

## BOARD OF DIRECTORS - OPEN MEETING

Date: Thursday, September 29, 2016  
 Education: 14:00 – 16:00 hours  
 Meeting: 16:00 – 18:30 hours  
 Location: Fenwick Conference Room, Watkins 2  
 Dial-in: 1-855-344-7722 7673253#

Start	Time	Item	Topic	Lead	Purpose	Attachment
<b>1. CALL TO ORDER, CONFIRMATION OF QUORUM, AGENDA &amp; MINUTE APPROVALS</b>						
1600	5 min	1.1	Chair's Remarks	Thomson	Inform	Verbal
		1.2	Approval of Open Consent Agenda a) Credentialing of Professional Staff Presentation b) Overview of Insurance Coverage c) KGH's Signing Authority & Banking Resolution d) SE LHIN Sustainability Update Healthcare Tomorrow	Thomson	Decision	Briefing note + attachments
		1.3	Approval of the Open Agenda	Thomson	Decision	Draft agenda
		1.4	Approval of Previous Minutes: August 16, 2016	Thomson	Decision	Draft minutes
<b>2. CEO UPDATE</b>						
1605	5 min	2.1	CEO Report Highlights & External Environment Update	Flett	Discuss	Written report to follow
<b>3. INTEGRATED BUSINESS</b>						
1610	5 min	3.1	Board Committee Terms of Reference	Thomson & Committee Chairs	Decision	Briefing note & TOR
1610	10 min	3.2	2016-17 Board & Committee Work Plans	Thomson & Committee Chairs	Decision	Briefing note & work plans
1620	10 min	3.3	2016-17 Board Policies Review & Approval I-1 Mission, Vision, Values II-4 CEO Compensation II-5 CEO Expense Reimbursement & Travel Policy II-10 COS Compensation II-11 COS Expense Reimbursement & Travel Policy III-9 Research III-10 Intellectual Property V-1 Governance Policy Framework V-2 Conflict of Interest Provisions for Directors V-A-1 Direction & External Member Declaration V-A-5 Terms of Office for Board Officers V-B-6 Board Meetings, Board Agenda Development & Use of Consent Agenda V-C-0 Process for Selection of Patient Experience Advisors to KGH Board & Committees	Committee Chairs Thomson Thomson Thesberg Thomson Thesberg Thomson Thomson Thomson Thomson Thomson Thomson Thomson Thomson	Decision	Briefing note + attachments
1630	25 min	3.4	KGH Strategy: Q1 Reporting	Flett & Committee Chairs	Discuss	Briefing note & SPI, Strategy Perf Report, Tactics Report, Target explanations
1655	5 min	3.5	Addictions & Mental Health Redesign Project	Crawford & Committee Chairs	Inform	Briefing @ Board Education Session

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Start	Time	Item	Topic	Lead	Purpose	Attachment
<b>4. PATIENT CARE &amp; PEOPLE COMMITTEE</b>						
1700	15 min	4.1	Patient Flow	Kelly	Discuss	Briefing note
		4.2	Staff Scheduling Project	Kelly	Discuss	Verbal
		4.3	Patient Related Critical Incident Process	Kelly	Discuss	Briefing note
<b>5. MEDICAL ADVISORY COMMITTEE</b>						
1715	5 min	5.1	COS Report	Zelt	Discuss	Written report
<b>6. FINANCE &amp; AUDIT COMMITTEE</b>						
<b>7. GOVERNANCE COMMITTEE</b>						
1720	5 min	7.1	Patient Experience Advisors – 2016-17 Appointments	Thomson	Decision	Briefing note
1725	15 min	7.2	KGH/HDH Integration Update <ul style="list-style-type: none"> <li>Joint Steering Committee (JSC)</li> <li>Governance Working Group</li> <li>Transition Team</li> </ul>	Thomson O'Toole Flett	Inform	Briefing note
<b>8. IN-CAMERA SEGMENT</b>						
1740	5 min	8.1	Motion to Move In-Camera (agenda items #9-11)	Thomson	Decision	Verbal
<b>11. REPORT ON IN-CAMERA DECISIONS &amp; TERMINATION</b>						
1825	5 min	11.1	Motion to Report the Decisions Approved In-camera	Thomson	Inform	Verbal
		11.2	Date of Next Meeting & Termination	Thomson	Inform	Verbal
<b>13. IN-CAMERA ELECTED MEMBERS SESSION &amp; CEO ONLY</b>						
<b>14. IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT</b>						

## BOARD OF DIRECTORS: OPEN MEETING OF SEPTEMBER 29, 2016

A meeting of the Board of Directors of Kingston General Hospital was held on Thursday, September 29, 2016 in the Fenwick Conference Room, Watkins 2, of Kingston General Hospital from 16:00 to 18:25 hours. The following are the open minutes.

Elected Members Present (voting): Lynn Bowering (phone), Donna Janiec, Susan Lounsbury, David O'Toole (phone), Axel Thesberg, George Thomson (Chair), Glenn Vollebregt (phone).

