hesitancy).

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- \$1.4 million over two years to allow the Public Health Agency of Canada to work toward harmonized concussion management guidelines across Canada.
- \$38.5 million over two years, on a cash basis to further strengthen and modernize Canada's food safety system.
- \$64.5 million over five years and \$13.8 million per year ongoing to expand Nutrition North Canada to support all northern isolated communities.

#### **Funding commitments beginning in 2016-17 to health-related organizations:**

- \$50 million over two years to Canada Health Infoway to support short-term digital health activities in e-prescribing and telehomecare.
- Ongoing funding for the Canadian Partnership Against Cancer at \$47.5 million per year.
- \$4 million over the next four years to the Canadian Men's Health Foundation to provide men with information about how they can improve their health.
- \$5 million over five years to the Heart and Stroke Foundation to support targeted research on women's heart health and to promote collaboration between research institutions.
- \$39 million over three years to the Canadian Foundation for Healthcare Improvement to support its ongoing efforts to identify and introduce innovations in the health care system.
- An increase of \$25 million annually for CIHR.

#### **Social and Economic Determinants of Health**

- Replacing the current child benefit system with the new Canada Child Benefit (includes sunsetting several "boutique" tax credits like the child fitness tax credit) – looks like this will put more money in the hands of low and middle class Canadians with children up to an annual income of approximately 200K but will eliminate universality.
- Restoring the age of eligibility for Old Age Security to 65 years (previous plan under the previous government was to increase this to 67 over several years).
- Initial social infrastructure investments totaling \$3.4 billion over five years to help expand affordable housing (including shelters for victims of violence), support early learning and child care, renew cultural and recreational infrastructure, and improve community health care facilities on reserve (this is important as the state of community health care facilities on many reserves is absolutely abysmal).
- \$3.5 billion over five years to support infrastructure in Indigenous communities, with a focus on housing needs and clean water.
- \$500 million in 2017–18 to support the establishment of a National Framework on Early Learning and Child Care. Of this amount, \$100 million would be for Indigenous child care and early learning on reserves.

#### **Corporate taxation measures**

- Recognition that "small businesses – from health care professionals to small manufacturers – provide important goods and services, create opportunities and strengthen communities across Canada."
- Commitment to defer further reductions in the small business taxation rate.
- Prevent business owners from multiplying access to the \$500,000 small business deduction using partnership and corporate structures.

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- Close loopholes that allow private corporations to use a life insurance policy to distribute amounts tax-free that would otherwise be taxable.
- Additional technical measures that are still under assessment by our in-house taxation experts.

## **5. 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. The Finance and Audit Committee received an update from J'Neene Coghlan at their March 21st meeting, and based on the information we have to date we are expecting that the adjustments will not have a negative impact on KGH. It is still not known how the adjustments will be implemented so the extent of any changes on Fiscal 2017 are still outstanding. The Ministry has indicated that adjustments will be known before the end of May.

## **6. 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.

Overall our results are disappointing, our engagement score appear unchanged from two years ago and we still remain significantly below the results of our peers. We did see a few areas of improvement but we also saw some slippage in other areas. As noted above, leaders are working with staff to help us better understand the results and staff in People Services are analyzing the data that has been provided. Through these initial discussions we have ensured that our Strategic Plan will be aligned with the work required to move this in a positive direction.

## **7. Hospital Information System Renewal Update**

The report of the HIS Renew Committee is expected to be released in the next month. Expectation is that it will reinforce the need for regional systems and recommend Ministry approval for any significant investment in HIS systems by hospitals. It also is expect to outline requirements for business plan development and LHIN approval of these investments.

## **8. 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.

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

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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](mailto:mmoore@oha.com).

#### **9. 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.

#### **10. 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/](http://www.uhkf.ca/events/)

#### **11. 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.

#### **12. 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](mailto:popem@kgh.kari.net) if you wish to join the tour.



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### 13. 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](http://www.uhkf.ca) – they are \$100.00 before May 1<sup>st</sup> and \$110.00 after May 1<sup>st</sup>.

### 14. 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.

### 15. 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 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 CO<sub>2</sub>e 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.

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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.