

BOARD OF DIRECTORS - OPEN MEETING

Date: Thursday, May 5, 2016
 Note Time: 16:00 – 19:00 hours
 Location: Fenwick Conference Room, Watkins 2

Start	Time	Item	Topic	Lead	Purpose	Attachment
1. CALL TO ORDER, CONFIRMATION OF QUORUM						
1600	10 min	1.1	Chair's Remarks	Carson	Decision	Verbal
		1.2	Approval of Open Consent Agenda	Carson	Decision	Briefing note
		a)	CEO Report & Highlights / External Environment	Information		
		b)	COS Report – April MAC Meeting	Information		
		c)	Trillium Gift of Life Update	Information		
		e)	2016-17 Board Recruitment Update	Information		
		f)	2016-17 Board Compositions	Decision		
		g)	2008-17 HSAA Amending Agreement	Decision		
		1.3	Approval of the Open Agenda	Carson	Decision	Draft agenda
		1.4	Approval of Previous Minutes: March 29, 2016	Carson	Decision	Draft minutes
2. CEO UPDATE (see Consent Agenda)						
1610	10 min	2.1	KGH Auxiliary – Annual Report Update	Raymond	Discuss	Written report
3. INTEGRATED BUSINESS						
1620	25 min	3.1	Hospital Support – New Integrated Kingston Health Research Institute	Thomson/Janiec Flett/Deeley	Decision	Briefing note, presentation deck, final report, Gov TOR partnership agreement considerations
4. PATIENT CARE & PEOPLE COMMITTEE						
1650	25 min	4.1	Report on Engagement	Kelly/Crawford Carlton/Zelt	Discuss	Briefing note
5. MEDICAL ADVISORY COMMITTEE (see Consent Agenda)						
6. FINANCE & AUDIT COMMITTEE (see Consent Agenda)						
7. GOVERNANCE COMMITTEE (see Consent Agenda)						
1715	50 min	7.1	SE LHIN Sustainability Update – Healthcare Tomorrow	Carson/Thomson	Discuss	Briefing note & dashboard – presentations @ mtg
			• Labs Business Case Presentation	Flett		
			• Information Technology Business Case Presentation	Jones		
8. IN-CAMERA SEGMENT						
1805	5 min	8.1	Motion to Move In-Camera (agenda items #9-11)	Carson	Decision	Verbal

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11.	REPORT ON IN-CAMERA DECISIONS & TERMINATION					
1850	5 min	11.1	Motion to Report the Decisions Approved In-camera	Carson	Inform	Verbal
		11.2	Date of Next Meeting & Termination	Carson	Inform	Verbal
12.	IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY					
13.	IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT					

BOARD OF DIRECTORS: OPEN MEETING OF MAY 5, 2016

A meeting of the Board of Directors of Kingston General Hospital was held on Thursday, May 5, 2016 in the Fenwick Conference Room of Kingston General Hospital from 16:00 to 18:50 hours. The following are the open minutes.

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

Ex-officio Members Present (voting): nil.

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

Regrets: Donna Janiec, Richard Reznick, Kishore Thain, George Thomson.

Administrative Staff: Rhonda Abson (Recording Secretary), Sandra Carlton, Brenda Carter, Roger Deeley, Veronica Harris-McAllister, Troy Jones.

1.0 CALL TO ORDER & CONFIRMATION OF QUORUM

1.1 Chair's Remarks

The Chair and called the meeting to order, confirmed quorum and confirmed that members joining by phone were able hear the proceedings. Regrets have been received from Donna Janiec, Richard Reznick, and Kishore Thain; Silvie Crawford will depart the meeting earlier in order to represent KGH at the Ongwanada Resource Centre's annual dinner. The date of the next regular board meeting is Monday, June 13, 2016 at 16:00 hours in the Fenwick Conference Room.

Board members welcomed Jenny Raymond, President of the KGH Auxiliary, to the meeting. Also attending the meeting Dr. Roger Deeley, Vice President Health Sciences Research and Veronica Harris-McAllister, Manager, Health Sciences Research.

The Chair thanked members who were in attendance at the governance tracer session and to all who participated in the SE LHIN governance-to-governance session held on May 4.

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 and tickets are available through Queen's Alumni Services. KGH is organizing tables for both events; please contact the CEO's office for further information.