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

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

Regrets: Peng Sang Cau, Diane Kelly, Geoff Quirt, Bill Robertson and Ron Pokrupa.

Administrative Staff: Rhonda Abson (Recording Secretary), Chris Gillies, 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 and provided members with a brief update on the Federal Health Minister Philpott's recent speech at The Isabel Bater Centre. The federal government has signalled their desire to introduce strong federal health policy in the development of a new health accord.

On Tuesday, October 4, Peng Sang Cau, as the KGH Board Liaison to UHKF, will join Fundraising Campaign Chair Susan Creasy, to ask for continued financial support for hospital redevelopment projects. Board members are welcome to show their support at the upcoming Kingston City Council meeting.

Board members were encouraged to attend the upcoming tour of KGH's operating rooms following the Patient Care and People Committee meeting on October 20, 2016.

A special 25<sup>th</sup> anniversary gala will be held on Saturday, December 3, at the Marriott Residence Inn on Kingston's waterfront to celebrate the Museum of Health Care. Interested board members will be able to purchase tickets directly from the Museum's website and all proceeds from the "Artefact or Artefiction" event will benefit the Museum's public programming and exhibitions. Ticket prices range from \$75.00 to \$150.00 per person.

On Saturday, October 29, a "Cheers to Your Health" event will be held at the Isabel Bater Centre starting at 18:30 hours. Tickets can be purchased through the University Hospitals Kingston Foundation website at a cost

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of \$200.00 per person. All board members are encouraged to hold a Cheers to Your Health event and hosting information can be located on the UHKF website.

The date of the next regular board meeting is Wednesday, November 9, 2016, from 16:00 to 18:30 hours in the Fenwick Conference Room, Watkins 2. The Chair noted the importance of attendance at this meeting so that Board members have an opportunity to review and discuss the various corporate agreements supporting the HDH / KGH integration.

The Chair invited any declarations of conflict of interest; none recorded.

### 1.2 Approval of the Open Consent Agenda

The Chair highlighted the open consent agenda items included in the September 29 agenda package as follows: a copy of the credentialing of professional staff presentation recently discussed at the Patient Care and People Committee; an overview of KGH's insurance coverage; a copy of KGH's signing authority and banking resolution; and an update on the SE LHIN sustainability / Healthcare Tomorrow project.

Moved by Glenn Vollebregt, seconded by Axel Thesberg:

THAT the consent agenda items be approved and received as circulated.

CARRIED

### 1.3 Approval of the Open Agenda

There being no items to be brought forward from the consent agenda, the Chair invited a motion to approve the open agenda as circulated.

Moved by Donna Janiec, seconded by Axel Thesberg:

THAT the agenda be approved as circulated.

CARRIED

### 1.3 Approval of Previous Minutes: August 16, 2016

Moved by Lynn Bowering, seconded by Donna Janiec:

THAT the open minutes of the KGH Board of Directors meeting held on August 16, 2016 be approved as circulated.

CARRIED

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### 2.0 CEO UPDATE

#### 2.1 CEO Report Highlights & External Environment Update

The CEO's written report was pre-circulated with the agenda package. Appended to the CEO report was a copy of the Premier's mandate letter to the Minister of Health and Long-term Care, Dr. Eric Hoskins. In the letter the Premier describes the government's focus to improve access and the coordination of care, improving education, information and transparency to support informed decision-making, and to ensure that decisions are based on value and quality to sustain the health care system for future generations.

Highlights of the Speech from the Throne were also included in the report, as well as additional commentary received from the Executive Director of the Council of Academic Hospitals of Ontario, with respect to research.

The government has confirmed that a Supervisor will be appointed at Brockville General Hospital and further details will be provided, when available. In response to a question regarding possible impact on KGH with this appointment, Jim Flett indicated that KGH will respond and support all requests from the Supervisor. Discussion focused the significance of this appointment and the implications for the deliverables associated with the Healthcare Tomorrow project.

Board members were invited to participate in the upcoming second annual "We Walk" event slated for Saturday, October 1 at 9:00 hours at Lake Ontario Park. Monies raised will assist patients, clients and residents in providing patient comforts.

David O'Toole joined the meeting at 16:15 hours.

At a recent Hospitals of Ontario Pension Plan (HOOPP) Board retreat, Jim Flett highlighted key elements from a presentation by KPMG on global and local trends in health care in a number of areas: 1) payers are becoming activists; 2) some hospitals are transforming into health systems; 3) patients are becoming active partners; 4) innovative integration and partnerships; and 5) technology is disrupting care boundaries. The disruptive forces of change at this time are: genomics, mHealth (healthcare in your pocket); retail revolution; wearables; and dignity in dying. Changes to the global workforce will be significant and supporting the aging population will be a challenge with many industries/governments that are ignoring these realities. The gap between demand and supply in terms of workforce capacity was highlighted.

