






BOARD OF DIRECTORS - OPEN MEETING

Date: Thursday, November 30, 2017
 Meeting: 1600 – 1900 hours followed by a reception
 Location: Hotel Dieu Site, Henderson Board Room
 Dial-in: 1-855-344-7722 7673253#

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers
1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, AGENDA CONFIRMATION							
1600	5 min	1.1	Opening Reflection, Chair's Remarks, Quorum Confirmation, Conflict of Interest Approval Consent Agenda & Open Agenda Approval 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	Approval of Previous Minutes: October 30, 2017 Accreditation Standard 13.2: The governing body's activities and decisions are recorded and archived.	O'Toole	Decision	Draft minutes	
2.0 CEO UPDATE							
1605	35 min	2.1	Presentation – Mission/Legacy of HDH and KGH Sites HDH Site – Sister T. Shannon, RHSJ KGH Site – Lorna Knight, KHSC Archivist Accreditation Standard 2.9: Members of the governing body receive ongoing education to help them fulfill their individual roles and responsibilities and those of the governing body as a whole.	Bardon	Inform	Presentations @ meeting	Strategic Direction: Improve the experience of our people through a focus on worklife quality Outcome: Our people are inspired and proud to be part of the KHSC community 2017-18 Target: Develop an integrated engagement strategy that supports a safe, healthy and caring work environment
		2.2	CEO Report Highlights & External Environment Update 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 12.7: The governing body demonstrates a commitment to recognizing team members for their quality improvement work.	Pichora	Discuss	Written report	

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers
3.0 UNIVERSITY HOSPITALS KINGSTON FOUNDATION							
1640	5 min	3.1	<p>CEO Report</p> <p>Accreditation Standard 11.1: The governing body works with the CEO to identify stakeholders and learn about their characteristics, priorities, interests, activities, and potential to influence the organization.</p> <p>Accreditation Standard 11.5: The governing body promotes the organization and demonstrates the values of its services to stakeholders and the community.</p>	Cumming	Discuss	Written report	<p>Strategic Enabler: Philanthropy</p> <p>Outcome: KHSC has a viable plan to fund the local share of our Phase 2 redevelopment project</p> <p>2017-18 Target: The KHSC leadership and employee giving campaign is launched with exemplary leadership participation</p>
4.0 INTEGRATED BUSINESS							
1645	25 min	4.1	<p>Accreditation Readiness Update</p> <ul style="list-style-type: none"> Governance Committee <p>Accreditation Standard 12.1: The governing body demonstrates accountability for the quality of care provided by the organization.</p> <p>Accreditation Standard 2.9: Members of the governing body receive ongoing education to help them fulfill their individual roles and responsibilities and those of the governing body as a whole.</p>	O'Toole/ Carter	Inform	Briefing note	<p>Strategic Direction: Improve the patient experience through a focus on compassion and excellence</p> <p>Outcome: KHSC is a top performer on the essentials of quality, care and service</p> <p>2017-18 Target: KHSC uses Accreditation Canada Standards to learn, improve and model excellence</p>
		4.2	<p>Quarterly Performance Report – Q2</p> <ul style="list-style-type: none"> Strategy Performance Report Quality Improvement Plan Service Accountability Agreement Indicators Report <p>Accreditation Standard 11.7: The governing body, in collaboration with the organization's leaders, share reports about the organization's performance and quality of services with teams, clients, families, the community served, and other stakeholders.</p> <p>Accreditation Standard 12.1: The governing body demonstrates accountability for the quality of care provided by the organization.</p>	Pichora & Committee Chairs	Discuss	Briefing note, reports + presentation @ meeting	<p>Strategic Direction: Improve the patient experience through a focus on compassion and excellence</p> <p>Outcome: KHSC is a top performer on the essentials of quality, care and service</p> <p>2017-18 Targets: Achieve or exceed 75% of KGH & HDH Quality Improvement Plan targets</p> <p>KHSC uses Accreditation Canada Standards to learn, improve and model excellence</p> <p>Strategic Enabler: Finances</p> <p>Outcome: KHSC is a top operational performer amongst Ontario teaching hospitals</p> <p>2017-18 Target: Implement quality improvement initiatives to maximize access to care for our patients</p>

