

BOARD OF DIRECTORS - OPEN MEETING

Date: Monday, June 13, 2016
 Note Time: 16:00 – 18:05 hours
 Location: Fenwick Conference Room, Watkins 2
 Dial-in Number: 1-855-344-7722 Conf ID 7673253#

Start	Time	Item	Topic	Lead	Purpose	Attachment
1. CALL TO ORDER, CONFIRMATION OF QUORUM, AGENDA & MINUTE APPROVALS						
1600	5 min	1.1	Chair's Remarks	Carson	Decision	Verbal
		1.2	Approval of Open Consent Agenda	Carson	Decision	Briefing note + attachments
		a)	CEO Report & External Environment Update	Flett	Inform	
		b)	COS Report – May MAC Meeting	Zelt	Inform	
		c)	KGH Research Institute – President's Report	Deeley	Inform	
		d)	President of the MSA – Annual Report	Thain	Inform	
		e)	Occupational Health & Safety Annual Report	Kelly	Decision	
		f)	Performance Reporting Attestation	Flett	Decision	
		g)	Broader Public Sector Accountability Act (BPSAA) Compliance Report Attestation	Robertson	Decision	
		1.3	Approval of the Open Agenda	Carson	Decision	Draft agenda
		1.4	Approval of Previous Minutes: May 5, 2016	Carson	Decision	Draft minutes
2. IN-CAMERA SEGMENT (KGH Executive/Lott/MacBeth to attend)						
1605	5 min	2.1	Motion to Move In-Camera	Carson	Decision	Verbal
3. CEO UPDATE (see Consent Agenda)						
4. INTEGRATED BUSINESS						
1655	20 min	4.1	Q4 Reporting	Flett / Committee Chairs	Discuss	Briefing note, strategy performance index, target explanations report, & KGH This Quarter presentation deck
1715	20 min	4.2	KGH This Year	Flett/Crawford/MacBeth	Discuss	Verbal
5. PATIENT CARE & PEOPLE COMMITTEE (see Consent Agenda)						
6. MEDICAL ADVISORY COMMITTEE						
1735	5 min	6.1	Medical Assistance in Dying Update	Zelt	Discuss	Verbal
7. FINANCE & AUDIT COMMITTEE						
1740	5 min	7.1	Annual Audited Financial Statements & MD&A	Robertson	Decision	Briefing note
1745	5 min	7.2	Appointment of the Auditors for Fiscal 2017	Robertson	Decision	Briefing note

BOARD OF DIRECTORS: OPEN MEETING OF JUNE 13, 2016

A meeting of the Board of Directors of Kingston General Hospital was held on Monday, June 13, 2016 in the Fenwick Conference Room of Kingston General Hospital from 16:00 to 18:55 hours. The following are the open minutes.

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

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

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

Regrets: Donna Janiec, Susan Lounsbury, Axel Thesberg.

Administrative Staff: Rhonda Abson (Recording Secretary), Sandra Carlton, Brenda Carter, J'Neene Coghlan, Denise Cumming, Troy Jones, John Lott and Theresa MacBeth.

1.0 CALL TO ORDER & CONFIRMATION OF QUORUM

1.1 Chair's Remarks

The Chair called the meeting to order, confirmed quorum as well as members joining by phone were able to hear the proceedings. Regrets have been received from Donna Janiec, Susan Lounsbury, Axel Thesberg, and Silvie Crawford will be late in arrival. The Chair confirmed that the Executive Committee, John Lott and Theresa MacBeth have been invited to the first in-camera session.

Board members were encouraged to attend a special celebration on Tuesday, June 14, 2016 at 13:30 hours outside the Watkins wing entrance to recognize the 175th anniversary of the first sitting of Parliament at the KGH site.

The date of the next regular board meeting is Tuesday, June 21, 2016 at 16:00 hours in the Fenwick Conference Room followed by the annual Board dinner.