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1.2 Approval of the Open Consent Agenda

The Chair reminded members that, if there is an item on the Consent Agenda that a member wishes to have further discussion on, it can be moved to the regular agenda. The following items were provided as part of the Consent Agenda:

- CEO Report & Highlights / External Environment
- COS Report – April MAC Meeting
- Trillium Gift of Life Update
- 2016-17 Board Recruitment Update
- 2016-17 Board Compositions
- 2008-17 HSAA Amending Agreement

Moved by Glenn Vollebregt, seconded by Axel Thesberg:

THAT the open consent agenda is approved including the following decision items:

THAT the 2016-17 Board Committee compositions as presented at the May 5, 2016 board meeting are approved; and

THAT the Board of Directors approves the 2008-17 Hospital Service Accountability Amending Agreement.

CARRIED

1.3 Approval of Open Agenda

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

Moved by Diane Kelly, seconded by Lynn Bowering:

THAT the agenda be approved as circulated.

CARRIED

1.4 Approval of Previous Minutes: March 29, 2016

The Chair drew attention to the pre-circulated March 29 draft minutes.

Moved by Bill Robertson, seconded by Lynn Bowering:

THAT the open minutes of the KGH Board of Directors meeting held on March 29, 2016 be approved as circulated.

CARRIED

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2.0 CEO UPDATE

2.1 KGH Auxiliary – Annual Report Update

The written report of the Auxiliary President was pre-circulated to members in advance of the meeting. Jenny Raymond reported that she will be completing her term as President in June 2016 and that Sandra Fletcher would be assuming the position at the annual general meeting.

While profits have been down in some areas, changes in The Café have resulted in increased revenues. A further announcement on this year's contribution by the Auxiliary to the hospital will be provided at the annual general meeting slated for June 13. In response to a question, the President noted that Tim Horton's has had an impact on overall coffee sales which are down approximately 30%.

An update on staffing in the Auxiliary was provided to the Board as well as the results from a recent market survey of comparable cafes in Kingston resulting in a need for changes to the wage grid for hourly paid employees as well as adjustments to vacation benefits. Other policies reviewed by the Auxiliary this year included the employee evaluation form and termination of employment. The annual Christmas Bazaar was well attended this year and raised more funds than in previous years. The Teddy Bear Campaign was a huge success raising in excess of \$34K which was due to a very generous donation from a local construction firm and greater involvement of high school students. The Auxiliary Staff Appreciation Tea was held on January 28 with over 200 staff in attendance. The Golf Tournament Committee made the difficult decision to end the annual tournament following the 2015 event; after fifteen years of great success, organizers were finding it more difficult to attract new sponsors.

The Board thanked Jenny Raymond for her report and confirmed the Board's ongoing support of the work of Auxiliary has accomplished this past year. Jenny Raymond departed the meeting at 16:30 hours.

3.0 INTEGRATED BUSINESS

3.1 Hospital Support – New Integrated Kingston Health Research

In advance of the meeting, committee members received a briefing note outlining the activities to-date since the last KGH Board update in the development of an operational plan aimed to provide the necessary detail to support a 'go/no go' decision by the academic partners (KGH, HDH, Providence Care and Queen's) for creating the new Integrated Research Institute. The briefing package included the March 31 final report by Ernst & Young LLP which provided committee members with an overview of the engagement strategy, value proposition, governance and operating model, contribution mechanism and operating budget, human capital assessment and asset transfer plan for the Integrated Research Institute.

Key elements from Phase II were highlighted in a slide deck presented by Dr. Deeley and focused on considerations to support the "Go", or "No Go" position. If the "Go" position is supported, work will start on the next phase of planning and include the formation of a new registered charity. Dr. Deeley noted that proposed timelines are only estimates and will be adjusted if necessary. Working groups were created to guide

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operational planning and, building on the 2010 Memorandum of Understanding, their work focused on value proposition opportunities through the creation of the integrated Research Institute. Briefings have taken place with hospital CEOs and all the Vice Principal's at Queen's.

Dr. Deeley briefed members on the increasingly complex research environment and the positive impacts the new entity would have on health research in Kingston – the value proposition. Based on the proposed structure, the entity would be the first of its kind that included both university and hospital research in a combined Research Institute. By bringing together the three academic hospitals in Kingston and the University, to think and function as one entity, will improve ongoing competitiveness. It will also provide greater exposure/opportunities to partner in fundraising between the Queen's and the University Hospitals Kingston Foundation.

