

BOARD OF DIRECTORS - OPEN MEETING

Date: Monday, September 25, 2017
 Meeting: 1600 – 1930 hours (light dinner provided)
 Location: Kingston General Hospital
 Fenwick Conference Room, Watkins 2
 Dial-in: 1-855-344-7722 7673253#

Start	Time	Item	Topic	Lead	Purpose	Attachment
1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, AGENDA CONFIRMATION						
1600	5 min	1.1	Opening Reflection, Chair's Remarks, Quorum Confirmation, Agenda Approval	Corkery	Decision	Draft agenda
		1.2	Approval of Previous Minutes: August 21, 2017	Corkery	Decision	Draft minutes
2.0 PRESENTATIONS						
1605	20 min	2.1	Presentation by Dr. Karen Graham Title: Emergency Department Update	Fitzpatrick/ Graham/ Messenger	Inform	Presentation @ meeting
3.0 CEO UPDATE						
1625	10 min	3.1	CEO Report Highlights & External Environment Update	Pichora	Discuss	Written report
		3.2	Headship, Department of Psychiatry	Pichora/ Fitzpatrick	Decision	Briefing note
4.0 UNIVERSITY HOSPITALS KINGSTON FOUNDATION						
1635	5 min	4.1	CEO Report	Cumming	Inform	Verbal
5.0 KHSC STRATEGY UPDATE						
1640	10 min	5.1	Strategy Development Work Plan	Pichora/ Corkery	Discuss	Briefing note + work plan
6.0 INTEGRATED BUSINESS						
1650	20 min	6.1	Quarterly Performance Report – Q1 <ul style="list-style-type: none"> • Strategy Performance Report • Quality Improvement Plan Report • Service Accountability Agreement Indicators Report 	Pichora/ Committee Chairs	Discuss	Briefing note, reports + presentation @ meeting
7.0 MEDICAL ADVISORY COMMITTEE						
1710	15 min	7.1	COS Report / MAC Update	Fitzpatrick	Discuss	Written report
		7.2	Appointments, Reappointments to the Professional (Medical, Dental, Midwifery and RN Extended Class) Staff	Fitzpatrick	Decision	Briefing note
		7.3	Housestaff 2017/18	Fitzpatrick	Decision	Briefing note
		7.4	Deputy Heads: Emergency Medicine; Adult Psychiatry/Child & Adolescent Psychiatry; Urology; Ophthalmology	Fitzpatrick	Decision	Briefing note

Agenda

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8.0 PATIENT CARE, QUALITY & PEOPLE COMMITTEE						
1725	25 min	8.1	Annual Patient Council Reports	McCullough	Discuss	Reports
		8.2	Patient Safety and Quality Report	McCullough	Discuss	Briefing note
		8.3	Patient Flow Update	McCullough	Discuss	Briefing note
		8.4	Patient and Family Led Feedback Process	McCullough	Discuss	Briefing note
		8.5	Board Policy: Patient Feedback Policy	McCullough	Decision	Briefing note + draft policy
9.0 FINANCE & AUDIT COMMITTEE						
10.0 GOVERNANCE COMMITTEE						
1750	15 min	10.1	Accreditation Survey Readiness	Corkery	Inform	Briefing note
11.0 EXECUTIVE COMMITTEE						
12.0 IN-CAMERA SEGMENT(Brief dinner break)						
1805	15 min	12.1	Motion to Move In-Camera (agenda items #13-15)	Corkery	Decision	Verbal
15.0 REPORT ON IN-CAMERA DECISIONS & TERMINATION						
1920	5 min	15.1	Motion to Report the Decisions Approved In-camera	Corkery	Inform	Verbal
		15.2	Date of Next Meeting & Termination	Corkery	Inform	Verbal
16.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY						
17.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT						

Briefing Note

Topic of Report:	CEO REPORT	For Decision	
Submitted to:	Board of Directors	For Discussion	X
Submitted by:	Dr. David R. Pichora, President and CEO	For Information	
Date submitted:	September 20, 2017		

Background

This note provides an update on activities at the HDH and KGH sites that relate to our mission and annual corporate plans since the last KHSC Board meeting in August. I am happy to take any questions on items in the report.