Board members were encouraged to attend the Celebration of Giving slated for Wednesday, June 22, 2016 at the Ramada Inn, 33 Benson Street starting at 16:30 hours. Also, Denise Cumming, Executive Director of UHKF, has also confirmed her attendance for future meetings of the Board.

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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 & External Environment Update
- COS Report – May MAC Meeting
- KGH Research Institute – President's Report
- President of the MSA – Annual Report
- Occupational Health and Safety Annual Report
- Performance Reporting Attestation
- Broader Public Sector Accountability Act (BPSAA) Compliance Report Attestation

Moved by Geoff Quirt, seconded by Kishore Thain:

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

THAT the Board of Directors receives the annual occupational health and safety annual report for 2015-16; and

THAT the Board of Directors approves the performance indicators and reporting attestation form 2015-16; and

THAT the Board of Directors approves the Broader Public Sector Accountability Act (BPSAA) compliance attestation form for Fiscal 2016.

CARRIED

1.3 Approval of Open Agenda

The agenda was pre-circulated to members in advance of the meeting. Distributed in advance of today's meeting was recent correspondence from OHA President Anthony Dale to Health Minister Eric Hoskins outlining OHA's position on several items contained in the first reading of Bill 210, *the Patients First Act, 2016*. It was agreed that the item would be brought back to the June 21, 2016 board meeting for further discussion.

Moved by Lynn Bowering, seconded by Peng Sang Cau:

THAT the agenda be approved as circulated.

CARRIED

1.4 Approval of Previous Minutes: May 5, 2016

The Chair drew attention to the pre-circulated May 5 draft minutes.

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Moved by Peng Sang Cau, seconded by Glenn Vollebregt:

THAT the open minutes of the KGH Board of Directors meeting held on May 5, 2016 be approved as circulated.

CARRIED

2.0 IN-CAMERA SEGMENT

Moved by Lynn Bowering, seconded by Diane Kelly:

THAT the Board move into an in-camera session.

CARRIED

3.0 CEO UPDATE

The written CEO report was provided as part of Consent Agenda.

4.0 INTEGRATED BUSINESS

4.1 Q4 Reporting

John Lott, Director Patient Safety, Quality, Risk and Decision Support, drew attention to the pre-circulated materials provided in advance of the meeting: the Q4 Strategy Performance Report; Target Explanations Report; and KGH This Quarter presentation deck. Overall progress at Q4 saw 18 of 27 (67%) of our strategy targets are on track; 7 of 12 (58%) of our overall Quality Improvement Plan targets are on track; 48 of 75 (63%) of our supporting corporate performance indicators are on track. Big wins in Q4 saw improvement in hospital cleanliness with KGH reaching industry benchmark of 85%; the strategic directions have been refreshed; tender approval has been received to build the W.J. Henderson Centre for Patient-Oriented Research; performance agreements are now in place for more than 3,000 employees; there has been a reduction of 31% in MSI injuries; and KGH continues to maintain a balanced operating and capital budget.

The organization in making strides in a number of areas including hand hygiene compliance; a comprehensive skin ulcer program is now in place; improvements in medical reconciliation were achieved; the falls program saw improvements for patients; the first three quarters of the year saw a significant reduction in specimen collection errors, a spike in Q4 is attributed to the extended surge and occupancy volumes. Work is underway to develop an action plan to address workplace violence injuries.

John Lott then provided an update on external factors affecting performance in the fourth quarter. KGH saw unprecedented volumes / extended surge within the organization which have impacted overall results, particularly in the areas of emergency department wait times, alternate level of care volumes, overall occupancy rates, and clinical service wait times. John Lott emphasized the fact that the management team could clearly see the correlation between extended surge and its impact on already stressed areas within KGH.

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The team remains focused on patient flow resulting in less gridlock situations and improved throughput activity. The co-location of ALC patients on one floor has improved flow and resulted in greater discharges.

Denise Cumming joined the meeting at 17:10 hours.