The founding academic partners will still have a key role in the governance of the integrated Research Institute. Operating responsibility however will be transferred to the Board of Directors and roles will be outlined in an operating agreement. The main components of the operating agreement were discussed by the Board. A high level functional/organization chart was presented with the approximate annual costs. Discussion focused on the share cost expense percentages, the dispute resolution mechanism, ability to adjust overhead costs once the operating agreement is in place, the process to transfer assets, as well as who will own the intellectual property. Dr. Deeley confirmed that detailed intellectual property agreements are already in place and the operating agreement will also address this process.

Dr. Deeley confirmed that the Principal and Vice Principals have also been recently briefed and there is agreement to bring the recommendation forward at the Queen's Board of Trustees in December. Jim Flett noted that the KGH Board committees have been briefed and a copy of their minutes provided as part of the consent in-camera agenda.

Moved by Axel Thesberg, seconded by Peng Sang Cau:

THAT the KGH Board of Directors approves moving forward with the creation of the new Integrated Kingston Health Research Institute subject to unanimous support from all four academic partners.

CARRIED

Roger Deeley and Veronica Harris-McAllister departed the meeting at 17:00 hours.

4.0 PATIENT CARE & PEOPLE COMMITTEE

4.1 Report on Engagement

As required by the *Excellent Care for All Act 2010*, all hospitals are required to conduct some type of 'satisfaction' or 'engagement' survey with staff, physicians, and volunteers every two years. Surveys were conducted in 2013 and reported to the Board at that time. KGH selected the National Research Corporation (NRC) for both the physician and employee surveys in 2013 and 2015. Diane Kelly, Chair of the Patient Care

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and People Committee, reported that at the April Patient Care and People Committee meeting, members were briefed on the results from the Fall 2015 survey. The briefing package provided to the Board included the employee and physician engagement results; the psychological health theme results, the NRC high level presentation of KGH's overall results, Infographic, and the Deloitte 2016 Human Capital Trends Report.

Silvie Crawford highlighted the areas of focus from the 2013 results which focused mainly on building trust, demonstrating that the organization values employee work, enhance strategies to promote staff health and wellness, demonstrate that leadership recognizes good work, enhance opportunities for career development, improve senior management communication with staff regarding the goals of the organization, support ongoing training and education for staff, and demonstrate senior management's commitment to act on staff feedback. Based on these high level results, a corporate engagement plan was developed and focused on these key areas. In addition to the corporate plan, team level plans were also developed and embedded into leader performance agreements and individual performance plans.

Regarding the 2015 employee results, KGH experienced a high response rate with 2,173 people participating in the survey. While the response rate was high, overall corporate results in terms of engagement did not change. Specific areas of improvement that were aligned to activities in the corporate plan saw some improvement as follows: supervisor feedback on job performance and ability to access training; promotion of health and wellness; learning and training paid for by KGH, and a minor improvement in trust.

The response rate for the physician population remains on par with other peer academic hospitals and, in 2015, was significantly better than in 2013. Physician perception of the patient safety scores show that 7 out of 8 areas have increased since 2013. Approximately 70% of respondents felt that the organization encourages incident reporting and over 80% indicated that they are doing things to promote patient safety. Other areas of significant improvement saw the physician population confirming they had more time to get patients the information they required and an ability to support and involve family members when requested.

A survey should always be viewed as a 'moment in time'. It is important to note that timing of the survey roll-out coincided with a number of projects including the staff scheduling project, a new applicant tracking system, new internet web site launch, the contracting with Compass for management of environmental and transportation services, staffing shortages, impact of bed mapping, increased union activity, transitions at the senior leadership level, and the Health Care Tomorrow project.

Silvie Crawford noted that neutral responses remain a challenge and it will be important for leaders to work with their teams to try discover the underlying challenges that staff are facing and to provide support. Leaders continue to meet and discuss the results with staff and early indicators show that some staff are in a 'waiting to see' mode in terms of how things will unfold within the organization when there continues to be ongoing change.

Based on the 2015 results, three key themes were: 1) trust; 2) building a culture of appreciation; 3) education and training. The Integrated Annual Corporate Plan has incorporated a new target which includes and focuses on the people aspect of the strategy "The top three opportunities for improvement in engagement are addressed". A tactical planning process to support achievement of this target has already been launched.