Current State

1. Integration Update

Many departments have integrated their operations across both sites. Finance is now located at one site and the human resource function has responsibility for KHSC and Providence Care Hospital. The senior leadership team continues to identify efficiencies and eliminate barriers across both sites. Work continues to integrate Brockville General Hospital lab work into the KHSC lab. As well, the team is mapping out a multi-year IT plan for major systems integrations in the areas of human resources, payroll, communications and finance.

A new Strategic Operations Committee has been established to engage the Director-level in the operations and strategic performance of KHSC. Members of the senior team continue to work on the overall committee structure and further changes will take place later this fall.

Most legal items have now been completed although we are still working on a re-negotiation of the Kingston Regional Hospital Laundry contract. Legacy hospitals have revised articles of incorporations and a private members bill is being prepared to support donations to UHKF from the legacy hospitals.

2. Hospital Information System (HIS) Update

Further to my update at the August Board meeting, the SE LHIN CEOs met on Friday, September 15 to review and agree on the estimates of the total cost of ownership for the HIS project to be included in the business case. The cost estimates for the KHSC portion of this project continue to be in line with our original estimates. The CEOs have unanimously supported a briefing at the SE LHIN Chair and

Vice Chair meeting being held on Thursday, September 21, and a further update will be provided to the Board by Kirk Corkery at our Board meeting.

3. Transitional Care Unit @ KHSC – KGH Site

Kingston Health Sciences Centre (KHSC) Kingston General Hospital site and Bayshore are interested in exploring a partnership opportunity with the SE LHIN Home and Community Care to deliver a comprehensive health services program to support the transition of patients currently designated, or likely to be designated, for Alternate Level of Care (ALC). The three organizations propose to establish a high quality Transitional Care Program outside the hospital.

The aim of the program is to lower ALC rates, increase supports for patients designated as ALC to be discharged home, and mitigate unscheduled ED visits as well as hospital readmissions.

Our program will be responsive to *Bill 41 Patients First: Action Plan for Health Care*, specifically “**delivering better coordinated and integrated care in the community, closer to home**” in addition to the KHSC strategic direction to “**create seamless transitions in care for our patient across our regional healthcare system**”.

The program will support the seamless transition of ALC patient out of acute care settings, and into a restorative transitional care setting by offering short-term placement pending permanent placement by the SE LHIN Home and Community Care into most appropriate community facility. It is designed for current ALC designated patients who are not deemed suitable for discharge home.

This innovative approach would be aimed at current and potential ALC designated patients, with a destination of supported or assisted living (e.g. retirement home, shelter, group home), convalescent care or rehabilitation facility who may or may not receive the necessary amount of SE LHIN Home and Community Care service or may not be eligible for SE LHIN Home and Community Care services upon discharge. Patients may be included in the program while the most appropriate discharge destination is being determined and discharge planning is being finalized.

By providing high quality integrated comprehensive care options and a two-pronged approach to the ALC challenge, Bayshore will assist KHSC in:

- Reducing the number of patients occupying ALC beds;
- Enhancing patient care by providing restorative care to maximize the patient’s level of function and independence while in transition to their final destination;
- Providing greater support to former ALC patients in returning home; and
- Lessening unnecessary ED visits and potential hospital re-admission, thereby interrupting the restart of the ALC cycle.

The MoHLTC has been engaged in discussions with KHSC and funding to support is promising.

4. New Residency Program – Clinical Psychology at KHSC

In this year of milestones, Kingston Health Sciences Centre (KHSC) has added one more with the launch of a new residency program in adult clinical psychology, an opportunity to train the next generation of professional psychologists while boosting patient access to care.

Clinical psychologists currently work in KHSC patient care programs such as adult eating disorders, chronic pain and bariatrics. However, only now is formalized training available. Dr. Brad Mac Neil is the training director of the new program.

Psychology residency programs typically exist within a health sciences centre - our new status as KHSC positions us to establish our own program, so this is definitely an integration win. That win translates into 12 months of supervised training for inaugural resident Diane Bell, who will be focused on developing competencies in psychological and diagnostic assessment, case consultation and evidence-based treatment. Supporting that work will be exposure to the clinical work of licensed psychologists and other multidisciplinary team members such as social workers, nurses, psychiatrists, dietitians and occupational therapists. For Diane Bell, the residency's major rotation in the adult anxiety disorders clinic at the Hotel Dieu Hospital site is a good fit. She has a strong clinical interest in trauma and Post-Traumatic Stress Disorder, including the trauma accompanying sexual abuse and assault. And her approach to clinical practice dovetails with KHSC's commitment to patient and family-centred care.