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers
5.0 KHSC STRATEGY UPDATE							
1710	5 min	5.1	Strategy Development Work Plan – December 9 Session Accreditation Standard 6.1: The governing body oversees the strategic planning process and provides guidance to the organization's leaders as they develop and update the organization's vision and strategic plan.	O'Toole/ Pichora/ Bardon	Discuss	Draft program outline	Strategic Direction: Contribute to and support a high-performing regional health-care system with our partners Outcome: KHSC is part of an integrated and sustainable regional health-care system 2017-18 Target: Advance Kingston Health Sciences Centre integration deliverables
6.0 MEDICAL ADVISORY COMMITTEE							
1715	5 min	6.1	 Accreditation Standard 12.1: The governing body demonstrates accountability for the quality of care provided by the organization. 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.	Fitzpatrick	Discuss	Written report	Strategic Direction: Create seamless transition in care for patients across our regional health-care system Outcome: KHSC is fully engaged with our community partners to support patients in complex-acute and chronic conditions 2017-18 Target: Continue to implement and measure the effectiveness of care pathways for COPD, hip fractures and palliative care
		6.2	Appointments, Reappointments to the Professional (Medical, Dental, Midwifery and RN Extended Class) Staff Accreditation Standard 8.1: A documented process is followed for granting privileges. 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.	Fitzpatrick	Decision	Briefing note	

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers
7.0 PATIENT CARE, QUALITY & PEOPLE COMMITTEE							
1720	15 min	7.1	Patient Safety & Quality Report Accreditation Standard 10.2: The governing body monitors organization-level measures of patient safety. Accreditation Standard 10.3: the governing body addresses recommendations made in the organization's quarterly patient safety reports.  Accreditation Standard 12.1: The governing body demonstrates accountability for the quality of care provided by the organization.  Accreditation Standard: 12.1.2: Quality is a standing agenda item at all regular meetings of the governing body.	McCullough	Discuss	Written report	Strategic Direction: Improve the patient experience through a focus on compassion and excellence Outcome: KHSC is a top performer on the essentials of quality, care and service 2017-18 Outcomes: Achieve or exceed 75% of KGH and HDH Quality Improvement Plan targets + KHSC uses Accreditation Canada Standards to learn, improve and model excellence
		7.2	Patient Flow Update – ALC Transitional Care Unit Update  Accreditation Standard 12.5: The governing body monitors and provides input into the organization's strategies to address client flow and variations in service demand.	McCullough	Discuss	Presentation deck	Strategic Direction: Enable clinical innovation in complex-acute and specialty care Outcome: KHSC is positioned as a leading centre for complex-acute and specialty care 2017-18 Target: Implement a clinical innovation planning structure that informs the KHSC long-term strategy
		7.3	Patient Feedback Report  Accreditation Standard 12.4: The governing body receives summary reports of client and family complaints received by the organization.	McCullough	Discuss	Written report	Strategic Enabler: People Outcome: Empower our people and patient partners to improve the patient experience 2017-18 Target: Implement a distributed leadership structure that embraces collaboration and decision-making
8.0 FINANCE & AUDIT COMMITTEE							
9.0 GOVERNANCE COMMITTEE							
1735	10 min	9.1	Board Size, Committee Structure & Size Accreditation Standard 13.5: The governing body conducts or participates in an assessment of its structure, including size and committee structure.	O'Toole	Discuss	Briefing note	