4.2 KGH This Year

Theresa MacBeth, Director Strategy Management + Communications, presented the Board with an overview of this year's [KGH This Year 2015-16](#). Similar to previous years, KGH's 'annual report' will be in a digital format / on-line picture book, highlighting the many accomplishments of the hospital over the past year. The report links to the organizations strategic directions and performance reporting. Discussion focused on how cumulative quarterly reporting could be achieved and management will look at options to consider how this might be incorporated in future. Another consideration is how to incorporate aspects of social media delivery of the information.

5.0 PATIENT CARE & PEOPLE COMMITTEE

The annual Occupational Health and Safety report was provided as part of the Consent Agenda.

6.0 MEDICAL ADVISORY COMMITTEE

The written report of the Chief of Staff was provided with the Consent Agenda.

6.1 Medical Assistance in Dying Update

David Zelt provided an update on Bill C-14. A draft policy has been prepared and input sought from a Patient Experience Advisor during its development. The Medical Advisory Committee will be looking at the draft policy at its upcoming meeting. It will be important for the Senate to complete its input so that final direction can be provided by the federal government to care providers. Consultation with the Ontario Medical Association, Ontario Hospital Association, Canadian Medical Protective Association, and the Royal College of Physicians and Surgeons is ongoing. KGH physicians and the professional practice groups are also engaged in this dialogue. A communications plan/media statement has also been prepared.

7.0 FINANCE & AUDIT COMMITTEE

7.1 Annual Audited Financial Statements and MD&A

On behalf of the Finance and Audit Committee, Bill Robertson presented the draft annual audited financial statements for the period ending March 31, 2016. The Auditors were provided with an opportunity to meet with the committee, without management present, at the May meeting. Management was commended by the Board in preparation of this year's Management, Decision and Analysis (MD&A) document.

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It was moved by Bill Robertson, seconded by David O'Toole:

THAT the draft Audited Financial Statements, accompanying notes, and the related unaudited Management Discussion & Analysis for the year ended March 31, 2016 be approved by the Board of Directors.

CARRIED

7.2 Appointment of the Auditors for Fiscal 2017

Bill Robertson drew attention to the Finance and Audit Committee's recommendation to reappoint KPMG as the Auditors of the Corporation. In response to a question, it was confirmed that the Committee will be looking at the auditing services engagement for next year as KPMG as it will be the last year in their current contract with KGH.

Moved by Bill Robertson, seconded by Kishore Thain:

THAT the Board of Directors endorses the recommendation of the Finance & Audit Committee regarding the reappointment of KPMG as the Hospital's auditors for Fiscal 2017.

CARRIED

8.0 GOVERNANCE COMMITTEE

8.1 Board Work Plan – Actions Arising from Governance Self Assessment & Governance Functioning Tool

George Thomson, Chair of the Governance Committee, drew attention to the work plan outlining the current status on several initiatives emanating from the Accreditation Canada surveys completed by Board members this past year. The Governance Committee agrees with management's recommendation that the Governance Functioning Tool be completed by the Board every other year as opposed to leading up to the Accreditation Survey.

In terms of board interaction with patients and families, George Thomson briefed members on his recent participation in a conference at the Institute for Patient and Family Centered Care in Chicago. For KGH to be truly seen as a leader in patient- and family-centred care, consideration should be given to inviting Patient Experience Advisors to serve not only on all the Board Committees, but also the Board itself. For the last several years, the composition of the Patient Care and People Committee has included an Advisor which has enriched discussions at the committee level. The Governance Committee is recommending similar appointments to the Finance and Audit and Governance Committees. Discussion focused on the importance of developing an implementation plan that will outline the processes for engagement and other requirements related to these important appointments. The Board explored the merits of including on the Finance and Audit Committee and, following discussion, it was agreed that an Advisor would bring to the table an understanding of the financial impacts of decisions as it relates to patient care. Ensuring adequate and ongoing orientation to the Board's work will be important for the implementation plan. It was also agreed that the Governance Committee confirm approaches at other patient/family-centred hospitals with respect to voting privilege and the

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selection process. Similar to committee appointments, Board members agreed with the two-year term recommendation.