5. Knowledge Translation: Innovation through Research

In today's health care environment, access to and implementation of research findings is key to sustainable and patient-centered solutions. Knowledge Translation (KT) involves moving research outcomes into practice. In the past, clinicians and scientists worked independently of each other, often leading to delays in the implementation of research findings. The HDH and KGH Research Institutes (RIs), in partnership with Queen's University and industry, have developed the infrastructure and culture that enable clinician scientists and scientists to work collaboratively, fostering the rapid translation of research findings into the delivery of patient care.

Dr. Russell Hollins, a KHSC Ears, Nose & Throat (ENT) surgeon working with industry engineers, piloted the NaviENT device in 2015 at the Hotel Dieu Hospital site, with the assistance of the HDH RI. NaviENT is a 3D image-guided surgical navigation system, which helps ENT surgeons to identify anatomic structures in sinus surgery, thus avoiding complications related to the variability of sinus anatomy. Based on the results of this pilot and the recommendations for improvement from Dr. Hollins, NaviENT obtained approval for the European and Canadian markets in 2016, and most recently, from the Food and Drug Administration (FDA) in the United States. This new innovation will improve patient and health care outcomes by enabling more accurate and successful procedures.

Dr. Paula James is a KHSC physician in the Department of Medicine, with cross-appointments to the Department of Pathology & Molecular Medicine and Paediatrics. She is also a principal investigator in the Clinical and Molecular Hemostasis Research Group, located jointly between Queen's University and KHSC. The group uses a variety of experimental approaches to understand the molecular basis of blood coagulation and to develop strategies to translate this knowledge into clinical benefits. In her clinic, Dr. James directs the Southeastern Ontario Regional Inherited Bleeding Disorder Program and has established a Women's Bleeding Disorder Clinic. Her internationally-recognized expertise in the care of von Willebrand Disease (VWD), a lifelong bleeding disorder that affects the blood's ability to clot, resulted in her recently being honoured with the Cecil Harris Award by the Canadian Hemophilia Society. The award is presented to a physician in recognition of distinguished contributions in the areas

of research or the advancement of the care of patients with inherited bleeding disorders. Dr. James' Let's Talk Period (<http://letstalkperiod.ca/>) website features a bleeding assessment tool to help women that may be suffering from bleeding disorders. More than 2,000 women have taken the test in 106 countries and the website has had more than 15,000 views.

6. Quality Based Procedures (QBP) Indicator Results

Quality-Based Procedures (QBPs) are specific groups of patient services that offer opportunities for health care providers to share best practices that will allow the system to achieve even better quality and system efficiencies.

As part of this approach, the MOHLTC, in collaboration with partners such as Health Quality Ontario, Cancer Care Ontario, Cardiac Care Network and the Provincial Council for Maternal and Child Health, has established expert advisory panels composed of a cross-sectoral, multi-geographic, and multidisciplinary membership including leading clinicians, scientists, and patients.

These expert advisory panels develop QBP Clinical Handbooks that serve as a compendium of evidence and clinical consensus and define episodes of care for selected disease areas or procedures and provide best practice recommendations for patient care and indicators to monitor for ongoing quality improvement.

The use of best practices is intended to promote the standardization of care by reducing inappropriate or unexplained variation and ensuring that patients get the right care at the right place and at the right time, which is part of the Patient's First: Action Plan for Health Care, the Ontario government's blueprint for the next phase of health care system transformation.

Once a procedure has been established as a QBP, funding for each specific grouping is provided on a "price times volume" basis and health care providers are funded using a standard rate (or price) adjusted for the types of patients they serve.

Since 2014, the Ministry has been releasing indicator results as part of the Quality Based Procedures implementation plan. Based on input from the field, the Ministry has now created a new process for releasing these results to hospitals called the Quality Based Procedure Indicator Tool (QBPIIT). Updates indicators for stroke, hip fracture, cataract, chronic obstructive pulmonary disease, congestive heart failure, and primary hip/knee replacements are now available through this updated tool.

In terms of our process to review and report these indicators at KHSC, this information is used by Troy Jones and his team in Decision Support Services to assist leaders in monitoring programs and services provided by KHSC and to ensure we are meeting the needs of our patient populations. Several of the indicator results are also captured in our quarterly reporting framework.