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers
9.0 GOVERNANCE COMMITTEE							
		9.2	Critical Path for 2018/19 Board Officers, Board Slate & Committee Chair Selections Accreditation Standard 2.4: There is a documented process that is followed to elect/ appoint the chair of the governing body. Accreditation Standard 2.5: The role and responsibilities of the chair are described in a position profile, TOR or bylaws. Accreditation Standard 2.6: There are written criteria and a defined process for recruiting and selecting new members of the governing body. Accreditation Standard 2.11: The governing body's renewal cycle supports the addition of new members while maintaining a balance of experienced members to support the continuity of corporate memory and decision-making.	O'Toole	Discuss	Briefing note + nominations package to follow	
10.0 EXECUTIVE COMMITTEE							
11.0 IN-CAMERA SEGMENT							
1845	5 min	11.1	Motion to Move In-Camera (agenda items #12-14)	O'Toole	Decision	Verbal	
15.0 REPORT ON IN-CAMERA DECISIONS & TERMINATION							
1850	5 min	15.1	Motion to Report the Decisions Approved In-camera Accreditation Standard 13.3: The governing body shares the records of its activities and decisions with the organization.	O'Toole	Inform	Verbal	
		15.2	Date of Next Meeting & Termination	O'Toole	Inform	Verbal	

16.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY

Accreditation Standard 3.5: Required information and documentation is received in enough time to prepare for meetings and decision making.

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.

Accreditation Standard 13.10: The governing body identifies and addresses opportunities for improvement in how it functions.

17.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT

BOARD OF DIRECTORS OPEN MEETING: NOVEMBER 30, 2017

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held at the Hotel Dieu Hospital site on Monday, November 30, 2017 from 1600 to 1910 hours in the Henderson Board Room, Sydenham 2. The following are the open minutes.

Elected Members Present (voting): Kirk Corkery, Alan Cosford, Brenda Hunter, Michele Lawford (phone), Sherri McCullough, David O'Toole (Chair), David Pattenden, Glenn Vollebregt and Sandy Wilson.

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

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

Regrets: Peng-Sang Cau, Silvie Crawford, Bruce Lounsbury, Dr. Ron Pokrupa.

Administrative Staff: Rhonda Abson (Recording Secretary), Elizabeth Bardon, Sandra Carlton, Brenda Carter, Sandra Carlton, J'Neene Coghlan, Denise Cumming, Neil Elford, Troy Jones, Lorna Knight, Mike McDonald, Steve Miller and Sister Theresa Shannon.

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 ensured that Michele Lawford could hear the proceedings. The Chair noted that Dr. Richard Reznick will depart the meeting at 1700 hours due to a prior commitment. The Chair invited declarations of conflict and Dr. Richard Reznick noted his conflict in relation to the in-camera agenda item relating to the Memorandum of Understanding with Queen's University; no further conflicts were recorded.

The Chair welcomed Lorna Knight and Elizabeth Bardon introduced Sister Shannon and Neil Elford to the meeting. A copy of Profile Magazine was available on the table and the Chair drew attention to the lovely article on KHSC Board member Sherri McCullough.

In terms of calendar items, on Friday, December 8, at 1000 hours, MPP Sophie Kiwala will be making an announcement at the HDH site and KHSC Board members are welcome to attend. The next KHSC Board meeting will take place on Monday, January 8, 2018 at 1700 hours immediately following the Finance and Audit Committee meeting. The main focus of the meeting is approval of the Hospital Annual Planning submission. A Board and Executive Development Session on KHSC's strategy will be held on Saturday, December 9, from 0800 to 1600 hours and further details will be provided to members under separate cover. The Chair extended an invitation to the KHSC Board to attend a number of holidays events at the KGH and HDH sites.

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Moved by Axel Thesberg, seconded by Glenn Vollebregt:

THAT the open agenda is approved.

CARRIED

1.2 Approval of Previous Minutes: October 30, 2017

The draft open minutes of the October 30, 2017 KHSC Board meeting were pre-circulated.

Moved by Sandy Wilson, seconded by Sherri McCullough:

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

CARRIED

2.0 CEO UPDATE

2.1 Presentation – Mission/Legacy of the HDH and KGH Sites

Following a brief introduction, Lorna Knight delivered a brief presentation on the history of Kingston General Hospital starting in 1832 when an Act of Parliament named a commission to superintend and manage the erection and completion of a hospital in or near the town of Kingston. In 1835, the first building was completed on the KGH site. The presentation provided an overview of significant milestones and achievements over the years.