Moved by George Thomson, seconded by Peng Sang Cau:

THAT the Board of Directors approves an amendment to the April 1, 2016 Corporate By-Law to include, as a non-voting member of the Board, the appointment of a Patient Experience Advisor for a two-year term, and

THAT the terms of reference of all two board committees (Governance and Finance and Audit Committee) be amended to include the appointment of a Patient Experience Advisor in a non-voting capacity for a two-year term; and

THAT the Governance Committee will bring forward to the Board, an implementation plan outlining the processes and requirements for these appointments.

CARRIED

8.2 Board Slate 2016-17

The recommendation of the Governance Committee regarding the 2016-17 board slate was circulated to members in advance of the meeting. It is recommended that Scott Carson's position continue until June 14, 2016, to allow for the Board Chair to participate in the 175th anniversary of the first sitting of Parliament.

Moved by George Thomson, seconded by Bill Robertson:

THAT the Governance Committee recommends to the Board of Directors that the following individuals are elected by the voting members of the Corporation immediately following the June 13, 2016 Board meeting: Lynn Bowering, Peng-Sang Cau, Donna Janiec, Diane Kelly, Susan Lounsbury, David O'Toole, Geoffrey Quirt, Axel Thesberg, George Thomson, Bill Robertson, Glenn Vollebregt; and

THAT Scott Carson will continue as an elected member until the end of the business day on June 14, 2016.

CARRIED

9.0 IN-CAMERA SEGMENT

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

Moved by Peng Sang Cau, 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 the 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 May 5 Board meeting; the board received the final April 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 appointment of Dr. Alexander (Sandy) Boag as Head of the Department of Pathology and Molecular Medicine for a five-year term commencing June 1, 2016 until June 30, 2020; the board endorsed the proposed slate of directors for the Board of the amalgamated University Hospitals Kingston Foundation.

11.2 Date of Next Meeting & Termination

The Chair confirmed that the date of the next meeting is Tuesday, June 21, 2016 at 16:00 hours.

The meeting terminated at 18:55 hours on motion by Geoff Quirt.

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: June 3, 2016

Period Covered: April 26 to June 3, 2016

This note provides an update on activities inside and outside KGH that relate to our mission and annual corporate plan that have been underway since our May 5 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. **KGH Strawberry Social & Canada 175**

Further to my last report, I am pleased to announce that MP Mark Gerrrtsen, MPP Sophie Kiwala, His Worship Bryan Paterson, and the Honourable Peter Milliken, will join me and Town Crier Chris Whyman, to mark a very special occasion here at the KGH site – the first Parliament of Upper and Lower Canada was held 175 years ago on June 14, 1841. The event flyer is attached and I truly hope Board members will join us on the main steps outside the Watkins 2 lobby at 1:30 pm.

2. **General Update – KGH activities**

Latest editions of KGH This Week are appended to my report for your information.

3. **KGH Auxiliary Annual General Meeting and Luncheon**

Scott Carson, Diane Kelly, Sandra Carlton and I will be attending this year's AGM and luncheon at Mino's Village in Kingston West. I would like to take this opportunity to thank Jenny Raymond for her leadership as President over the last several years. As mentioned at our last board meeting, Jenny will be completing her term as President and Sandra Fletcher will be assuming this new role following the June AGM along with Heather Breck as Vice President.

4. **Automated Chemistry Track Celebration – Please Join Us!**

Please join KGH Laboratory staff and special guests on Monday, June 20th at 10 a.m. for the official unveiling of the new Automated Chemistry Track. After the unveiling, join us for some light refreshments and a tour to see how the new track works in the Core Laboratory.