The Chair drew attention to the new reporting format/content for the quarterly media report. The new report provides for more detail as well as trending issues on specific items. Also appended to the CEO report was the OHA's inaugural edition of *Redefining Health Care – A Dialogue on Health Policy*.

Jim Flett provided a verbal update on the Healthcare Tomorrow project. At the recent Southeast Local Health Integration Network CCAC Hospital Executive Forum (SE CHEF) members discussed current health care system delivery pressures and impacts. Hospital partners continue to be supportive of moving forward with a more narrow focus in terms of deliverables to support information technology, labs, and decision support

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services. Discussion focused on current SE LHIN targets and performance metrics; it will be important to find a balance and to prioritize what can realistically be accomplished in the next few quarters.

### 3.0 INTEGRATED BUSINESS

#### 3.1 Board Committee Terms of Reference

Each September, as part of each board committee's orientation, members reviewed their current terms of reference. Several amendments have been noted during recent reviews and are recommended to the Board for approval.

Moved by Donna Janiec, seconded by Axel Thesberg:

THAT the terms of reference of the Governance, Finance and Audit, and Patient Care and People Committee, as presented at the September 29, 2016 Board meeting, be approved.

CARRIED

#### 3.2 2016-17 Board & Committee Work Plans

Provisions in the Bylaw requires the Board to establish its own annual work plan as well as to ensure work plans are in place for each board committee. In late August, the Board Chair, Committee Chairs, and executive supports met together to review and discuss deliverables for this year's work plans. Work plans were drafted and brought forward at September committee meetings. Following the Governance Committee's review, it was agreed that a notation be included at the bottom of all work plans to recognize the fact that, effective March 31, 2017, the Board/committee would no longer function and that adjustments may be needed to the work plan to advance certain deliverables contained in the document. It was noted that there may be additional work each of the committees will be asked to undertake following integration; committee members should continue to hold meeting dates in their schedules post-integration.

Moved by Glenn Vollebregt, seconded by Axel Thesberg:

THAT the 2016-17 work plans for the KGH Board of Directors, Finance and Audit, Governance and Patient Care and People Committee be approved.

CARRIED

#### 3.3 2016-17 Board Policies Review & Approval

In preparation for this review, policies were circulated to the most appropriate executive for review to ensure that current practices and legislative requirements were appropriately captured in the Board's policies. A number of amendments were identified, changes highlights, and draft policies brought forward for review at September Board committee meetings.

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Moved by Axel Thesberg, seconded by Donna Janiec:

THAT the following Board policies be approved as amended:

- I-1 Mission, Vision, Values
- II-4 CEO Compensation
- II-5 CEO Expense Reimbursement & Travel Policy
- II-10 COS Compensation
- II-11 COS Expense Reimbursement & Travel Policy
- III-9 Research
- III-10 Intellectual Property
- V-1 Governance Policy Framework
- V-2 Conflict of Interest Provisions for Directors
- V-A-1 Direction & External Member Declaration
- V-A-5 Terms of Office for Board Officers
- V-B-6 Board Meetings, Board Agenda Development & Use of Consent Agenda
- V-C-0 Process for Selection of Patient Experience Advisors to KGH Board & Committees

CARRIED

Susan Lounsbury arrived at 16:30 hours.

### 3.4 KGH Strategy: Q1 Reporting

For Fiscal 2016/17, KGH is monitoring the performance of 132 approved indicators, targets, and corridors of performance. These indicators are broken down into three main reports: 1) the Strategy Performance Report consists of 10 targets and associated indicators that reflect KGH's overall performance in relation to the Integrated Annual Corporate Plan (IACP); 2) the Quality Improvement Plan (QIP) Report which consists of 9 indicators; and 3) the Supporting Indicator Report which captures the remaining 113 indicators that reflect overall performance on both KGH's strategy and operational metrics.

Appended to the briefing note was a copy of the Board approved Strategy Performance Index (SPI) which provides the Board with a detailed listing of all IACP targets, indicators, and corridors of performance, as well as identifying the oversight board committee.

In alignment with the concept of creating a two-year KGH 2018 strategy with refreshed strategic directions, this year's IACP introduced a significant number of new tactics that will begin in 2016-17. The results of these new tactics will be measured systematically over the two year time horizon as follows: Fiscal 2016-17 will focus on process and Fiscal 2017-18 will focus on performance. Similar to previous years, KGH This Quarter will continue to be produced, but as an on-line tool/report. This year the narrative description of KGH's quarterly performance is written directly in to the strategy performance report.

Appended to the briefing document was a copy of the Tactics Status Report which provides the Board with a summary of the planned quarterly milestones associated with each of the tactics the teams are implementing to ensure that KGH achieves IACP targets.

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Attention was drawn to the reference 'awaiting commentary'; the management team will follow up and ensure this information is provided before reports are finalized and posted.