Sister Shannon then delivered a brief presentation on the history of Hotel Dieu Hospital which was started by the Religious Hospitallers of St. Joseph, a congregation of religious women founded in France by Jerome le Royer de la Dauversiere in 1636. In the mid-1600's, the Sisters arrived in Canada to help build a hospital in Montreal and they were called upon to continue their healing mission by opening the first public hospital in Kingston in 1845 on Johnson Street. In 1892, the Sisters moved to Hotel Dieu's current site. The presentation provided an overview of the significant milestones and achievements over the years.

Neil Elford highlighted the importance of the HDH's history in the delivery of Catholic health care. A copy of the Catholic Health Alliance of Canada "*Health Ethics Guide*" was available at the meeting.

The Chair thanked the presenters for their informative presentations. Lorna Knight, Sister Shannon, and Neil Elford departed the meeting at 1645 hours.

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2.2 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 Minister Hoskins announcement for the Phase 2 redevelopment project as well as the government's commitment to provide funding for additional beds. An overview of the Federal Health Minister's mandate letter was outlined in the report. An update the direction for the 2018-19 Quality Improvement Plan was included as well as an overview of Health Quality Ontario's quality standards program. Dr. Pichora's report included an excerpt of the recent Canadian Institute for Health Information report on health spending forecasting for Canada as well as an update on the province's economic outlook. The listing of Canada's Top 40 Research Hospitals was provided along with an update on research activities at KHSC. A brief overview of the SE LHIN sub region planning day was included in the CEO Report. An update on the new surgical technology "iKnife" was discussed. A link to the inaugural annual report of the provincial patient ombudsman was provided and included a listing of key complaint themes. The KHSC Team Awards 2017 nominations are now underway and two Board members are needed to review and judge this year's nominations. Dr. Pichora provided a verbal update on the recent email threats. In recent correspondence from the Minister's office, the Improved Management of Frail and Elderly Patients with Traumatic Brain Injury Project was selected as one of the successful applications to the Ontario Health Technologies Fund – Dr. D.J. Cook and his team will provide more timely care for patients with or at risk of a traumatic brain injury by using portable medical devices that employ near field infrared technology to safely detect and image brain bleeds.

3.0 UNIVERSITY HOSPITALS KINGSTON FOUNDATION

3.1 CEO Report

Denise Cumming, President and CEO of UHKF, drew attention to her written report which outlined the recent requests to several counties. A number of gift announcements are being finalized for January.

4.0 INTEGRATED BUSINESS

4.1 Accreditation Readiness Update

The briefing document provided to the Board included an overview of the Required Organizational Practices (ROPs) to enhance patient/client safety and minimize risk. The ROPs are categorized into six patient safety areas: safety culture, communication, medication use, worklife/workforce, infection control and risk assessment.

The timelines for completion of the Governance Functioning Tool which is filed with Accreditation Canada and the self assessment survey tool was provided. For ease of reference, the key corporate governing documents and website links were included along with a copy of the surveyor bios. Once KHSC Board members have completed the surveys, reports will be generated from the Accreditation Canada website and a plan developed to address areas of concern. Following a brief discussion, it was agreed that the

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survey tools being completed at this time would serve as the Board's evaluation tool for the current year. This would avoid duplication in having KHSC Board members to through the annual evaluation process outlined in the KHSC Board policy manual.

The final document included in the package was an example evidence document for the governance standards ROPs which will be updated on a regular basis.

4.2 Quarterly Performance Report – Q2

In advance of the Board meeting, members received a briefing package which outlined the process to develop the quarterly reporting framework including the Strategy Performance Index 2017-18 and Q2 Performance Report. As part of this process, two additional reports include the QIP Performance Report which was discussed by the Patient Care, Quality and People Committee at its recent meeting and the Service Accountability Agreement Report which was discussed at the recent Finance and Audit Committee meeting as well as being reviewed by the Patient Care, Quality and People Committee. A breakdown by indicator of committee oversight was also provided in the briefing materials.