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- 5.0 MEDICAL ADVISORY COMMITTEE (see Consent Agenda)
- 6.0 FINANCE & AUDIT COMMITTEE (see Consent Agenda)
- 7.0 GOVERNANCE COMMITTEE
- 7.1 SE LHIN Sustainability – Health Care Tomorrow
 - Labs Business Case Presentation
 - Information Technology Business Case Presentation

As part of the agenda package, Board members received the latest update on activities supporting the Health Care Tomorrow initiatives including a copy of the March 30 governance dashboard. A copy of the key messages providing an update on the hospital services project timelines were also distributed with the briefing package along with the April 25 draft of the communication plan and schedule for activities in May and June. Wave 1 projects include labs, information technology, and decision support. Wave 2 will focus on finance, human resource, facilities, diagnostic imaging and pharmacy. Work is underway on the clinical project; board members discussed some of the opportunities and challenges in preparing communities for these required changes.

Calendar reminders for Board members included the Governance to Governance (G2G) session now confirmed for June 9 from 16:30 to 18:30 hours in Kingston; location to be advised and registration will be required. In preparation for the recommendations at the June Board meeting, presentations are being prepared for labs, information technology and decision support services. We anticipated this information will be shared and discussed at the June 9 G2G session. Board members are encouraged to attend and, for those who are unable to due to prior commitments, a high level overview will be provided at the June 13 Board meeting. Jim Flett reported that the first drafts of the presentations would be delivered at an upcoming CEO and COS session to be held on May 24. Three physician town hall meetings are also being held in Kingston (proposed date is May 30); Belleville (proposed date is May 31); and Smiths Falls (proposed date is June 8).

In preparation for the upcoming discussions, Troy Jones presented an updated on the Information Technology initiative. The compelling reasons to supported much needed changes include improved patient experience, clinical quality, cost reductions through process improvements, and will enable a regional transformation as IF is foundational to other Health Care Tomorrow business cases. The presentation included an overview of a proposed functional model as well as human resource strategies. There are a number of deliverables in terms of change management requirements for the IT project and Troy Jones highlighted what will be required. Operational savings and required investments were noted.

Peng Sang Cau departed the meeting at 17:50 hours.

Discussion focused on the various phases of each Wave; some project deliverables will be fairly rapid while others will take more time to implement and, in some cases, may take years to complete. In the case of IT, it is not simply the introduction of new technology but also process retooling across multiple sites. It will be important to understand the budget support for the next phase of implementation so that the appropriate

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human and capital resources can be secured to support the project through the SE LHIN. Jim Flett noted that discussions are ongoing at the Ministry level to provide the necessary funding to support the project. Ensuring that performance management metrics/balanced scorecard is in place with the Shared Services Organization as well as ensuring excellent leadership will be important. In developing the business case for presentation to the Boards, there will need to be a risk analysis component.

Jim Flett then briefed the Board on the development of the business case to support laboratory services across the region. The presentation also focused on the reasons for change and, similar to the IT update, the regional service would allow for a more focused service approach for patients, improve patient experience through standardization, reduce the duplication of lab services, maintain and improve lab results turnaround times, increase IT connectivity between lab sites thus improving seamless transfer of information in support of patient care, as well as increasing the use of point of care testing, repatriate reference testing to the region where this is efficient and effective, and provide a foundation to support future regional clinical collaboration.

A new regional lab will provide a platform to build further capacity to add new services as well as creating additional flexibility to adapt new clinical services as they are developed. Jim Flett noted that KGH currently provides 75% of the regional volume. Partner hospitals in Kingston are already using KGH labs and additional services are used by Lennox & Addington County General Hospital and Perth/Smiths Falls and L&A. The Board was briefed on the current structure of the labs.

In a regional lab model, hospital corporations remain responsible and accountable for volume and scope of tests required based on siting of clinical services and funding. What will be changing in future is the Shared Services Organization will become responsible and accountable for performance of lab services having oversight responsibility of a number of key resources as outlined in service agreement terms. The presentation highlighted the key deliverables to support the functional model – first, to establish the leadership and governance structures and then to prioritize foundational requirements such as IT, capital, standardization, etc. Options for the leadership structure were presented and the Board reviewed labour strategy requirements highlighted.

Discussion focused on the clinical initiative and David Zelt confirmed that several small initiatives are currently underway in the areas of chronic obstructive pulmonary disease (COPD) and hip fractures. The clinical group elected to proceed with a focus on the Complex Frail Vulnerable patient populations and to develop a common regional patient journey in these two areas.

