


## BOARD OF DIRECTORS - OPEN MEETING

Date: Monday, January 8, 2018  
 Meeting: 1700 – 1800 hours  
 Location: Hotel Dieu Site, Henderson Board Room  
 Dial-in: 1-855-344-7722 ID - 9740454#

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
<b>1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, AGENDA CONFIRMATION</b>							
1700	5 min	1.1	<b>Opening Reflection, Chair's Remarks, Quorum Confirmation, Conflict of Interest Approval Consent Agenda &amp; Open Agenda Approval</b>  Accreditation Standard 5.5: The governing body has a formal process to understand, identify, and resolve conflicts of interest.	O'Toole	Decision	Draft agenda	
		1.2	<b>Approval of Previous Minutes: November 30, 2017</b>  Accreditation Standard 13.2: The governing body's activities and decisions are recorded and archived.	O'Toole	Decision	Draft minutes	
<b>2.0 CEO UPDATE</b>							
1705	5 min	2.1	<b>CEO Report Highlights &amp; External Environment Update</b>  Accreditation Standard 6.3: The governing body works with the organization's leaders to conduct an ongoing environmental scan to identify changes and new challenges, and ensures that the strategic plan, goals, and objectives are adjusted.  Accreditation Standard 7.6: The governing body has a mechanism to receive updates or reports from the CEO.  Accreditation Standard 12.7: The governing body demonstrates a commitment to recognizing team members for their quality improvement work.	Pichora	Inform	Written report	

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
<b>3.0 MEDICAL ADVISORY COMMITTEE</b>							
1710	5 min	3.1	<p><b>COS Report / MAC Update</b></p> <p> Accreditation Standard 12.1: The governing body demonstrates accountability for the quality of care provided by the organization.</p> <p>Accreditation Standard 6.3: The governing body works with the organization's leaders to conduct an ongoing environmental scan to identify changes and new challenges, and ensures that the strategic plan, goals, and objectives are adjusted accordingly.</p>	Fitzpatrick	Discuss	Written report	
		3.2	<p><b>Appointments, Reappointments to the Professional (Medical, Dental, Midwifery and RN Extended Class) Staff</b></p> <p>Accreditation Standard 8.1: A documented process is followed for granting privileges.</p> <p>Accreditation Standard 8.3: A documented process is followed for reviewing and renewing privileges (including processes for addition of new privileges or alteration of privileges) on a regular basis.</p>	Fitzpatrick	Decision	Briefing note	
		3.3	<p><b>Housestaff 2017/18</b></p> <p>Accreditation Standard 8.1: A documented process is followed for granting privileges.</p>	Fitzpatrick	Decision	Briefing note	
		3.4	<p><b>Headship, Department of Urology</b></p> <p>Accreditation Standard 8.2: A document process is followed to review and evaluate the performance of health care professionals who have been granted privileges.</p>	Fitzpatrick	Decision	Briefing note	

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
<b>4.0 FINANCE &amp; AUDIT COMMITTEE</b>							
1715	20 min	4.1	<p><b>Hospital Annual Planning Submission</b></p> <p>Accreditation Standard 9.1: The governing body approves the organization's capital and operating budgets.</p> <p>Accreditation Standard 9.5: The governing body oversees the organization's resource allocation decisions as part of its regular planning cycle.</p> <p>Accreditation Standard 9.6: When reviewing and approving resource allocation decisions, the governing body assesses the risks and benefits to the organization.</p> <p>Accreditation Standard 9.8: The governing body anticipates the organization's financial needs and potential risks, and develops contingency plans to address them.</p>	Thesberg/ Coghlan	Decision	Briefing note, HAPs narrative, HAPs & CAPs submissions + presentation	Strategic Enabler: Finances Outcome: KHSC is a top operational performer amongst Ontario teaching hospitals. 2017-18 Target: Implement quality improvement initiatives to maximize access to care for our patients
<b>5.0 IN-CAMERA SEGMENT</b>							
1730	5 min	5.1	<b>Motion to Move In-Camera (agenda items #6-8)</b>	O'Toole	Decision	Verbal	
<b>8.0 REPORT ON IN-CAMERA DECISIONS &amp; TERMINATION</b>							
1750	5 min	8.1	<p><b>Motion to Report the Decisions Approved In-camera</b></p> <p>Accreditation Standard 13.3: The governing body shares the records of its activities and decisions with the organization.</p>	O'Toole	Inform	Verbal	
		8.2	<b>Date of Next Meeting &amp; Termination</b>	O'Toole	Inform	Verbal	
<b>9.0 IN-CAMERA ELECTED MEMBERS SESSION &amp; CEO ONLY</b>							
<p>Accreditation Standard 3.5: Required information and documentation is received in enough time to prepare for meetings and decision making.</p> <p>Accreditation Standard 3.6: The governing body reviews the type of information it receives to assess its appropriateness in helping the governing body to carry out its role.</p> <p>Accreditation Standard 13.10: The governing body identifies and addresses opportunities for improvement in how it functions.</p>							
<b>10.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT</b>							

## BOARD OF DIRECTORS OPEN MEETING: JANUARY 8, 2018

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held at the Hotel Dieu Hospital site on Monday, January 8, 2018 from 1700 to 1755 hours in the Henderson Board Room, Sydenham 2. The following are the open minutes.