As outlined in the presentation delivered at the Board meeting, the overarching goals of the quarterly performance reporting process is to provide the Board with the information it needs to govern and oversee management of the affairs of the Corporation as articulated in the corporate bylaw. Board members were reminded of the Accreditation Standards that pertain to the requirement for performance reporting which creates the structure to embed accountability for performance and to ensure that this information is reported both internally and externally to the communities served by KHSC.

In terms of overall progress at Q2, 15 of 15 Strategy targets are on track and 18 of 20 (90%) of available Quality Improvement Plan (QIP) targets are on track. It was noted that four of the external QIP indicators were not available at the time of preparing the report. In terms of the Service Accountability Agreements, 38 of 54 (72%) are on track in Q2. It was noted that, in Q1 reporting, the team had identified 66 indicators. The SAA indicators have now been consolidated from Q1 to Q2 to align with external SAA reporting – this has resulted in a total of 54 indicators that will now be tracked.

Axel Thesberg, Chair of the Finance and Audit Committee, highlighted the 'big wins' for Q2 tracking which include completion of the Phase 2 submission to the Ministry, a positive financial position continues to be maintained, Fiscal 2018 budget planning is underway, IT projects are tracking positively, and the regional HIS board retreat has been scheduled for Q3. One area of concern are the SAA indicators related to wait times in diagnostic imaging and surgery. The Committee remains concerned about the funding implications in relation to surgical wait times. The Committee has also required a report on the financial impact of Alternate Level of Care (ALC) Patients. Regarding the Phase 2 submission, Dr. Pichora confirmed that Ministry staff have been supportive and work is underway to respond to questions that have been identified.

Sherri McCullough, Chair of the Patient Care, Quality and People Committee, reviewed Q2 results and 'big wins' include continued improvements in patient flow and access and improvements in wait times for CT

scans as well as improvements in hip and cataract surgery wait times. The implementation of a new bed map and creation of the admission transition unit has greatly assisted with patient flow. KHSC has seen a reduction in acquired pressure ulcers. The Home First program is working well and the team has introduced a number of discharge strategies to keep patients moving through the system. Palliative care patients are now being discharged home with support. Areas of concern for the committee pertain to the wait times for diagnostic imaging and surgery and the QIP was impacted by the patient experience score at HDH urgent care. Troy Jones reported that the Ministry has provided confirmation of a second MRI which will help with MRI wait times, but not until Q1 2019. Regarding the chronic obstructive pulmonary disease patient population, Dr. Fitzpatrick reported that KHSC has launched an acute admission order set for COPD and work is underway to draft the critical care ventilated COPD patient order set.

Discussion focused on the importance of having good data and information systems to support patient flow. The e-consult project introduced earlier this year allows primary care providers to send patient-specific questions to specialists using a secure web-based platform. The goal of this pilot project has seen a reduction in the number of unnecessary referrals and assists primary care physicians in better preparing patients for specialist appointments. The introduction of a central intake system for hip and knee patients should also improve wait times and flow. Work is also underway to look at a centralized intake model for neurology patients and KHSC remains hopeful that the Ministry will be willing to fund these initiatives.

Kirk Corkery joined the meeting at 1720 hours and Richard Reznick departed the meeting.

Glenn Vollebregt, Chair of the Governance Committee, provided Board members with an overview of the committee's recent deliberations noting the 'big wins' include KHSC staying on track to meet integration savings. The Committee is pleased with the new quarterly performance reporting process. In terms of areas of concern, management needs to review and provide feedback to the LHIN regarding indicators for Fiscal 2018-19. Discussion focused on a need for the LHIN to look at ALC issues and how this affects overall performance. There may be merit in suggesting to CIHI the need to develop a planning / reporting tool for ALC on a regional basis. The highest percentage of ALC patients at the KGH site are waiting for long-term care beds while others are waiting for rehabilitation or community care.