Each of the Board committees have reviewed and discussed in detail their recent meetings. Overall progress at Q1: 10 of 10 of KGH's strategy targets are on track; 5 of 9 (67%) of overall QIP targets are on track; and 77 of 113 (68%) of KGH's supporting corporate performance indicators are on track. Q1 highlights include: announcing the creation of the new Kingston Academic Health Sciences Centre with HDH; receiving \$2.5 million funding grant to support Phase 2 redevelopment; the development of regional care pathways to support seamless transitions for COPD and hip fracture patients and work is also underway to establish a regional palliative care pathway; hand hygiene results are the strongest performance in the last five quarters; and construction of the W.J. Henderson Centre for Patient-Oriented Research has commenced.

Areas requiring attention and monitoring in Q2: patient satisfaction results, patient falls, and alternate level of care (ALC) percentage numbers. Emerging issues include the impact of integration, stage 2 redevelopment, and Healthcare Tomorrow next steps.

### 3.5 Addictions & Mental Health Redesign Project

During public consultation undertaken for the South East LHIN's third integrated health services plan, *Better Integration, Better Health Care*, the South East LHIN learned about the opinions and concerns of the residents in the region regarding the delivery of AMH Services throughout the region. A number of challenges related to access to care, the need for standardization of practice, communication between services/programs and organizations, were some of the issues identified. Silvie Crawford confirmed that a draft agreement has been developed and is nearing completion which will be brought back to the Board.

## 4.0 PATIENT CARE & PEOPLE COMMITTEE

### 4.1 Patient Flow

At the recent Patient Care and People Committee, Silvie Crawford reported that members had an excellent discussion relating to patient flow. Activity levels in emergency are up significantly; for the medicine program, this has resulted in approximately 18% more patient days than in the same period last year. The number of patients designated ALC also continues to rise. On average, in Q1, there were 68 patients waiting in KGH's acute care beds for discharge to home or another facility such as long term care, nursing home, rehabilitation, group home, shelter.

KGH has had an 18 month Patient Flow Action Plan in place since October 2015 with three areas of focus: inflow, emergency department diversion, intra-hospital patient flow, and outflow/discharge planning. The inpatient unit access guidelines replaces KGH's former surge protocol to ensure that no patient spends more than 24 hours in emergency before being transferred to an inpatient area. A pay for results proposal to implement the Home First philosophy was recently approved by the SE LHIN. This will focus on keeping patients safe in their home for as long as possible with community supports.



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A patient story was shared with members of the Board which demonstrated how one acute care hospital immediately discharged the patient home which then resulted in the Community Care Access Centre (CCAC) having to respond to a patient that was then designated as 'crisis' who was then able to access the necessary supportive care (in the community versus being an hospital inpatient).

Other strategies include the introduction of a fast track zone near the triage area in the emergency department which will allow for minor emergencies to be seen quickly; the introduction of a non-emergency procedures and assessment area in the general clinic setting; and opportunities are being explored with other companies that can provide different models of community support/care. A proposal is being developed to look at addressing some of the barriers to discharge planning. Discussion focused on ensuring an appropriate case mix appreciating KGH's role in tertiary care.

### 4.2 Staff Scheduling Project

Silvie Crawford provided the Board with a brief update on the current status of the staff scheduling project. Patient Care and People Committee members had a good discussion at their last meeting on some of the challenges associated with this project. A number of recommendations are being implemented to try and address some of these issues. A commitment has been made to the committee to come back with the issues list and provide members with an update on how these items are being addressed.

### 4.3 Patient Related Critical Incident Process

The *Excellent Care for All Act* (ECFAA) requires hospitals to be compliant with a number of initiatives which are the tenets of a strong quality improvement program: quality committees, patient surveys, employee and provider surveys, patient relations process, patient declaration of values, annual quality improvement plans, performance based compensation, and critical incident reporting.

David Zelt explained that the Board must assure itself that there is a process in place, through its quality committee, to receive reports on critical incidents. At the last Patient Care and People Committee, members were provided with an overview of the critical incident reporting process at KGH. The briefing note shared with the committee was presented to the full Board for review.

## 5.0 MEDICAL ADVISORY COMMITTEE

### 5.1 Chief of Staff Report

The written report of the Chief of Staff highlighting the discussion from the September Medical Advisory Committee meeting was circulated to Board members in the advance of the meeting. David Zelt confirmed that the MAC received a presentation at the last MAC from the two hospital CEOs on the KGH/HDH integration process.

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### 6.0 FINANCE AND AUDIT COMMITTEE

No agenda items were identified by the committee.

### 7.0 GOVERNANCE COMMITTEE

#### 7.1 Patient Experience Advisors – 2016-17 Appointments

George Thomson drew attention to the recommendation of the Governance Committee regarding the appointments of KGH Patient Experience Advisors to KGH Board committees. The implementation plan endorsed by the Board at its August Board meeting has been executed. Interviews were held in September and an orientation session was attended by all three individuals in advance of their first meetings in September. Board Committee Chairs have agreed to play a mentoring role to each Advisor. One item identified during the orientation session related to voting privilege of Advisors doing committee work. The Governance Committee will come back to the Board with a recommendation in that regard. Voting privilege needs to be considered also at the Board level and a process to select an Advisor to serve on the Board needs to be developed.