Elected Members Present (voting): Peng-Sang Cau, Kirk Corkery, Alan Cosford, Brenda Hunter (phone), Michele Lawford, Bruce Lounsbury (phone), Sherri McCullough (phone), David O'Toole (Chair), David Pattenden, Axel Thesberg, Glenn Vollebregt (phone) and Sandy Wilson.

Ex-officio Members Present (voting): Dr. Chris Simpson.

Ex-officio Members Present (non-voting): Silvie Crawford, Dr. Michael Fitzpatrick and Dr. David Pichora.

Regrets: Dr. Ron Pokrupa.

Administrative Staff: Rhonda Abson (Recording Secretary), Elizabeth Bardon, Sandra Carlton, Brenda Carter, J'Neene Coghlan, Troy Jones, Mike McDonald and Steve Miller.

### 1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, AGENDA APPROVAL, CONSENT AGENDA

#### 1.1 Opening Reflection, Chair's Remarks, Quorum Confirmation & Agenda Approval

David O'Toole opened the meeting with a reflection, confirmed quorum, called the meeting to order, and confirmed that members joining by phone could hear the proceedings. The Chair invited declarations of conflict; no conflicts recorded. Members welcomed Dr. Chris Simpson, Acting Dean, Faculty of Health Sciences, who will serve as the Principal's delegate on the KHSC Board of Directors.

The next KHSC Board meeting will take place on Monday, February 12, 2018 at 1600 hours in the Henderson Board Room, HDH site.

The agenda and meeting materials were pre-circulated.

Moved by David Pattenden, seconded by Alan Cosford:

THAT the open agenda is approved.

CARRIED

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## 1.2 Approval of Previous Minutes: November 30, 2017

The draft open minutes of the November KHSC Board meeting were pre-circulated. An error was noted in the attending listing for the November meeting which will be corrected by the recording secretary.

Moved by Peng-Sang Cau, seconded by Sandy Wilson:

THAT the open minutes of the KHSC Board meeting held on November 30, 2017 be approved as amended.

CARRIED

## 2.0 CEO UPDATE

### 2.1 CEO Report Highlights & External Environment Update

The written report of the President and CEO was circulated in advance of the meeting. The report provided updates on recent appointments to the Order of Canada for Dr. Elizabeth Eisenhauer and Dr. Kerry Rowe. In early December, MPP Sophie Kiwala announced \$390K to retrofit air handling units at the KGH site. The report provided highlights from the Auditor General of Ontario's report. An overview of the recent Ministry of Labour field visit focusing on workplace violence at the KGH site in the areas of the Emergency Department, Connell 3 and Burr 4 was provided. Overall, the site visit went very well with only one minor recommendation. In response to a question regarding the visit, Sandra Carlton confirmed that this visit is part of the overall provincial work that is being done on workplace violence initiatives. The report included an update on the post-traumatic stress disorder and the government's intent to increase support to front-line nurses as well as the initiatives that the government will be introducing in response to the opioid crisis. The final segment of the written report focused on updated Health Quality Ontario diagnostic and emergency department wait times.

In terms of legislative updates, new framework directives under the Public Hospitals Act regarding the Minister's directive-making authority including a commitment to ongoing communication and collaboration with the hospital sector respecting hospitals' independent and voluntary governance. Other updates included changes to the Strengthening Quality and Accountability for Patient Act, 2017, the Safe Access to Abortion Services Act, 2017, the Regulated Health Professions Act, 1991, and the Occupational Health and Safety Act.

Discussions are ongoing regarding hospital shared services in the province. Dr. Pichora confirmed that corporate renewals with Shared Support Services Southeastern Ontario (3S0) are currently being reviewed and partner hospitals hope to have a recommendation by the end of February; a further update will be provided at either the February 12 or March 5 KHSC Board meeting following discussions at the February Governance and Finance and Audit Committee meetings. Plexxus is taking the lead for the province to secure an implantable cardio defibrillators (ICD) proposal.

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The Chair recognized a request for further clarification on the new requirements under the Safe Access to Abortion Services Act, 2017 which will be dealt as part of the in-camera agenda.

Discussion focused on the Strengthening Quality and Accountability for Patients Act, 2017, and new legislation that will enable paramedics to transport patients to another facility that best meets patient needs. By doing so, the government hopes that patients will receive more appropriate care closer to home and in the community thereby improving ambulance service coverage and to help address overcrowding in emergency departments.