The final two slides presented focused on an approach to communicate KHSC's results to internal and external audiences. A reporting portal exists at www.kgh.on.ca/strategy. Information delivered to the Board as part of the Strategy Performance Report is then communicated out to the internal and external sites in easy to read language.

5.0 KHSC STRATEGY UPDATE

5.1 Strategy Development Work Plan – December 9 Session

A copy of the draft program for the December 9, 2017 Board session was circulated to members as part of the agenda package. Cynthia Martineau from the SE LHIN has kindly agreed to present information on population health and Dr. Sacha Bhatia will deliver the keynote address focusing on the forces of change

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that are shaping Ontario's health system. The team is looking for input from the Board to shape the mission, vision and values as the foundation for developing KHSC's strategic plan.

6.0 MEDICAL ADVISORY COMMITTEE

6.1 COS Report / MAC Update

The written report of the Chief of Staff was circulated in the agenda package. A Physicians Advisory Council is now in place and membership has been confirmed. At the November MAC meeting, Dr. David Zelt, SE LHIN Vice President Clinical, provided an overview of the SE LHIN restructuring entitled "Thinking Like a Region". His report focused on the mandate of the MOHLTC to the LHINs to transform the delivery of clinical care. J'Neene Coghlan also presented at the MAC meeting on Q2 financial results. Troy Jones provided an update on the information technology infrastructure project in terms of new security processes.

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

The MAC recommendations for privileges were circulated in advance of the meeting including the reappointments for the Department of Anesthesiology and Perioperative Medicine.

Moved by David Pattenden, seconded by Brenda Hunter:

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 October 25 report of the Credentials Committee was approved at the MAC meeting held on 2017 November 14; and

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

7.0 PATIENT CARE, QUALITY & PEOPLE COMMITTEE

7.1 Patient Safety & Quality Report

Sherri McCullough, Chair of the Patient Care, Quality and People Committee, drew attention to the Patient Safety and Quality Report. KHSC uses an online reporting system called SAFE Reporting to report incidents and document follow-up and file closure. The report provides a definition of the various levels of

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harm, i.e. severe, moderate, close call, no harm. The report breaks down incidents by quarter and by site. The top three reported incidents are listed in the report. In terms of trending, the KGH site had a few more reported cases in Q2 while the HDH site saw a decrease.

7.2 Patient Flow Update – ALC Transitional Care Unit Update

At the November Patient Care, Quality and People Committee, members received a presentation on the ALC Transitional Care Unit. In partnership with Bayshore, this 10-bed unit is located at Trillium Ridge Retirement Community here in Kingston. The unit is designed for patients whose hospital treatment plan is complete but who are unable to return to their pre-hospital living arrangement. Patients receive comprehensive assessments, supportive care and restorative therapies designed to meet their care needs and enhance their health outcomes. The goal of this program is to improve patient flow from hospital to community. This unit should also enhance KGH bed capacity to care for acutely ill patients and reduce ALC days. Sherri McCullough noted that the targeted length of stay in the unit is between 45 to 60 days. There are several criteria that the patient must meet before a patient is transferred to this unit. Discussion focused on the importance of the performance measures for both the patient and the health care system provided in the presentation deck.

7.3 Patient Feedback Report

KHSC Board members then reviewed the quarterly patient feedback report. At the November Committee meeting, Patient Experience Advisors highlighted the improvement initiatives, based on patient feedback, that have been implemented or are underway.

8.0 FINANCE & AUDIT COMMITTEE – no agenda items identified.

9.0 GOVERNANCE COMMITTEE

9.1 Board Size, Committee Structure & Size

David O'Toole advised members that he chaired the November Governance Committee meeting. A brief summary outlining key points delivered by Anne Corbett at the November 3 Board education session on board size and committee structure were outlined in the briefing note. Highlights from the November Governance Committee discussion were also provided in the briefing document. The Committee felt that KHSC Board overall size was reasonable. The Committee recognized that there may be a need to look at Board committee mandates in future and whether there is merit in having a "People/HR" type committee. Discussion also focused on the merits of expanding the current committee membership to include 'community' (non-director) members. In preparation for the 2018-19 board and committee year, there was agreement to maintain the current size and structure and for the Governance Committee to explore this further in 2018-19.