7. Ontario Health Regulators – New Website Launch for Patients – www.ontariohealthregulators.ca

The Federation of Health Regulatory Colleges of Ontario, which represents 26 regulated health colleges of Ontario, has created a new website for patients. Patients can find the most trustworthy, relevant, and up-to-date information about the colleges and health professionals they regulate. Visitors can access the registers of all 26 colleges and get important about a health professional's registration and discipline history. The site contains useful tips for patients to make the most of their care and time with regulated health professionals.

8. Ontario Hospital Association – Annual General Meeting – www.oha.com

- New Strategic Plan (2018-2021)

Following extensive consultation with hospitals, staff and stakeholders, the OHA has released its new Strategic Plan at its recent annual general meeting. A copy of the plan is appended to my report.

- OHA Board of Directors Update

and three new Directors were elected: Elizabeth Buller, President and CEO, Scarborough and Rouge Hospital, Sarah Downey, President and CEO, Michael Garron Hospital, Carol Lambie, President and CEO, Waypoint Centre for Mental Health Care. Also elected for a second three-year term: Gillian Kernaghan, President and CEO, St. Joseph's Health Care, London, Kwame McKenzie, Chief Executive Officer, Wellesley Institute, Karim Mamdani, President and CEO, Ontario Shores Centre for Mental Health Services, Gay Wrye, former chair of Windsor Regional Hospital.

The members also re-elected James G. McCracken for a one-year term to enable him to serve a second year as Chair. The Board elected two Vice-Chairs: Stacey Daub, President and CEO of Headwaters Health Care Centre and Altaf Stationwala, President and CEO of Mackenzie Health. Karim Mamdani was re-appointed as Treasurer and Anthony Dale, OHA's President and CEO, was appointed Secretary. Additionally, effective June 1, 2017, Dr. Jack Kitts, President and CEO of The Ottawa Hospital, was appointed by the Board to fill a vacancy created when Dr. Barry McLellan resigned from the Board.

- New OHA Labour Relations Committee

The OHA Board has created a new Labour Relations Committee (Committee) to oversee central collective bargaining activities on behalf of members; make recommendations to the Board on labour relations matters of provincial importance or impact; and monitor developments that would affect OHA's role in labour relations matters.

The Board has appointed Dr. Jack Kitts, President and CEO of The Ottawa Hospital, as Chair, and Elizabeth Buller, President and CEO of Scarborough and Rouge Hospital, as Vice-Chair. The OHA is seeking applications from hospital leaders in each of the following roles: Chief Human Resources Officers, Chief Financial Officers, and clinical executive leads, such as Chief Nursing Executive.

The Committee is expected to have its first meeting in late October and another one or two meetings this calendar year. The meeting schedule for 2018 will be determined based on the Committee's responsibilities.

9. Ontario Hospital Association – Action to Avoid Capacity Crisis

With the Legislature reconvening early this month, the Ontario Hospital Association (OHA) has issued a call to action from the government for rapid and aggressive new investment in hospital services, and services across the continuum, to avoid a possible capacity crisis within Ontario's healthcare system this winter.

OHA President and CEO, Anthony Dale, has identified that many hospitals have operated through the summer under very unusual and worrying surge conditions. There is evidence that strongly suggests that, even with the 2017 Budget announcement, further investments are urgently needed this fiscal year in order to ensure timely access to services for patients.

The OHA has stated that, this summer, wait times for patients admitted through emergency departments hit the highest monthly level recorded since the province started measuring wait times nine years ago. Many of the province's largest hospitals reported occupancy levels exceeding 100 per cent. While it is normal to see an increase in patient volumes in the winter months, this summer was unusually high, matching the sector's highly stressed January and February occupancy rates. Now, with weeks to go before flu season begins again, conditions strongly suggest that the healthcare system faces a real capacity crisis this winter without further action.

With the Fall Economic Statement approximately 60 days away, and more provincial revenue than expected, the OHA has recommended new in-year investment to stabilize and build new capacity in hospitals and across other health providers in order to ensure the healthcare system is better prepared to meet the needs of patients this winter. In addition, in the months ahead the OHA will be making further recommendations regarding health system capacity for the 2018 Ontario Budget, expected in the late winter or early spring next year.

10. College of Physicians and Surgeons of Ontario – Appointment of New Registrar/CEO

The College of Physicians and Surgeons of Ontario (CPSO) recently announced the appointment of Dr. James Wright as the next Registrar/CEO. Dr. Wright is a renowned orthopaedic surgeon with leadership roles in a number of world-class settings. He is a surgeon, educator and scientist, with keen interest and expertise in public policy.