The draft Memorandum of Understanding between KHSC and Queen's University remains with legal counsel. The final draft will be brought through the appropriate committees for recommendation to the Board.

### 3.0 MEDICAL ADVISORY COMMITTEE

#### 3.1 COS Report/MAC Update

The written report of Dr. Michael Fitzpatrick was circulated with the agenda materials. The report focused on recent medical staff resignations, updates on a number of medical directives, confirmation that Paul Huras will be attending an upcoming MAC meeting to discuss physician engagement, and an overview of the recently approved MAC policies was provided. The medication reconciliation learning module will be updated to be more physician-specific. The MAC has requested a review of the current practices and processes around clinical scheduling and a report will be delivered to the Ambulatory Clinics Committee. Dr. Fitzpatrick drew attention to the new Physician Advisory Council and, starting in January, six physician leaders will join the KHSC Executive team on a monthly basis where topics of mutual interest will be addressed. Dr. Elizabeth Eisenhauer has been appointed Innovation Lead for KHSC.

#### 3.2 Appointments, Reappointments to the Professional (Medical, Dental, Midwifery and RN Extended Class) Staff

The recommendations of the MAC regarding appointments and reappointments were circulated in advance of the meeting.

Moved by David Pattenden, seconded by Sandy Wilson:

WHEREAS the Medical Advisory Committee assures the Board of Directors that all the necessary or advisable due diligence required by the Hospital's bylaws and policies as part of the credentialing process has been completed and the 2017 November 22 report of the Credentials Committee was approved at the MAC meeting held on 2017 December 12 and

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WHEREAS the MAC has confirmed to its satisfaction that the professional staff meet or exceed the criteria required for appointment or reappointment to the Hospital's Professional Staff;

BE IT THEREFORE RESOLVED THAT the Board of Directors has assured itself that the due diligence has occurred and hereby grants to the individuals listed in the attached Table A the appointment as recommended by the Medical Advisory Committee.

CARRIED

### 3.3 Housestaff 2017/18

Dr. Fitzpatrick drew attention to the MAC recommendation regarding a housestaff appointment.

Moved by Peng-Sang Cau, seconded by Brenda Hunter:

THAT the physician on the attached list of '*New and Continuing Residents*' who provided proof of coverage by CMPA and appropriate licensure by CPSO, their Hospital Application Form, and CPIC/VSS be appointed to the Medical Staff as housestaff provided for in the KHSC Professional Staff By-laws, ordinarily for the period of 2017 July 1 to 2018 June 30.

CARRIED

### 3.4 Headship, Department of Urology

The recommendation of the Advisory Headship Review Committee was provided to KHSC Board members along with the incumbent's CV.

Moved by Sherri McCullough, seconded by Axel Thesberg:

THAT Dr. Robert Siemens be reappointed Head, Department of Urology, for the period January 1, 2018 to June 30, 2022.

CARRIED

## 4.0 FINANCE & AUDIT COMMITTEE

### 4.1 Hospital Annual Planning Submission

Axel Thesberg, Chair of the Finance and Audit Committee, drew attention to the pre-circulated briefing note, draft 2018-19 hospital annual planning submission (HAPs) narrative, draft community annual planning submission (CAPs) summary form and slide deck presented at the Finance and Audit Committee meeting held prior to the Board meeting. KHSC Board members were provided with an overview of the budget discussion process and how the previously reported \$10M funding shortfall has been addressed by the executive team. The Finance and Audit Committee is recommending submission of balanced operational

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budgets for HAPs and CAPs. While balanced, the HAPs narrative highlights that, in the absence of including an assumption as to increased funding from government, capital investment for the replacement of patient care equipment, technology and infrastructure upgrades would be eliminated. Axel Thesberg further highlighted the fact that the preliminary health based allocation methodology (HBAM) results indicate that the hospital would be entitled to approximately \$3.8 million in new funding for fiscal 2018-19 based on the combined favourable performance in Fiscal 2017. The leadership team has reviewed the \$6 million of cost savings initiatives submitted for consideration and, of this amount, management and the committee is recommending a \$5 million allocation to the capital expenditure budget. It is anticipated that the implementation of these changes, coupled with new funding support from government, will position KHSC to operate within a balanced budget for next year and increase the capital spending capacity over the current \$24 million annual level.

Hospital leadership will continue discussions with the Ministry, Ontario Hospital Association, and SE LHIN about the need for inflationary funding. The provincial budget is expected sometime in February/March and, when received, management will revisit KHSC submissions to determine the impact for Fiscal 2018-19. The SE LHIN will use the current submissions to populate the required Hospital Services Accountability Agreement (HSAA) and the Multi-sector Accountability Agreement (MSAA). The timeline for submission has not yet been confirmed by the SE LHIN; management anticipates the Finance and Audit Committee will review in either February or March and make a recommendation to the Board accordingly.