Building the track has been a large investment in our clinical labs and a truly collaborative effort by teams all across the hospital. The Automated Chemistry Track will streamline how patient specimens are tested and will allow for more predictable turnaround times for test results which will support timely decision making by our patients and their health care teams.

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5. Accreditation Update

Mock tracers continue and thanks to all board members who have participated so far. Please let my office know if you are available to attend one of the upcoming sessions.

Date/Time	Area	Surveyor
June 6 8:00 – 10:00 am	Reprocessing & Sterilization	Sandra Carlton
June 8 8:00 – 10:00 am	Ambulatory Care	David Zelt
June 14 8:00 – 10:00 am	Obstetrics	Silvie Crawford

6. University Hospitals Kingston Foundation

- **Celebration of Giving** I hope to see you at the June 22 Celebration of Giving event taking place at the Ramada Hotel, 33 Benson Street, Kingston (formerly the Days Inn – located at Princess & 401). Board members are invited to register on-line for this event at [click here](#).
- **HDH Leadership Breakfast** – thanks to all from the Board and executive team who were in attendance at the May 19 event.
- **Third Party Fundraisers...Calling all Golfers!** There are a number of great businesses and community volunteers who are hosting a number of golf tournaments this summer. I would encourage board members to check out the UHKF [events calendar](#) to learn more. The Rose of Hope Golf Tournament will be held on Tuesday, July 26 at the Cataraqui Golf and Country Club.

7. Queen's Announces Conclusion of Initiative Campaign

More than \$640 million was donated to Queen's during the 10-year campaign, surpassing the university's \$500 million goal. Of the historic total, 97 per cent is already designated to specific campaign priorities. More than 60,000 individual donors, including 35,000 alumni, contributed to the campaign since it was launched in 2006. Funds donated during the Initiative Campaign have furthered the university's top priorities in teaching, research, athletics and recreation. Over \$85 million has been used to support student assistance programs, including the creation of 473 new student awards and 22 new chairs and professorships. Campuses and facilities at Queen's have already improved greatly as a result of donations during the Initiative Campaign with further investments to be made in a number of priority areas.

In addition to the funds raised, support from the three levels of government provided an additional \$94 million that was not included in the Initiative Campaign total. Queen's partnered with the federal and provincial governments to build Queen's School of Medicine, and received support from the federal, provincial and municipal governments to bring the Isabel Bader Centre for the Performing Arts to fruition. This support was essential in making these projects possible and the university is enormously grateful for these investments.

Also counted outside of the Initiative Campaign total is more than \$115 million that has been committed in future estate gifts against the university's parallel goal of \$100 million.

8. Queen's Faculty of Health Sciences Medical Student Bursary Golf Tournament

Attention all golfers ... this year's tournament will be held at Smuggler's Glen Golf course just outside Gananoque on Friday, September 23 with an 8:30 am shotgun start. The cost to play is \$275.00 ... but if you

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register before August 1st, there is an early bird rate of \$250.00 per golfer. All proceeds support the Queen's Medical Student Bursary – last year's tournament raised \$52,627. To learn more and register: <http://www.queensmedgolf.com/> and if you require further information, please contact Emily Walker at Emily.walker@queensu.ca or 613-533-6000 Ext 78422.

9. Executive Vice Dean, Faculty of Health Sciences

Dr. Iain Young will be stepping down from his role as Executive Vice Dean on August 31, 2016. We understand that the Dean will be splitting this role into two components going forward – a Vice Dean Clinical/Medical Director SEAMO position and an Associate Dean (Academic) position. Both positions will be in the School of Medicine. Applications and nominations will be received until June 15, 2016.

10. Health Quality Ontario – Family Doctors on Care Coordination

Last week, Health Quality Ontario released a new report *Connecting the Dots for Patients* which looks at family doctors' views on coordinating care for their patients with home care, community services, hospitals and specialists in Ontario. The report, based on the *2015 Commonwealth Fund International Health Policy Survey of Primary Care Doctors* compares the responses of Ontario's family doctors with those in other parts of Canada and 10 other countries. Poor care coordination can contribute to hospital admissions that could have been prevented, unnecessary emergency department visits, medical errors, repeated tests, and poor health outcomes for patients.