8.0 IN-CAMERA SEGMENT

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

Moved by Susan Lounsbury, seconded by Lynn Bowering:

THAT the Board move into an in-camera session.

CARRIED

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11.0 REPORT ON IN-CAMERA DECISIONS & TERMINATION

11.1 Motion to Report Decisions Approved In-Camera

Moved by Lynn Bowering, seconded by Diane Kelly:

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

CARRIED

The Chair reported on the following in-camera decision/discussion items: the board approved the in-camera minutes of the March 29 Board meeting; the board received the final March 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; and the Board was briefed on corporate matters with respect to HDH.

11.2 Date of Next Meeting & Termination

The Chair confirmed that the date of the next meeting is: Monday, June 13, 2016 at 16:00 hours.

The meeting terminated at 18:50 hours on motion by David O'Toole.

12.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY

A brief session was held.

13.0 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: April 26, 2016

Period Covered: March 24 to April 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 March 29 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.

2. Accreditation Update

Mock tracers continue and thanks to all board members who have participated so far. As a reminder, the tracer for Governance will be held on May 4 at 08:00 hours in the Fenwick Conference Room. Further information will follow in advance of the session.

3. KGH Leadership Development Event & Celebration

On Thursday, March 31, KGH leaders came together to celebrate our accomplishments this past year as well as spend time with Gregg Brown, who delivered an interactive keynote on the topic of Developing Leadership Resilience. Gregg has worked extensively in the health care sector, in urban, rural and remote settings prior to joining TidalShift. Thanks to staff in People Services and Organizational Effectiveness for organizing a great evening.

4. Disruption of Emergency Services at KGH

On Saturday, April 16, front line staff in the KGH Emergency Department (ED) noticed an unusual smell that did not dissipate. As a precaution and for the safety of patients and staff a decision was made to close sections A and part of section B of the ED and begin to move patients out of the affected areas. Emergency Medical Services (EMS) were notified and arrangements made to divert less urgent patients to Hotel Dieu Hospital. The Fire Department was also notified and arrived quickly to investigate the source of the odor. They agreed with our maintenance staff that the smell was from a localized water leak and did not pose a significant threat to patient and staff safety. The maintenance team was able to clear the smell and repair work was completed.

I want to take this opportunity to thank staff, community responders, and others who responded in a coordinated effort to ensure the safety of patients and staff while we investigated this issue.

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5. Bed Map

As reported last year, a new bed map was implemented approximately 14 months ago. The bed map is an important tool that aligns our inpatient beds to programs, services, and unit here at KGH. As a best practice, it is regularly reviewed and adjusted to ensure that KGH is meeting the current care needs of our patients and making the best use of our resources. After a recent review, program leaders began the work of redesigning and proposed a new and updated bed map in response to activity patterns. To help ensure that the right patients are received the right care in the right place by the right care provider, some beds are being reallocated so that more patients designated as alternative level of care (ALC) are grouped together. A fuller project plan is being implemented to address the bed map review from an organizational perspective.

7. Westech Audit

The results from our most recent Westech cleaning audit have been received. KGH has achieved a score of 85.02 which is above the acceptable benchmark score of 85%. This is a great news and improvement from our previous results. Congratulations to Brenda Carter and her staff in environmental services on this achievement. Further details will be provided in our next quarterly reports to the Board.

8. Meeting with MPP Mark Gerretsen

I had an opportunity to spend time with MPP Gerretsen at his constituency office last month. This was a great opportunity to highlight some of the great things happening at KGH as well as to chat about the 175 anniversary of the first parliament of Upper and Lower Canada and opportunities for a celebration in June to mark this important milestone. Further details will follow and we hope to hold KGH's annual Strawberry Social in conjunction with this 175 anniversary.

9. Meeting with Minister Hoskins

Recent media coverage about Canadian patients travelling to Buffalo to obtain stem cell transplants was recently profiled. Coverage focused on wait times in Canadian hospitals and, on April 27, I was invited to attend a meeting with CEO colleagues and Ministry staff to discuss opportunities to improved capacity and service for these transplants in Ontario.