Moved by Alan Cosford, seconded by Peng-Sang Cau:

THAT the KHSC Board of Directors approves the Fiscal 2018-19 Hospital Annual Planning and Community Annual Planning submissions as presented at the January 8, 2018 meeting.

CARRIED

Axel Thesberg recognized the work of J'Neene Coghlan and her team in preparing next year's planning submissions.

## 5.0 IN-CAMERA SEGMENT

### 5.1 Motion of Move In-Camera

The Chair invited a motion to go in-camera and Executive Committee members departed the KHSC meeting with the exception of Sandra Carlton and Troy Jones.

Moved by David Pattenden, seconded by Axel Thesberg:

THAT the Board move into an in-camera session.

CARRIED



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## 8.0 REPORT ON IN-CAMERA DECISIONS & TERMINATION

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

The Chair invited a motion to report on the following in-camera decision/discussion items: the Board approved the in-camera KHSC Board minutes from the November 30, 2017 meeting; the Board discussed the legislative requirements for the Safe Access to Abortion Services Act, 2017; the Board received an update on the current status of the executive compensation framework that has been submitted to government and the Board approved the 2017-18 CEO Performance Agreement.

### 8.2 Date of Next Meeting & Termination

The date of the next KHSC Board meeting will be Monday, February 12, 2018 starting at 1600 hours. The meeting terminated at 1755 hours on motion of Sandy Wilson.

## 9.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY

A brief session was held.

## 10.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT

A brief session was held.

David O'Toole  
Chair

# Briefing Note

<b>Topic of Report:</b>	<b>CEO REPORT</b>	For Decision	
<b>Submitted to:</b>	Board of Directors – January 8, 2018 Meeting	For Discussion	X
	Medical Advisory Committee – January 9, 2018 Meeting	For Information	X
<b>Submitted by:</b>	Dr. David R. Pichora, President and CEO		
<b>Date submitted:</b>	January 5, 2018		

## 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 November and MAC meeting in December. As always, welcome feedback and suggestions in terms of content and focus for these regular updates.

## Current State

### 1. Officers of the Order of Canada

Her Excellency the Right Honourable Julie Payette, Governor General of Canada, announced on December 29, 2017 - 125 new appointments to the Order of Canada. The new member list includes 4 Companions (C.C.) 35 Officers (O.C.) and 86 Members (C.M.).

Congratulations are extended to **Dr. Elizabeth Eisenhauer, O.C.** for her extensive research contributions and leadership within the field of clinical cancer care in Canada. Also recognized for his contributions to research, **Dr. Kerry Rowe, O.C.** for his seminal contributions to the field of geoenvironmental engineering for his pioneering research in waste barrier systems.

For the benefit of new KHSC Board members, Dr. Eisenhauer served as the past head of the Department of Oncology and continues as a term associate staff member. Dr. Kerry Rowe served as the Vice Principal (Research) at Queen's University until 2010.

### 2. Energy Savings Project at KHSC

On December 11, 2017, MPP Sophie Kiwala announced \$390,000 to retrofit 18 air handling units at the KGH site. The money will be used to add variable frequency drives to KHSC's large air handling units. The drives work like a 'dimmer switch' and will allow the hospital to slow down the machines during evenings and overnight.

### **3. Auditor General of Ontario 2017 Annual Report**

In early December, the Auditor General of Ontario released her annual report – to view the detailed report, [click here](#). On page 7 of the reflection document which accompanied the report, the Auditor General confirmed that improved planning in the health care sector would result in improved services and allow for cost containment. In particular, she highlights the Province's limited capacity to perform stem cell transplants (first identified in 2009) and felt that, due to a lack of planning by the MOHLTC to expand the services over the last several years has led to excessive wait times, costly out of country transplants, and poorer patient outcomes. The Ministry has, however, approved capital projects to expand transplant programs in Ontario in 2016/17 so we should see improved results with this expansion. The Auditor General's office review of Community Health Centres, mandated to serve vulnerable people who have traditionally had trouble accessing health care, found that the Province does not have a plan that specifies how the Centres fit strategically within the primary-care system (and overall health care system). The government will also need to look at how performance will be measured at these sites.

In terms of Laboratory Services in the health sector, the Auditor General noted that the government has in place plans to update the prices it pays community laboratories for tests in 2017/18 (nearly 20 years after its last major price update). Had the government introduced lower prices in 2015/16, the Province could have saved approximately \$39 million in that year alone.

Another important consideration is the creation of a policy framework to support chronic disease prevention. Through this year's audit, the Auditor General's office confirmed that government does not have an overall planning and evaluation structure. The Office noted that the Province does not finalize funding decisions for public health units until the last quarter of the fiscal year leaving very little time for these groups to deal with unexpected changes in funding.