11. Ontario Hospital Association (OHA)

Attached to my report is the most recent Board Chair and President reports providing updates on a variety of topics and issues facing member hospitals.

12. Ontario Stroke Network & Cardiac Care Network of Ontario

Effective April 1, 2016, the Ontario Stroke Network and Cardiac Care Network are now a single entity to ensure a comprehensive and integrated approach to cardiac, vascular, and stroke care in Ontario. The corporate structure will be the CCN. The CCN Board will be overseeing a strategic planning exercise which will encompass the delivery of all three services.

13. Council of Academic Hospitals of Ontario

It is hard to believe that it has been a year since CAHO launched the Healthier, Wealthier, Smarter campaign to generate a conversation about the value of health research. There has been incredible uptake of CAHO's three campaign videos, as well as significant participation on social media, and a series of blogs that have attracted the voices and attention of key partners including government. All of this has helped CAHO to prepare the ground and help policy-makers "get to yes" on our advocacy agenda, including our newest advocacy efforts to reinstate the HSRF.

To celebrate this anniversary, CAHO has prepared this Storify summary that shares some of the year's highlights and I encourage you to scroll through it here: <http://bit.ly/24j3YSC>

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14. Die Wise – A Manifesto for Sanity and Soul

On Thursday, June 16, Stephen Jenkinson, Harvard education theologian and founder of The Orphan Wisdom School, will be speaking at KGH from 2:00 – 4:00 pm in the Burr 1 conference room. His new book about grief, dying, and his great love of life *Die Wise* covers stories from two decades of working with dying people and their families. *Die Wise* teaches the skills of dying, skills that have to be learned in the course of living deeply and well. Registration is required by emailing: kobesj@kgh.kari.net or belld@kgh.kari.net. On Friday, June 17, Dr. Jenkinson will be speaking at Convocation Theatre Hall, Theological College, Queen's, "Making Meaning of the Ending Days". Advance purchase ticket link: <http://www.eventbrite.ca/o/orphan-wisdom-279603092>.

15. Legislative Updates & Compliance

Medical Assistance in Dying: The Role of the Board - on April 14, 2016, the federal government introduced new legislation on medical assistance in dying, Bill C-14. The proposed measures would revise the *Criminal Code* to exempt specific healthcare practitioners who help to provide medical assistance in dying from otherwise applicable criminal offences.

As this Bill moves through the federal legislative process, it is anticipated that it will provide important national direction on this topic. Given the legal, ethical and denominational complexities around this issue, it is imperative for the board of directors to be mindful of its fiduciary obligations and the implications of medical assistance in dying on their respective organizations.

On June 8, 2016, from 12 noon to 1:00 p.m., the Governance Centre of Excellence is holding a webcast on this topic to provide an overview of the impending legislation.

The OHA provided member hospitals with a recommended approach if the federal legislation is not in place by June 6. Understandably, there is great concern and mounting anxiety about how to proceed in the absence of federal legislation. In recent weeks, the Ontario Hospital Association (OHA) has been meeting with health system partners and government to coordinate a unified response to assisted dying inquiries and requests in Ontario. The OHA and our partners have agreed that MAID (medical assistance in dying) must be delivered in a coordinated way across the province and in a manner that is patient-centred, sensitive to local needs, and aligned with existing Ontario legislation. The OHA has communicated these concerns to senior ministry officials and political staff.

Questions also remain about access and whether hospitals are legally required to provide MAID – or refer patients to a provider that will. The Federal Special Joint Committee on Physician-Assisted Dying recommended that all publicly-funded health institutions should provide assisted dying. However, we know that some hospitals and other health care provider organizations may not be able to provide assisted dying services due to religious, conscientious or clinical objections. The OHA has met with many of these hospitals as well as the Catholic Health Association of Ontario and has recommended that these institutions not be compelled to do so.