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9.2 Critical Path for 2018-19 Board Officers, Board Slate & Committee Chair Selections

The critical path and key deliverables for this 2018-19 Board nominations process was circulated. The first step will be completion of an Expression of Interest by all elected Board members in order to identify the vacancies for the Board.

9.3 Update – Private Members' Bill

Glenn Vollebregt provided an additional update on the private members Bill that has been prepared by legal counsel regarding gifts, i.e. trusts, bequests, that may be made in future to KGH or HDH will be deemed as gifts to the Kingston Health Sciences Centre. The Act will allow for ease of transfer to KHSC but would at all times respect the wishes of the donor in terms of allocations to a specific site, etc. A public notice period has been established and members of the community will see this information in the local paper during the months of December and January.

10.0 EXECUTIVE COMMITTEE

There was no Executive Committee meeting in November.

11.0 IN-CAMERA SEGMENT

11.1 Motion of Move In-Camera

The Chair invited a motion to go in-camera and for members of the Executive team to remain for the in-camera meeting.

Moved by Glenn Vollebregt, seconded by Axel Thesberg:

THAT the Board move into an in-camera session.

CARRIED

15.0 REPORT ON IN-CAMERA DECISIONS & TERMINATION

15.1 Motion to Report the Decisions Approved In-Camera

The Chair reported on the following in-camera decision/discussion items: 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 October 30, 2017 meeting; the Board received the committee approved final October minutes of the Patient Care, Quality and People, Governance, and Finance and Audit Committee meetings; the Board received the draft Board Committee minutes for November; the Board received the Critical Incident Report for Q2; the Board was briefed on the draft Memorandum of Understanding between KHSC and Queen's; the Board discussed and confirmed the next steps following the Hospital Information System (HIS) Retreat; the Board was

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briefed on recent CIHI data available on the Your Health System site; the Board received a copy of the November Integration Report submission to the SE LHIN; the Board discussed Medical Assistance in Dying and approved Option 2 which would see the governance and administrative oversight of MAID being provided by KHSC at the KGH site.

15.2 Date of Next Meeting & Termination

The date of the next KHSC Board meeting will be Monday, January 8, 2018 starting at 1700 hours. The meeting terminated at 1910 hours on motion of Michele Lawford.

16.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY

No session was held.

17.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT

No session was held.

David O'Toole
Chair



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Briefing Note

Topic of Report:	CEO REPORT	For Decision	
Submitted to:	KHSC Board of Directors	For Discussion	X
Submitted by:	Dr. David R. Pichora, President and CEO	For Information	X
Date submitted:	November 21, 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 October. As always, welcome feedback and suggestions in terms of content and focus for these regular updates.

Current State

1. KHSC Announcement with Minister Hoskins

The KHSC Board of Directors approved the Phase 2, Stage 2 Functional Program submission to the Ministry at our September Board meeting. The government announced its support for the project on October 27 when we welcomed Minister Hoskins and MPP Kiwala to the KGH site. Following the announcement by the Minister, KHSC Board Chair David O’Toole received written confirmation from government that the project would be an Alternative Financing and Procurement – Design-Build-Finance (DFP) approach in partnership with Infrastructure Ontario.

The Ministry also confirmed KHSC being designated as a District Epilepsy Centre providing patients with access to a dedicated nurse and local neuropsychology testing in addition to the services that KHSC already provides. This will result in two beds for the epilepsy service and the provision of new funding for six spinal cord stimulation procedures in the Neurosurgical Program.

2. Ministry Announces Additional Beds for Provincial Hospitals

On October 23, the provincial government announced funding for “2,000 more beds and spaces for patients available this year”. For KHSC this will result in being able to operate 25 surge beds as well as two additional bassinets in the neonatal intensive care unit. Funding is approximately \$2.5 million and we await further administrative details from the government on this funding. There will also be an additional 10 ‘transitional care beds’ which will be located in the community for patients who no longer need the level of acute care provided by KHSC. As discussed at the September KHSC Board meeting, KHSC will partner with another provider to support these patients to ensure we are providing the right care, in the right place, with the right health care provider. We await further administrative details about this funding.