Moved by George Thomson, seconded by Susan Lounsbury:

THAT the following KGH Patient Experience Advisors be appointed to the following committees: Josef Amann to the Finance and Audit Committee; Vivian Bethell to the Patient Care and People Committee; and Betty Harlow to the Governance Committee with an understanding that the KGH board committees may cease to function effective March 31, 2017.

CARRIED

#### 7.2 KGH / HDH Integration Update

- Joint Steering committee
- Governance Working Group
- Transition Team

George Thomson provided an update on integration activities. Legal counsel has filed the necessary documentation with the Canada Revenue Agency to support Newco. Discussions are ongoing with respect to the drafting of the ground lease and operating agreements. David O'Toole and Sherri McCullough have agreed to co-chair the JSC Governance Working Group and a process for the selection of new board members to the Kingston Academic Health Sciences Centre has been endorsed. The overall composition of the new board will include 4 legacy members from the KGH Board, 4 legacy members from HDH (Phase 1 recruitment) and Phase 2 recruitment will see the addition of 4 new community members. Ex-officio positions will include the CEO, Chief of Staff, Chief Nursing Executive, President of the Medical Staff Association, and the Principal of Queen's University/delegate. Phase 1 recruitment should be completed by the end of November, and Phase 2 recruitment should be completed by next spring. The Governance Working Group has had a good

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discussion about including a patient experience advisor on the new Board. The Working Group will also draft the first Bylaw as well as recommend a process for the selection of a Chief of Staff. George Thomson noted that the COS selection process will not commence until the selection of Chief Human Resources Officer has been completed to guide the process. In terms of the selection of Board Officers, this work will not be completed until the full board has been confirmed.

Jim Flett then briefed the Board on the work of the Transition Team. The senior executive of KGH/HDH have completed the first draft of the required integration template for submission to the SE LHIN. Two key elements requiring further work are the areas of engagement and the financial plan. Once the SE LHIN Board has approved the submission, the recommendation will then be delivered to the Ministry. The timeline for completion and submission is by the end of October. Jim Flett provided the Board with a high level overview of the principles that are forming the basis of the ground lease agreement.

## 8.0 IN-CAMERA SEGMENT

### 8.1 Motion to Move In-Camera

Moved by Donna Janiec, seconded by David O'Toole:

THAT the Board move into an in-camera session.

CARRIED

## 11.0 REPORT ON IN-CAMERA DECISIONS & TERMINATION

### 11.1 Motion to Report the Decisions Approved In-Camera

Moved by Axel Thesberg, seconded by Donna Janiec:

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 August in-camera board meeting; the board approved the draft May Finance and Audit and June Governance Committee minutes; the board received the final minutes of the Fiscal Advisory Committee; the board received the final May minutes from the Patient Care and People, Governance Committees; the board received the draft September Committee minutes; the board approved a number of medical staff appointments and reappointments and housestaff appointments; the board approved the reappointment of Dr. Sandip SenGupta as the Deputy Head of Pathology and Molecular Medicine; the board approved the appointment of Dr. Daniel Howes as the Head of the Department of Critical Care medicine; the board discussed the Q1 performance results of the Interim CEO and the Chief of Staff; the board was briefed on a personnel matter; and the board discussed certain aspects of the KGH / HDH integration project.

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### 11.2 Date of Next Meeting & Termination

The Chair confirmed that the date of the next meeting is Wednesday, November 9, 2016 starting at 16:00 hours in the Fenwick Conference Room, Watkins 2.

The meeting terminated at 18:25 hours on motion by Lynn Bowering.

### 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.

George Thomson  
Chair

## JIM FLETT, INTERIM PRESIDENT & CEO

**Submitted to:** Board of Directors  
**Date of Issue:** September 21, 2016  
**Period Covered:** August 16 to September 21, 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 August 16, 2016 Board meeting. 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. Duncan Sinclair Lecture in Health Policy – Federal Minister Jane Philpott

Presented by the Queen's Centre for Health Services and Policy Research, we hope that Board members are available to attend the September 26 session with the Federal Health Minister starting at 17:00 hours at the Isabel Bader Centre for the Performing Arts. Minister Philpott was elected as MP for Markham-Stouffville on October 19, 2015 and appointed as Minister of Health November 4, 2015. Prior to entering politics, Dr. Philpott led an extensive career in family medicine, public health, medical education and global advocacy for HIV/AIDS. Dr. Philpott studied medicine at the University of Western Ontario, completed a Family Medicine residency at the University of Ottawa, and a Tropical Medicine fellowship in Toronto. In 2012, she completed a Master of Public Health degree at the University of Toronto.