Dr. Wright is currently a Professor of Orthopaedic Surgery at the University of Oxford, United Kingdom. Previously, he was Chief of Perioperative Services, and Surgeon-in-Chief, Department of Surgery, and Vice President, Medical at the Hospital for Sick Children in Toronto. In this role he was responsible for the operation of six surgical divisions and five departments and was also the executive medical lead for the quality and risk teams, providing guidance and expertise on advancing the quality of clinical care and services. Dr. Wright has been a senior scientist in the Child Health Evaluative Sciences Program, Research Institute, SickKids, a program he led for five years. In 2016 Dr. Wright was awarded the Order of Canada for transforming the field of pediatric orthopedic surgery through his influential research that dramatically reduced errors and complications, and improved access for young patients.

Dr. Wright will join the College as Registrar/CEO-elect January 2, 2018 and will assume the role as Registrar/CEO February 26.

11. Genome Sequencing Matches Cancer Patients with Experimental Therapies

A new cancer study is using the latest genome sequencing technology to bring a unified molecular profiling approach that matches cancer patients with the experimental therapy that is appropriate for their condition. The study, called the Ontario-wide Cancer Targeted Nucleic Acid Evaluation (OCTANE), will create a province-wide database of participating patients' genomic and clinical data, according to the Ontario Institute for Cancer Research (OICR). The data will be used to identify

approved treatments and enroll patients in experimental targeted therapies being evaluated through clinical trials. The data sharing will also be used to develop future treatments and research studies.

OCTANE is now open at five Ontario cancer centres: Juravinski Cancer Centre (Hamilton), Kingston Health Sciences Centre, London Health Sciences Centre, Princess Margaret Cancer Centre (PM) (Toronto) and The Ottawa Hospital Cancer Centre.

The study is open to patients already being treated for advanced solid tumours at one of the participating study sites. Candidates for the study must have undergone no more than two previous attempts at treating their cancer and who meet the other criteria for entry into the study.

12. Ontario Partnering with Towns and Cities to Provide Housing Support

Ontario is partnering with municipalities across the province to provide more supportive housing and other services for those in need, to reduce poverty and end chronic homelessness. Peter Milczyn, Minister of Housing and Minister Responsible for the Poverty Reduction Strategy, was in Toronto earlier this month to announce that the province is investing in local, innovative approaches to get people experiencing chronic homelessness into housing and provide them with the support they need to stay there. Chronic homelessness refers to the state of being homeless for six months or more in the past year. The Home for Good program focuses on helping people secure stable housing including individuals transitioning from provincial institutions, such as jails and hospitals.

The partnership between the province and municipalities will help those most in need find stable housing and gain access to crucial support services, such as counselling, addictions services and life skills training, while furthering Ontario's goal of ending chronic homelessness by 2025.

13. Legislative Updates

- Personal Health Information Protection Act, 2004 (PHIPA)

The Ontario government recently amended a regulation under the Personal Health Information Protection Act, 2004 to require mandatory reporting of privacy breaches to the Office of the Information and Privacy Commissioner (IPC) in prescribed circumstances. Point-in-time reporting requirements come into effect on October 1, 2017. To assist health information custodians (HICs) in meeting their legislative obligations, the IPC has developed a guidance document to explain the reporting criteria described in the regulation, and to assist health information custodians in determining when to notify the IPC of a privacy breach. Health information custodians will also be required to start tracking privacy breach statistics as of January 1, 2018 and will be required to provide the IPC with an annual report of the previous year's statistics, starting in March 2019. The IPC will release further guidance on this reporting requirement later this year and the OHA is currently reviewing the guidance document in order to provide advice to member hospitals. KHSC is well positioned to meet these additional requirements.

14. McCoy Passport to Your Health Tours

On Wednesday, September 13, the McCoy hospital tour visited HDH surgical suites, KGH core lab and Providence Manor. This is a great opportunity for staff to connect directly with donors to walk-through and talk about the areas needed for redevelopment in Phase 2. The same tour is slated for Wednesday, November 8 at 1600 hours and we hope that KHSC Board members are available to participate. Please let Rhonda know if your schedule permits.

15. HDH Welcome Back BBQ

To celebrate staff, physicians, learners and volunteers for living the mission at the HDH site, the Annual Welcome Back BBQ was held on Wednesday, September 6. Members of the Executive team flipped burgers and sausages and served beverages!