In terms of the Ontario Public Drug Program, the Auditor General confirmed that considerable attention has been given to reducing drug costs in Ontario. The report recommends further active planning to determine how to improve the timeliness of reimbursing Ontarians as well as to support the cost of non-Formulary drugs listed under the Exceptional Access Program. Other considerations include how to obtain critical information to inform decisions to effectively address the opioid crisis in Ontario as well as how to maximize recoveries of overpayments to pharmacies.

Another area the report focused on was planning for social and affordable housing availability. The Auditor General has stated that there is no provincial strategy in place to address Ontario's growing social housing wait list which is the longest in Canada. Planning in this area is critical because 185,000 households (representing 481,000 people) are currently on wait lists for social housing.

A number of areas were identified as working well and include:

- Most cancer patients are generally receiving treatment in a timely manner
- The MOHLTC has had success with its "Smoke Free Ontario Strategy"
- The Ontario Public Drugs Programs have provided timely access for eligible recipients when their prescribed drugs are on the Formulary
- Accurate and timely lab results are being delivered to health care professionals

- Community Health Centres advocate for and provide programs and services to individuals who otherwise face barriers to health care services by poverty, geographic isolation, language, culture, and different abilities

#### **4. Quality Improvement Plans 2018-19 (QIP)**

In my last report to the MAC and Board, I reported that Health Quality Ontario had released its guidance document for the development of this year's QIP. This year we will see QIP priorities reflecting areas that urgently require improvement. The first area is workplace violence prevention. HQO has now released a new report on workplace violence: [click here](#).

Further discussions will take place at the MAC table and Patient Care, Quality and People Committee in the coming months as we develop this year's integrated Quality Improvement Plan for 2018-19.

#### **5. Ministry of Labour Field Visit**

On December 19 and 20, the Ministry of Labour conducted a field visit in relation to workplace violence. The areas of focus were the Emergency Department, Connell 3, and Burr 4. The field visit was completed for the Workplace Violence in Hospitals Initiative. Prior to the MOL Officers arriving at KGH, a number of documents were provided in advance and included KHSC's Workplace Violence Prevention, Assessing, Flagging and Managing Risk of Patient Violence, Patient Behavioural Crisis Alert Checklist, Risk Reduction Plan, Code White Debrief and Risk Reduction Planning, Emergency Preparedness and Response, Code White Procedures, Searching Persons and Personal Property, Contraband Management, Patient Behaviour Management and Least Restraint, Workplace Harassment and Discrimination and Domestic Intimate Partner Violence. Training documents were also shared during the visit as well as information relating to the role of the Joint Occupational Health and Safety Committee. The team shared the Occupational Health and Safety Scorecard Metrics which outlines the health and safety indicators including those related to the workplace violence program.

As outlined in the Board's work plan, the annual occupational health and safety report will come forward to the Board in June, through the Patient Care, Quality and People Committee (May meeting). Ministry of Labour Field Visits, Orders, etc. are shared with the executive team and, depending on the nature of an Order, the Committee/Board would be engaged. For this recent visit, only one minor recommendation related to the application of the Vocera system.

#### **6. Post-traumatic Stress Disorder**

In early December the provincial government announced its intention to increase first responder support to include all front-line nurses who provide direct patient care and suffer from post-traumatic stress disorder (PTSD) by expediting their access to benefits, resources and timely treatment through the implementation of a presumption that PTSD is work-related. With the new proposed presumption, once a front-line nurse is diagnosed with PTSD by either a psychiatrist or a psychologist, the claims process for WSIB benefits will be expedited, and nurses will not be required to prove a causal link between PTSD and a workplace event.

## 7. Ontario Expanding Opioid Response

Ontario is providing life-saving naloxone to police and fire services across the province and seeking an expanded ability from the federal government to address overdoses, as new data shows that opioid-related deaths continue to increase. Dr. Eric Hoskins, Minister of Health and Long-Term Care, Marie-France Lalonde, Minister of Community Safety and Correctional Services, Dr. David Williams, Chief Medical Officer of Health and Provincial Overdose Coordinator, and Dr. Dirk Huyer, Chief Coroner for Ontario, delivered this announcement in early December.

New data shows the urgent need for continued action. There were 336 opioid-related deaths in Ontario from May to July 2017, compared with 201 during the same time period in 2016, representing a 68 per cent increase. From July to September 2017, there were 2,449 emergency department visits related to opioid overdoses, compared with 1,896 in the three months prior, representing a 29 per cent increase. Naloxone can temporarily reverse an opioid overdose, and will be offered to all 61 police services across the province, including municipal and First Nation police services as well as the Ontario Provincial Police. The kits will also be made available to all 447 municipal full-time, composite, and volunteer fire departments, all northern fire departments, as well as all First Nations fire services to prevent overdoses, and could also be used to help front-line police and firefighters in case of exposure. Naloxone kits are currently available for free at [participating pharmacies](#) and from eligible community and health organizations.