10. Ontario's Information and Privacy Commissioner

Ontario's Information and Privacy Commissioner, Brian Beamish, will be at Queen's University on Wednesday, May 4th, from 9 to 11 a.m. The Commissioner and other leaders from the IPC will update the community on access and privacy issues in the public and health care sectors. Among the topics that will be discussed, include: 1) the burgeoning challenges of conducting business on personal devices; 2) protecting patient privacy; 3) recent developments in access to information; and 4) whether cloud computing services are suitable for institutions' information management needs. Board members who have an interest and would like to attend the upcoming session can register here: <https://www.ipc.on.ca/english/About-Us/Whats-New/Whats-New-Summary/?id=435>

11. Ontario Medical Association (OMA)

I am sure that all board members have been following the recent exchanges between the Minister and the Ontario Medical Association. The parties are now preparing to meet and discuss the terms of reference for

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mediation/binding arbitration. On April 22, the Ministry issued the attached backgrounder outlining the facts about physician compensation and health care investments.

12. Ontario Hospital Association (OHA)

Attached to my report is the most recent CEO Connection update on navigating physician-assisted dying in the absence of legislation. Earlier this year the Supreme Court provided an extension to federal and provincial governments to develop legislation before the *Carter* decision takes effect. Both levels of government have until June 6, 2016. The OHA has now developed a backgrounder which was discussed by member hospitals on April 22 teleconference and is appended to my report.

The OHA will also be hosting regional sessions relating to the 2016 health system reconfiguration where participants will have an opportunity to discuss the evolving health care system since the release of the government's *Patients First* proposal – early lessons learned and moving towards integrated care. The sessions will be held in Thunder Bay, Ottawa, Sudbury, London and Toronto in mid to late-May. While Kingston was not identified for this year's regional consultations, I had an opportunity to engage with Anthony Dale on a recent phone call last month.

13. Canadian Foundation for Healthcare Improvement (CFHI)

CFHI has recently announced 10 interprofessional teams of healthcare leaders that have been chosen to participate in the 2016-17 EXTRA: Executive Training Program. The EXTRA program is a 14-month improvement fellowship – the only one of its kind in Canada. During the intensive program, each participating team designs, implements and evaluates a major quality improvement project that is of strategic value to their organization and region, enhancing patient outcomes, quality of care and cost-effectiveness. Over more than a decade, EXTRA has supported 338 healthcare professionals from 134 organizations who have undertaken 211 improvement projects.

Six of the teams in this EXTRA cohort are from Quebec, and half of the participating teams will focus on palliative care: Centre intégré de santé et de services sociaux de la Montérégie-Ouest in Quebec will develop an approach to better support palliative care in a home setting; Le Centre intégré universitaire de santé et de services sociaux Saguenay-Lac-St-Jean is creating a shared understanding among healthcare professionals of the transition to palliative care based on patient experiences; and the Nova Scotia Health Authority and Cancer Care Nova Scotia will implement a palliative care approach in primary healthcare settings across the province.

Other projects include Providence Care, Kingston General Hospital and the South East Community Care Access Centre joining forces to establish a centralized intake and registration system for patients who require palliative care services; and The Ottawa Hospital improving patient outcomes and experiences for women who require labour induction when giving birth. Additionally, a team of professionals from the Canadian Armed Forces will revise the protocols they use to determine the health and operational fitness of soldiers who are to be deployed on military missions.

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14. Legislative Updates & Compliance

Ontario Passes Legislation to Support First Responders with PTSD

On April 5, 2016, the government passed Bill 163, *Supporting Ontario's First Responders Act* (Posttraumatic Stress Disorder), 2016. The legislation creates a presumption that post-traumatic stress disorder (PTSD) diagnosed in first responders is work-related. The presumption applies to police officers, firefighters, paramedics, certain workers in correctional institutions and secure youth justice facilities, dispatchers of police, firefighter and ambulance services, and emergency response teams. For more information, please [click here](#) to review the government's news release and [here](#) to access the OHA Backgrounder on Bill 163.

Compensation Restraint – Broader Sector Accountability Act

As part of our annual reporting, as CEO I am required to complete the compliance attestation for submission to the Ministry confirming that the compensation plans of designated executives and designated office holders of the employer, including performance pay envelopes, comply with the restraint measures as outlined in the *Broader Public Sector Accountability Act, 2010*, Part II.1. The form was completed and returned to the LHIN office prior to the April 27 due date confirming that KGH has met these requirements for 2015-16.