16. KHSC Embarks on First Joint United Way Workplace Campaign

Co-chairs Janna Dolphin and Ian Kudryk will be spreading the word of support for this year's United Way Campaign! Slated to run from October 10 to 31, the KHSC campaign aims to increase staff participation and to raise \$50K towards the local United Way campaign target of \$3.5M. Thanks to Janna and Ian for taking on this important role in support of our community.

17. KHSC's Q1 Media Report

Ensuring that communication and engagement activities are well-planned, measured and monitored is an important part of meeting the Accreditation Canada governance standards related to strengthening relationships with stakeholders and the community, and managing the organization's reputation. Measuring and monitoring the organizational narrative that plays out through traditional and social media is one of the ways that we support this Accreditation standard. Strategy Management and Communications uses media monitoring software that allows us to track our media efforts, as well as any mentions of our hospital across a variety of platforms including blogs, Twitter and Facebook. This tool also allows KHSC to analyze our brand, reputation and footprint in traditional media and social media channels, unlocking important information and data that indicates the health of our reputation and level of engagement with our communities. The Q1 media report has been provided in this month's Board package.

18. On the Move ...

Dr. Peter Pisters, President and CEO, University Health Network, will be moving to Houston as the President of the University of Texas MD Anderson Cancer Centre.

A new Federal Health Minister – Ginette Petitpas Taylor, formerly parliamentary secretary to the Minister of Finance, will now serve as our Health Minister.

Bonnie Adamson, former CEO from the London Health Sciences Centre has been appointed Supervisor at the Brant Community Healthcare System to address concerns about management and governance and improve hospital operations.

19. Mission Moment ... Going the Extra Mile for Patients at KHSC

The following article was profiled in *KHSC Now* –

Going the extra mile for patients

Posted September 7, 2017 - 4:09pm by John Pereira



It's not unusual for 83-year old Barbara Pusch to venture out on a long bike ride –it's actually her goal to ride at least 10,000 kilometres each year. Unfortunately, Barbara's cycling season was cut short two weeks ago when she was hit by a vehicle while crossing County Road 38.

"It could have been an atomic bomb that hit me," says Pusch. "It happened so fast – all I knew was that I was hit."

Barbara was taken by ambulance to the Emergency Department at Kingston Health Sciences Centre's (KHSC) Kingston General Hospital site (KGH) with a broken hand, cracked vertebrae, fractured rib, and a severely bruised hip.

"As a cyclist you naturally try to avoid situations like this. I have been riding for 15 years without an accident, but sometimes they happen," says Pusch. "I am extremely lucky it wasn't any worse."

After a number of CT scans and X-Rays, Pusch was told she needed surgery and advised to stay off her feet for a few weeks.

*While this would be distressing news for anyone, she says she was particularly upset because she had recently registered for **Life Cycle**, a fundraising event for the Kingston hospitals. In fact, Pusch was among the top three fundraisers and had already collected over \$1,000 in pledges from her friends and family.*

Fortunately for Pusch, fellow cyclist Dr. Damon Dagnone was the team lead in the Emergency Department when she arrived. When he heard her story, he offered to take her place in the ride.

"Sometimes, we can't make something physically better right away," says Dr. Dagnone. "I saw this as a meaningful way that I can help make her feel better. She's a remarkable person, and I wanted to do something remarkable for her."

"When he told me he would ride for me, I felt like I would rise off the bed with joy," says Pusch. "It was just the boost I needed to feel better right away."

The event is a great fit for Dr. Dagnone, who admits he doesn't have much time to get out on his bike these days. Not only is the 100km route on Wolfe Island appealing for the trauma physician, but the proceeds raised from the event will support the redevelopment of the Kingston hospitals, including the construction of a new emergency department.

Briefing Note

Topic of Report: CEO Report – September Board Meeting

Barbara is currently recovering from her injuries and although she's disappointed that she can't ride in the Life Cycle event, she has promised to continue fundraising and is excited about her partnership with Dr. Dagnone.

"He's marvelous – all of the doctors I've had are marvelous. It makes me even happier to give back."

To support Pusch and Dr. Dagnone, visit <http://uhkf.kintera.org/lifecycle>.

I would be more than pleased to respond to questions from my report at our September 25 KHSC Board meeting.

Respectfully submitted



Dr. David R. Pichora
President and Chief Executive Officer