In addition, the federal government has recently announced changes that would expand the ability of provinces to respond to the escalating opioid crisis. Under the new federal policy, provinces experiencing a public health emergency can request an exemption under federal law for temporary overdose prevention sites. In response to this federal change in policy, Minister Hoskins wrote a letter to the Federal Health Minister recognizing the public health emergency in Ontario due to the opioid crisis, and formally requested that the federal government allow Ontario to approve and fund overdose prevention sites.

## 8. Emergency Department & Diagnostic Imaging Wait Times Publicly Available

Ontarians can now access information about diagnostic imaging and emergency department (ED) wait times on the Health Quality Ontario (HQP) website. The website also reports on wait times for surgeries and procedures, such as hip and knee replacements, cancer and cardiac surgeries providing data all in one place. Information is reported at both the provincial level and facility/hospital level, where applicable, and will be updated monthly, quarterly, bi-annually or annually. [Click here to view HQO site.](#)

## 9. Legislative Update

### ***Public Hospitals Act***

Framework for Minister's Directives under PHA - on December 8, 2017, the Ministry of Health and Long-Term Care released its *Framework for the Use of Minister's Directives for Hospitals* (Framework). OHA staff worked with the Ministry staff over the course of 2017 to develop the Framework and ensure that the various implications of the Minister's directive-making authority.

The Framework outlines the principles that will guide the use of the new Minister's Directives authority under the *Public Hospitals Act* including a commitment to ongoing communication and collaboration with the hospital sector and to respecting hospitals' independent, voluntary governance.

A copy of the framework and the Frequently Asked Questions prepared by the OHA is appended to my report.

### ***Strengthening Quality and Accountability for Patients Act, 2017***

On December 12, the Ontario government passed legislation to enhance transparency, accountability and the quality of care across the health care sector, including greater oversight of long-term care homes and pharmaceutical companies. The *Strengthening Quality and Accountability for Patients Act, 2017* will ensure that the province's health system continues to put patients and their families first by making important changes to key pieces of legislation which will strengthen oversight and safeguard the quality of care in Ontario.

Key highlights include:

- Making Ontario the first province or territory in Canada to require the medical industry, including pharmaceutical and medical device manufacturers, to disclose payments made to health care professionals and organizations, as well as other recipients.
- Strengthening Ontario's quality and safety inspection program for long-term care homes with new enforcement tools, including financial penalties and new provincial offences for non-compliance.
- Enabling paramedics to provide appropriate, safe and effective care for patients by providing timely on-scene care, and/or transportation to another facility that best meets their needs. This will allow patients to receive more appropriate care closer to home and in the community, improve ambulance service coverage and help address overcrowding in emergency departments.
- Prohibiting the creation of new private hospitals in Ontario and enabling existing private hospitals to be designated as community health facilities or other facilities at a later date, so there is greater quality oversight through more detailed reporting and consistency in delivering quality care.
- Ensuring that no person, other than a regulated health professional, shall sell, offer for sale or provide eye tattooing or implantation of eye jewellery.
- Permitting the regulation of recreational water facilities, like splash pads and wading pools, and personal service settings, including barber shops and nail salons, to help ensure Ontario's high public health quality standards are met.
- Strengthening the oversight of diagnostic medical sonographers (those who use ultrasound) through new legislation that will cover the entirety of the medical radiation and imaging technology profession.

- Requiring operators of community health facilities and medical radiation devices (such as X-ray machines, CT scanners, ultrasound machines and MRIs) to obtain a licence and enhancing the enforcement tools available to inspectors, to improve patient safety.
- Strengthening the protection of seniors in Retirement Homes, through increased oversight powers of the Retirement Homes Regulatory Authority (RHRA), while increasing overall transparency, accountability and governance.

### ***Safe Access to Abortion Services Act, 2017***

On October 25, 2017, the Ontario Legislature passed the *Safe Access to Abortion Services Act, 2017*, which will come into force on February 1, 2018. The legislation will allow for safe access zones to be established around clinics and facilities that offer abortion services, the homes of clinic staff, and the homes and offices of other regulated health professionals who provide these services. It also provides that requests may be made to establish safe access zones of up to 150 metres around facilities that provide abortion services – such as health centres, hospitals and pharmacies – or around the offices of regulated health professionals who provide abortion services. If a request to establish or vary a safe access zone is granted, the location and size of the safe access zone will be listed in a regulation under the legislation.

### ***Regulated Health Professions Act, 1991***

Starting January 1, 2018, the College of Medical Radiation Technologists of Ontario (CMRTO) will regulate diagnostic medical sonographers. Bringing diagnostic medical sonographers under the Regulated Health Professions Act, 1991— the legislation that regulates 28 other health care professions in the province including physicians and nurses — will ensure that more important safeguards are in place to protect patients.