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HIPA Passes Third Reading in the Ontario Legislature - on May 5, Bill 119, the *Health Information Protection Act, 2015* (HIPA) passed Third Reading in the Ontario Legislature. [Click here](#) to view the OHA Backgrounder on Bill 119, as amended.

HIPA amends the *Personal Health Information Protection Act* (PHIPA) to require mandatory reporting of privacy breaches involving personal health information, facilitates prosecutions under PHIPA, and creates a privacy framework regarding Electronic Health Records (EHR). HIPA also enacts recommendations from the *Quality of Care Information Protection Act* (QCIPA) review report released in March 2015.

In its submission to government, the OHA advocated for amendments to HIPA based on member feedback. The government adopted changes that address OHA and member concerns. Specifically, the bill now clarifies that health information custodians (HICs) are liable only for the information in their custody and control and for ensuring certainty with respect to their obligations vis-à-vis data submitted to and transferred from the EHR. The bill also helps ensure that the patient voice is captured in quality of care reviews and that processes for interviews of patients after a critical incident are sensitive to the patients' needs.

The OHA continues to support members with HIPA and its upcoming implementation through a number of initiatives, including: 1) the OHA, in collaboration with Hicks Morley, has developed *A Shared Commitment to Privacy – An OHA Series*, which was launched mid-May. This series provides OHA members with practical guidance through multiple teleconferences and short videos. Each part of the series will focus on a different aspect of privacy compliance, supported by relevant legal, regulatory and case law developments, and will also include an accompanying tool, template or supporting resource, to be adapted by individual organizations. For more information, please [click here](#). 2) The OHA is planning to support members in enhancing quality of care reviews in hospitals and to fully embed the QCIPA review recommendations and principles identified by patients and families. We are also supporting HQO with the development of a critical incident learning system in Ontario.

The Patients First Act - on June 2, the Ontario government introduced new legislation that would, if passed, improve access to health care services by giving patients and their families faster and better access to care and put them in the centre of a truly integrated health system.

It will give Ontario's 14 Local Health Integration Networks (LHINs) an expanded role in primary care and home and community care. This would improve and integrate planning and delivery of front-line services and increase efficiency to direct more funding to patient care within the existing system. The system-level changes would mean easier access to care, better coordination and continuity of care, and a greater focus on culturally and linguistically appropriate services. They would support the Action Plan by:

- Improving access to primary care for patients - such as a single number to call when they need to find a new family health care provider close to home.
- Improving local connections and communication between primary health care, hospitals, and home and community care to ensure more equitable access and a smoother patient experience.

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- Ensuring that patients only have to tell their story once, by enabling health care providers to share and update their health care plans.
- Making it easier for doctors, nurses, and other primary care providers to connect their patients to the health care they need.
- Providing smoother patient transitions between acute, primary, home and community, mental health and addictions, and long-term care.
- Improving consistency of home and community care across the province so that people know what to expect, and receive good care regardless of where they live in the province.
- Strengthening health planning and accountability by monitoring performance.
- Ensuring public health has a voice in health system planning by establishing a formal relationship between LHINs and local boards of health.
- Facilitating local health care planning to ensure decisions are made by people who best understand the needs of their communities, and that LHIN boards reflect the communities they serve.

This new legislation would support the [Patients First: Action Plan for Health Care](#) - Ontario's blueprint for health care transformation, which includes expanding access to home and community care and ensuring that every Ontarian has access to a primary care provider. Ontario will continue working with First Nations, Métis, Inuit and urban Indigenous partners and health providers to ensure their voices are heard, in particular with respect to equitable access to services that meet their unique needs.

I would be more than pleased to respond to questions from my report at our June 13 meeting.

Jim Flett
Interim President and Chief Executive Officer

Att.