### 3. KGH Q1 Media Report

I would like to bring to your attention some changes to the format of our Q1 Media report. Strategy Management and Communications has recently begun using new media monitoring software, which allows KGH to better track our media efforts, as well as any mentions of our hospital across a variety of platforms including blogs, Twitter and Facebook.

This tool has also allowed KGH to better analyze our brand and footprint in both traditional media and social media venues, unlocking new types of information and data that had previously been unavailable to the hospital. We hope you find the information in this report informative and reflective of the work we continually do to enhance the brand and reputation of Kingston General Hospital.

### 4. Speech from the Throne – September 12, 2016

Over the next two years, the Ontario government has made commitments to further improve patient care and health system sustainability by:

- Reintroducing Bill 210 and delivering on the primary care guarantee with the proposed *Patients First Act*.

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- Continuing to expand the improve home and community care – the 2016 budget extended Ontario's commitment to increase funding by \$250M to support expanded capacity and deliver more high-quality home and community care.
- Responding to the need for better dementia support – public consultations will be underway this fall to develop a provincial dementia strategy. The 2016 provincial budget announced an additional \$10M annually to Behavioural Supports Ontario, in support of initiatives that help residents with dementia and other complex behaviours including neurological conditions.
- Investing in better cancer care – over the next three years, Ontario will be investing an additional \$130M in cancer care services. The government has also made a commitment to invest in infrastructure to improve access to highly specialized stem cell transplantation programs.
- More long term care – over the last decade, Ontario has doubled its long-term care funding (now pegged at approximately \$4B per year). Going forward a commitment has been made to provide an annual increase of 2% for the next three years. Ontario is also providing additional funding to encourage operators to accelerate the redevelopment of more than 30,000 additional long term care beds by 2025.
- Expanding quality hospice and palliative care – beginning in 2016, the government will invest an additional \$75M in community-based residential hospice and palliative care over the next three year period.
- Improving Indigenous health services and outcomes – in May, the provincial announced that it will invest \$222M over the next three years to ensure Indigenous people have access to more culturally appropriate care and improved outcomes. This investment will be followed by sustained funding of \$104.5M annually to address health inequities and improve access to health services.
- Ensuring fair compensation and investing in front-line health care professionals – the province has made a commitment to grow the number of frontline healthcare professionals in Ontario. Any new health care dollars identified must now go to services in the community that provide care to the most people. The government will continue to work with Ontario's doctors to reach an agreement that honours this shared commitment to enhance primary care.
- Building new and improved hospitals – over the next 10 year period, an allocation of \$12B has been identified to build new and improved hospitals. Over the next five years, 18 more hospitals will complete major renovations or rebuilds and approximately 20 more major projects will get underway. In 2016, the government has indicated that Ontario hospitals will receive an increase in base funding of \$345M and an additional \$50M annually to keep facilities in a state of good repair.
- Making vaccines and prescription drugs more affordable – the government remains committed to reducing out of pocket costs for prescription drugs.

### **Remarks by Karen Michell, Executive Director, Council of Academic Hospitals of Ontario (CAHO)**

Overall, the speech was very high level, and was a departure from other throne speeches that usually give much greater indication of the direction, philosophy, priorities and ambitions for the government of the day. With that in mind, CAHO hospitals should be neither excited, nor discouraged about what was in or not in the speech. Notwithstanding a full section on health care, in the absence of any meaningful focus on health research or science, CAHO and member hospitals should stay the course with its current areas of advocacy. The government is clearly focused on jobs and the economy, with a specific focus on the innovation economy, and as such, the role that Research Hospitals can play in this transitioning economy should also be top of mind when we are engaging with government, going forward.

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## 5. Ministerial Mandate Letters Update

At the mid-point of the government's mandate, Premier Wynne released Ministerial letters to her new Cabinet on September 23. Minister Hoskins letter is appended and highlights the following key priorities:

- Access: providing timely access to the right care
- Connect: delivering coordinated and integrated care in the community and closer to home
- Inform: providing education, information and transparency to support informed decision-making
- Protect: making decisions based on value and quality to sustain the health care system for generations to come

## 6. KGH Auxiliary – Harvest Bazaar 2016

This year's annual bazaar will be held on November 30, 2016 in the Environmental Exposure Unit (old cafeteria) on Dietary 3. An assortment of baked goods, silent auction items and other holiday gift giving items will be available from 10:00 to 2:00 pm. A great way to support the Auxiliary in their fundraising efforts. If you are in the area, please drop by on November 30.

In late August, George Thomson and Diane Kelly joined me and Sandra Carlton in our regular meeting with the President of the Auxiliary, Sandra Fletcher, and Vice President, Heather Breck. For the benefit of new board members, the KGH Board endorsed an engagement plan with the Auxiliary in 2009 which provides for regular exchanges of information and to meet, at least yearly, with the CEO, Board Chair, and Board Liaison to discuss items of mutual interest.