Ontario Retirement Pension Plan Act

On April 14, 2016, the Ontario government announced the introduction of [Bill 186](#), the *Ontario Retirement Pension Plan Act (Strengthening Retirement Security for Ontarians), 2016* (ORPP Act, 2016). In accordance with prior government announcements on ORPP implementation, the ORPP Act, 2016 would, if passed:

1. Ensure employers and employees have the information and the time they need to prepare for implementation.
2. Enshrine in legislation the [plan design details](#), including participation, contributions, benefit types, and plan sustainability.
3. Hold contributions in trust for plan members that will not form part of government revenues.

Under the current framework, the Hospital of Ontario Pension Plan (HOOPP) will be deemed a comparable plan. Those individuals who work for a HOOPP employer but are not enrolled in the Plan, including part-time and non-full-time employees, will not be affected until [January 1, 2020](#). At that time, they will be required to enroll in HOOPP, a comparable plan, or the ORPP.

Proclamation of the Infrastructure for Jobs & Prosperity Act, 2015

The *Infrastructure for Jobs and Prosperity Act, 2015 (IIPA)* will be proclaimed on May 1, 2016. The purpose of the Act is to establish mechanisms to encourage principled, evidence-based and strategic long-term infrastructure planning that supports job creation and training opportunities, economic growth, protection of the environment and design excellence. Upon proclamation, the Government and Broader Public Sector entities covered by the Act will be required to consider statutory infrastructure planning principles when making infrastructure-related decisions.

The principles that planning and investment decisions should take into account include:

- A long-term view as well as demographic and economic trends
- Applicable budgets and fiscal plans

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- Clearly identified priorities
- Continuation of the provision of core public services
- Promotion of economic competitiveness, productivity, job creation and training
- Ensuring health and safety of infrastructure workers
- Opportunities to foster innovation
- Evidence-based and transparent decisions
- Existing plans and strategies such as policy statements and transportation plans
- Promotion of accessibility for persons with disabilities
- Designs that minimize environmental impact and are resilient to climate change
- Use of acceptable recycled aggregates
- Promotion of community benefits

The legislation does not immediately introduce any new formal reporting requirements. However, each entity is responsible to meet the legislated requirements and should be prepared to demonstrate compliance, if required.

15. Hospital Diagnostic Imaging Repository Services (HDIRS)

HDIRS is an independent corporation responsible for building and operating a diagnostic imaging repository that enables storage and retrieval of electronic images, such as X-rays and ultrasounds, and patient records. The concept of HDIRS was developed in 2006 when ten Ontario hospital corporations agreed to combine resources and develop a shared diagnostic imaging repository. Since then, 13 additional hospital corporations joined the partnership, and today 23 hospital corporations, made up of 38 health facilities, are represented by HDIRS. Additionally, HDIRS is integrating Independent Health Facilities. Currently, over 30 client IHF locations are integrated to HDIRS. When HDIRS formed, eight of the partner hospitals were using film X-rays. The first HDIRS task was to replace film with a digital technology called the picture archiving communications system (PACS).

Storage of the digital exams and their corresponding reports was another project start up priority. To manage the combined volume from 38 sites, a shared data repository was built. By the end of 2010 all 38 HDIRS partner health facilities' were connected to the shared digital imaging repository. HDIRS currently contains over 10 million diagnostic imaging exams. Member hospitals contribute approximately 2.8 million exams annually, with IHF clients contributing approximately 600,000 exams as of 2013. This number is expected to grow over the next several years as more client facilities integrate to HDIRS.

At the upcoming June HDIRS annual general meeting, my name will be going forward for election as Chair of the Board. Typically this committee meets on a quarterly basis in Toronto.

16. Southern Frontenac Community Services

On April 22, I had the opportunity to meet with David Townsend, Executive Director, and tour their facility and see, firsthand, the great work that this organization is doing to provide health and social support services to residents in South Frontenac.

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17. 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.

18. Queen's Alumni Awards – Jim Bennett Award & Padre Lavery Award

Looking forward to spending time with members of the Board and executive team at this month's awards dinner. Tickets can be purchased with the Queen's alumni office. If you need additional information, please contact Rhonda in our office to obtain. Tickets are \$90.00 per person and available through Queen's alumni services.

I would be more than pleased to respond to questions from my report at our May 5 meeting.

Jim Flett
Interim President and Chief Executive Officer

Att.