People currently working in diagnostic medical sonography will have one transitional year to apply for registration with the College of Medical Radiation Technologists of Ontario. Regulating diagnostic medical sonography (ultrasound) within the CMRTO will further strengthen the safety, quality, oversight and transparency of ultrasound services by:

- Setting and enforcing ethics, standards, guidelines and policies for the practise and conduct of practitioners.
- Making sure practitioners meet training and educational standards before they can practise or use a professional title.
- Developing programs to help practitioners continually improve their skills and knowledge, upholding the quality of care.
- Providing a single, province-wide complaints and discipline process under the CMRTO, regardless of where services were provided (e.g., hospital, independent health facility, etc.).
- Providing current information about a practitioner's qualifications and past conduct on the CMRTO's public website.

### **Occupational Health and Safety Act**

Towards the end of December, the government announced increases to maximum fines for individuals and businesses who do not meet workplace health and safety standards. As of December 14, 2017, the maximum finds for an offense under the OHS Act increase from:

- \$25,000 to \$100,000 for an individual or unincorporated business (which had not changed since 1979)
- \$500,000 to \$1,500,000 for corporations (which had not changed since 1990)

### **10. Mission Moments - Volunteers at HDH site celebrate the Season of Giving**

*True to tradition, hospital volunteers at the Hotel Dieu Hospital site of Kingston Health Sciences Centre handed out seasonal goodies December 18, announcing \$32,000 in contributions towards excellence in patient care. KHSC Volunteer Services to Hotel Dieu Hospital Site Inc. celebrated the season by giving \$16,500 to the University Hospitals Kingston Foundation (UHKF) to help purchase a defibrillator for the Operating Rooms at the HDH site. Another \$500 will go to UHKF to support a renovation project in the GI Department; previously this year, the volunteers donated \$80,000 to the same project. The volunteers also contributed \$10,000 to KidsInclusive Centre for Child & Youth Development to help with the financial cost of equipment for kids with special needs. The funds provide a financial boost to families who need to purchase equipment such as writing aids and assistive devices. As well, the Volunteers presented the Child Life program at the HDH site with \$3500 to help continue its vital, day-to-day work of empowering young patients who are facing or living with health problems. And the Spiritual Health Department received \$1000.*

*“While we’re pleased to support the patients and families at the HDH site year round, it’s always special to share gifts at this time of year,” says Volunteer Services President Carol Hazell. “It’s a wonderful way to celebrate our hospital’s mission with everyone.”*

Respectfully submitted



Dr. David R. Pichora  
President and Chief Executive Officer



## Ministerial Directive Authority Under the *Public Hospitals Act*

*This document outlines the principles that will guide the use of the new Minister's directive authority under the Public Hospitals Act and its potential uses. The Minister of Health and Long-Term Care (Minister) is committed to ongoing collaboration and engagement with the hospital sector and/or individual hospitals to address issues proactively.*

### Legal Framework

Section 46(2) of the *Patients First Act, 2016*, amended the *Public Hospitals Act* (PHA) to include new Ministerial directive authority over public hospitals as follows:

- The Minister may issue operational or policy directives to the board of a hospital where it is in the public interest to do so (s. 8.1(1)).
- The existing s.9.1 (1) of the PHA sets out the public interest test:

In making a decision in the public interest under this Act, the Lieutenant Governor in Council or the Minister, as the case may be, may consider any matter they regard as relevant including, without limiting the generality of the foregoing,

  - (a) the quality of the management and administration of the hospital;
  - (b) the proper management of the health care system in general;
  - (c) the availability of financial resources for the management of the health care system and for the delivery of health care services;
  - (d) the accessibility to health services in the community where the hospital is located; and
  - (e) the quality of the care and treatment of patients.
- Denominational hospitals are protected from a Minister's directive authority in a manner similar to current protections from LHIN integration authorities (s. 8.1(2)).
- A hospital board must carry out a Minister's directive (s. 8.1(3)).
- A Minister's directive may apply to a particular hospital or group of hospitals (s. 8.1(4)).
- In the event of a conflict between a directive and another Act/rule of law, that other Act/rule of law prevails (s. 8.1(5)).
- The Minister must make every directive available to the public (s. 8.1(7)).