## 7. Brockville General Hospital

The Ontario government will be appointing a Supervisor for Brockville General Hospital. BGH Board Chair, Neil Bhatt, stated that the appointment of a Supervisor will help resolve long-standing challenges experienced by BGH.

## 8. University Hospitals Kingston Foundation

- **The Masquerade Ball** – October 29, 2016 - At the Isabel Bader Centre for Performing Arts starting at 6:30 pm until 11:00 pm. Dress up and transport yourself back in time to a lavish Venetian masquerade ball in support of the Kingston hospitals. Indulge in sumptuous hors d'oeuvres, cocktails, live music and talented entertainers. Hide behind your elaborate mask and take part in a unique and unforgettable evening. To purchase tickets and to register, please visit <https://give.uhkf.ca/masquerade> for information updates.
- **Tim Hortons' Smile Cookies Campaign** - thanks to all Board members who participated in this year's annual Tim Hortons Smile Cookie campaign earlier this month. May of the Tim Hortons restaurant locations in Kingston have generously donated all proceeds from the sales of the smiling chocolate chunk cookies to the University Hospitals Kingston Foundation. Funds raised will be used to support the NICU at KGH. The sales of the \$1 treat helps charities, hospitals and community programs across Canada in the cities where they are sold. Over the past four years, local Tim Hortons have donated over \$200,000 to the NICU at KGH. Nationally, Tim Hortons restaurant owners support more than 350 local charities through the annual Smile Cookie fundraiser.



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- **We Walk! For Your Comfort and Care** – will be held on Saturday, October 1, 2016 in support of Hotel Dieu, Providence Care and Kingston General Hospital – this is an employee walk to engage staff, their family, and friends in raising money for comfort and care of patients, clients, and residents. I will be joining a KGH Team at Lake Ontario Park starting at 10:00 am. Interested in registering a team and learning more, [click here](#).
- **Cheers to Your Health!!** - *Cheers! To Your Health* is a region-wide celebration that involves all of us who have benefited from the patient care, education and research at Kingston General Hospital, Hotel Dieu and Providence Care. This event is a great way to allow anybody to take part and enjoy great food and great company, while raising funds for the Kingston hospitals. The concept is simple. Register your gathering, pick the date, time and format. Then invite your guests to your special event and have them donate what they would have spent on an evening out. It does not have to be just a dinner party; it could be a wine and cheese reception, high tea, Thanksgiving gathering or even a beer and bowling night. Be as creative as you like and know that we are all raising funds to support the Kingston hospitals. The official month for *Cheers! To Your Health* is October, but you can host your gathering any time it is convenient for you. You can register your event at the UHKF website: <http://uhkf.ca/events/cheers/>

## 9. Ontario Hospital Association (OHA)

- **Annual Report and Video Released at the OHA Leadership Summit** (featuring George Thomson & Michael Hickey)  
The OHA released its *2015-2016 Annual Report* today during the 2016 Health Care Leadership Summit, which was held from September 7-9. The report provides a snapshot of the OHA's accomplishments over the past year, as well as some of our priorities for the coming year. The publication is located [here](#).

Also featured at the Leadership Summit was the [OHA Annual Video](#) which shines a light on hospital leadership through various examples featuring OHA members (KGH and HDH!) who are working to make a difference in the lives of patients and their families. It also reflects Ontario's hospitals long standing dedication to the innovation, partnership and collaboration needed to move the health system forward.

- **New Health Policy Journal Launched by the OHA**  
The OHA has launched *Redefining Health Care: A Dialogue on Health Policy*. This biannual publication provides in-depth perspectives and analysis of the issues, trends, research, and best practices in health care. The journal's inaugural issue focuses on health system reconfiguration and includes in-depth analysis and research on health hubs, bundled payments, and the elements of a high-performing health care system. With the recent introduction of Bill 210, this issue also includes reflections from Dr. Bob Bell, Deputy Minister of Health and Long-Term Care on the goals of the restructuring legislation, and insights from Dr. Gregory Marchildon, Ontario Research Chair in Health Policy and System Design at the University of Toronto's Institute of Health Policy, Management and Evaluation, on how this model differs from other provinces in Canada.



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On page 12 of the report, section 10 “Engaging Patients, Caregivers and the Public” states “leading practices from successful organizations, such as Kingston General Hospital and Thunder Bay Regional Health Sciences Centre, should be shared so that patient engagement can become a standard practice.”

To view the article, [click here](#).

Attached to my report is a copy of the OHA Chair’s and President’s reports for the period June to August 2016.

- **Advocacy on Bill 210**

The Ontario Hospital Association (OHA) continues its dialogue with senior Ministry officials and has made moderate progress on specific changes to Bill 210 in a number of areas. Specifically, Ministry staff appears to be seriously considering changes to: the process for negotiating the HSAA; the process with respect to voluntary integration; the process for appointing LHIN investigators; and provisions respecting denominational hospitals. However, the most concerning issues have yet to be addressed – that is providing the Local Health Integration Networks (LHINs) with unfettered authority to issue directives to hospitals and providing the Minister of Health and Long-Term Care with similar authority, without sufficient due process. The OHA is encouraging hospitals to continue to contact their Member of Provincial Parliament (MPP) or Cabinet Minister in the short time ahead to share our sector’s concerns. While it is unclear when this bill will be reintroduced, the OHA will be pressing government to make these amendments before first reading.

## **10. Canadian Institute for Health Information (CIHI) and Canadian Patient Safety Institute (CPSI)**

CIHI and CPSI have been collaborating on measuring harm in Canadian hospitals. The project was undertaken to provide better information on patient safety to health system leaders. On October 5, hospitals will be receiving embargoed access from CIHI to the advance package of information. Web-based briefings will be held on October 12 and 13 to assist hospitals in understanding this new report. We anticipate the Ontario Hospital Association will be providing additional information in the coming weeks regarding this project.

## **11. Legislative Updates & Compliance**

### **Public Hospitals Act and Regulated Health Professions Act**

On August 1, 2016, new mandatory reporting requirements under the *Public Hospitals Act and Regulated Health Professions Act* (introduced through Bill 21) came into force. Under the new requirements, administrators must notify a regulated health professional’s regulatory college when a professional resigns or restricts his or her practice, and the administrator has reasonable grounds to believe that the health professional’s resignation or restriction are related to professional misconduct, incompetence, or incapacity.

This is in addition to mandatory college reporting in instances where a hospital terminates, revokes, suspends, or restricts the privileges of a regulated health professional due to professional misconduct, incompetence or incapacity, or when a regulated health professional resigns during an investigation into their professional misconduct, incompetence or incapacity.

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To view the OHA Backgrounder on Bill 21, [click here](#)

## Employer Health Tax Act

The Ontario Ministry of Finance is proposing a regulation under the *Employer Health Tax Act* to codify some practices that give preferential administrative treatment to registered charities, including hospitals. The regulation would:

- Provide one exemption for each qualifying location of a registered charity;
- Clarify that registered charities are exempt from the association rules for claiming the exemption;
- Waive the requirement for registered charities to enter into and file an Associated Employers Exemption Allocation Agreement; and
- End the practices that allow multiple exemptions at a single qualifying location.

The regulation would require registered charities to file an annual return for each of its qualifying locations. Registered charities would also be required to combine the payrolls of all of their qualifying locations to determine the applicable Employer Health Tax rate. The Ministry of Finance is looking to have the proposed regulation come into effect on January 1, 2017.

## Broader Public Sector Executive Compensation

The President of the Treasury Board announced an Executive Compensation Framework that applies to broader public sector employers in Ontario, including hospitals. The regulation will require each hospital board to establish executive compensation programs within certain limits. Until recently, the government's actions and communications to the Ontario Hospital Association (OHA) and other sectors suggested that the government would be exercising this authority and developing sector-specific frameworks for the Broader Public Sector. The OHA is currently reviewing the regulation in more detail and will be developing further analysis for members, including a legislative backgrounder.

As part of their announcement, the government has released the following framework requirements:

- **Salary Caps:** Total cash compensation will be capped at the 50th percentile or mid-point of appropriate public sector comparators. Private sector and international comparators could be used in this analysis, but only when authorized.
- **Other Limitations:** The framework cannot include a signing or retention bonus, cash housing allowance, payment in lieu of perks, or additional benefits or enhancements that surpass those given to non-executives. Benefits that are given exclusively to executives, such as a car allowance, must be accompanied with a business rationale.
- **Transition:** The transition strategy is up to the discretion of the Board. There will be a three-year transition period for existing executives. New executives or existing executives who move into another executive role must immediately follow the new framework.
- **Transparency:** Once a compensation program is developed, organizations must engage in public consultations, providing members of the public a reasonable opportunity for comment.
- **Timing:** Organizations will need to be in compliance with the regulation (i.e., complete all elements of framework development, consult and post a final framework online) before September 5, 2017. The

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current restriction on executive compensation set out in the *Broader Public Sector Accountability Act* cease to apply on the date a compensation framework becomes effective. This date is the day that the organization posts a compensation program on its website (which shall be no later than September 5, 2017).

Over the past few years, the OHA has worked closely with government to provide an understanding of the uniqueness of each hospital and the diverse leadership team structures. During this time, Ontario's hospitals have demonstrated strong leadership and a commitment to establishing governance to support decision making on executive compensation within their organizations and to enhance the transparency of how compensation decisions are made.

The OHA will now be moving ahead to update its existing framework to serve as a template for the hospital sector, develop a guide for hospitals wanting to develop their own framework, and distributing a number of educational tools and resources, including a more-detailed analysis of the regulation for hospitals.

The KGH Governance Committee received a briefing at their September 19 meeting and further briefings will be provided through Sandra Carlton as the framework is further developed.

I would be more than pleased to respond to questions from my report at our August 16 meeting.

Jim Flett  
Interim President and Chief Executive Officer

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