### Range of Statutory and Regulatory Authorities

The Minister's authority to issue directives under the PHA is part of a range of statutory and regulatory powers to which hospitals are subject including, but not limited to, the following:

- The Minister's powers to approve hospitals, the operation of premises for hospital purposes, and the disposal (e.g., sale, leasing) of hospital buildings or lands under the PHA (s. 4);
- The Minister's authority to place conditions on hospital funding under the PHA (s. 5(2));
- The Minister's authority to direct inspections of hospitals under the PHA (s. 18);
- The authority of Cabinet to appoint investigators and supervisors under the PHA (ss. 8 and 9);
- The respective integration powers of the Minister and LHINs under the *Local Health System Integration Act, 2006* (LHSIA) (ss. 25 - 29);
- The Minister's authority under LHSIA to issue provincial standards for the provision of health services (s. 11.2);

## Ministerial Directive Authority Under the *Public Hospitals Act*

- The LHINs' audit and investigatory powers under LHSIA (ss. 21 and 21.1);
- The Minister's authority to make regulations under the *Excellent Care for All Act, 2010* (ECFAA) governing quality improvement and patient relations processes at hospitals, and to require hospitals to submit compliance reports (s.15);
- The authority of the Patient Ombudsman under ECFAA to conduct investigations of hospitals and to make recommendations to hospitals based on those investigations (ss. 13.1 – 13.4);
- The authority of Management Board of Cabinet to issue directives under the *Broader Public Sector Accountability Act, 2010* governing the engaging of lobbyists, reporting on the use of consultants, rules about expense claims and perquisites, procurement, and the preparation and publication of business plans and other business or financial documents (ss. 10, 11.1, 12, 13.1); and
- The Minister's authority to review and approve hospitals' own-funds expenditures related to capital projects (addressed in section 7.5 of the HSAA).

### General Principles for Use of Directives

#### 1. *Public interest justification*

- a) Each directive will be accompanied by a public interest justification setting out what aspect or aspects of the public interest are viewed as warranting the directive.

#### 2. *Tiered/Graduated response*

- a) A directive would not override another applicable law (s. 8.1(5) and (6)).
- b) A directive should not be used when other means are appropriate.
- c) A directive should not be duplicative of other existing channels available for directing hospitals (e.g., provincial standards).
- d) A directive is one authority available within a progressive range of authorities available to the Minister (e.g., appointment of investigators or supervisors).

#### 3. *Advance consultation*

- a) Prior to issuance of a directive, the Ministry of Health and Long-Term Care (Ministry) should consult with the board and CEO of the hospital or hospitals and LHIN CEOs as appropriate, and the Ontario Hospital Association (OHA), and provide a draft directive for comment, unless circumstances are deemed by the Minister to warrant more urgent action.
- b) If time and circumstances permit, the Ministry will provide an opportunity for written feedback on a draft directive.
- c) The Minister or Ministry may also consult with other stakeholders as appropriate.

#### 4. *Publication*

- a) Every directive should be provided to the affected hospital(s), LHINs and the OHA and posted on the Ministry website in both official languages.

#### 5. *Specificity*

- a) The directive should specify the effective date, to whom it applies, what it is directing and whether the directive is time-limited.
- b) The directive should specify the outcome expected and, to the extent possible, respect the hospital's decision-making about the means to achieve that outcome.

## Ministerial Directive Authority Under the *Public Hospitals Act*

### 6. Local Hospital Governance

- a) The use of directives should demonstrate respect for the voluntary governance model in Ontario hospitals.

#### Examples of Use:

- The following are intended to illustrate the **likely uses** of a Minister’s directive under the PHA. It is not a definitive or exhaustive list. Operational or policy directives are **commonly expected** at three levels:

Provincial	Regional or Sub-regional	Hospital-specific
Issues or practices concerning organizational management, service delivery, clinical* programs/services, quality of patient care or health care experience that would benefit from province-wide standardization and consistency across a group of hospitals	Issues or practices concerning the integration of health care that are not readily addressable through LHIN legislated authorities for one or a group of hospitals	Issues or practices concerning organizational management, service delivery, clinical* programs/services, quality of patient care or health care experience that would benefit from improvement in one hospital
Public emergencies (not public health) requiring provincial action <ul style="list-style-type: none"> <li>e.g., 2003 Blackout</li> </ul>	Standardization of regional processes to address patient need <ul style="list-style-type: none"> <li>e.g., for transition of patients between health service providers and home care in a region</li> </ul>	Sentinel event at a hospital
Ongoing remediation to a public health emergency <ul style="list-style-type: none"> <li>e.g., emergency may have originated as a Chief Medical Officer of Health time-limited response</li> </ul>	Formalizing a region- or sub-region-wide approach <ul style="list-style-type: none"> <li>e.g., common protocols for referrals</li> </ul>	Operational or organizational issue at a specific hospital <ul style="list-style-type: none"> <li>e.g., an absence of effective governance on a specific issue</li> </ul>
Provincial standardization <ul style="list-style-type: none"> <li>e.g., hospital parking, hospital naming</li> </ul>	Promote integrated partnerships to advance patient-centred care among hospitals and other health service providers in a region or sub-region <ul style="list-style-type: none"> <li>e.g., rural health hubs, health links, bundled care</li> <li>e.g., organization of hospital information systems</li> </ul>	

\*Note: This does not include the authority for the Minister to issue provincial standards, which is set out in section 11.2 of the *Local Health System Integration Act, 2006*.