The announcements continued in early November with the government's commitment for an additional 30,000 beds in the province over the next 10-year period with 5,000 operating in the next four years and an additional \$15 million housing investment in existing retirement communities.

3. Minister of Health Mandate Letter – Federal Government

Last month the Prime Minister released his mandate letter to the Federal Health Minister. Working with the Provinces, the Minister will:

- Advance pan-Canadian collaboration on health innovation and encourage the adoption of digital health technology to improve access, increase efficiency, and improve outcomes for patients.
- Improve access to necessary prescription medicines – including the negotiation of common drug prices, reducing the cost Canadian government pays for drugs, and making them more affordable for Canadians as well as exploring the need for a national formulary.
- Develop a long-term vision for blood services that ensures safety and non-discrimination in donation policies.
- Facilitate collaboration on an organ and tissue donation and transplantation system that gives Canadians timely and effective access to care.
- Ensuring Canada has a consistent and timely surveillance system for monitoring and reporting overdoses and related deaths.
- Working with the Minister of Public Safety and Emergency Preparedness to review Canada's framework for dealing with public health emergencies.
- Consulting with provinces and professional regulatory bodies to introduce appropriate prescribing guidelines to curb opioid misuse, ensure prescriptions are appropriately tracked in a consistent and patient-centred way, and to increase transparency in the marking and promotion of therapies.
- Using the government's regulatory powers to ensure that interested communities do not face undue barriers in introducing effective opioid substitution programs/treatment options.

Further, the federal government has stated that it will promote and defend the *Canada Health Act* to make absolutely clear that extra-billing and user fees are illegal under Canada's public medicare system and they will be developing policies in collaboration with the provinces to improve verification and recourse mechanisms when instances of non-compliance arise.

Other areas of focus will include: increasing vaccination rates; introducing new restrictions on commercial marketing of unhealthy food/beverages for children; tougher regulations to eliminate trans fats and to reduce salt in processed foods; improvements to food labelling; working with the Minister of Sport and Persons with Disabilities to raise awareness for concussion treatment; continue their work of plain packaging for tobacco products; work towards the legalization of cannabis; and to work closely with the Minister of Crown-Indigenous Relations and Northern Affairs and the Minister of Indigenous Services to help make systemic change in the government's provision of health care services to Indigenous Peoples.

4. Quality Improvement Plans 2018-19

In September the Ontario Hospital Association and Health Quality Ontario collaborated to host a webinar entitled, *Looking back and Looking forward: a sneak peek for hospitals planning for the 2018-19 QIPs*. The session also provided information regarding the mandatory QIP indicator around workplace violence prevention. In October, the OHA will host four regional patient safety and quality network meetings with hospital leaders in Cambridge, Ottawa, Toronto, and Thunder Bay/Sudbury. Key topics will include planning for the 2018/19 hospital quality improvement plans (include the mandatory workplace violence prevention indicator), public reporting of patient safety indicators, accreditation, and completing comprehensive patient safety and critical incident reviews.

5. Quality Standards with Adoption Recommendations – Health Quality Ontario – www.hqontario.ca

Quality standards are grounded in the best evidence and outline for clinicians and patients what quality care looks like. They focus on conditions where there are large variations of how care is delivered or where there are gaps between the care provided in Ontario and the care patients should receive.

Quality standards outline for clinicians and patients what quality care looks like. Focusing on conditions where there are large variations in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive, quality standards are grounded in the best evidence.

Developed in collaboration with patients, physicians, nurses, other clinicians, caregivers, and organizations across the province, quality standards are intended to achieve four main aims. They will help:

- Patients, residents, families and caregivers know what to discuss about their care with their health care professionals;
- Health care professionals offer the highest-quality care based on the best available evidence;
- Health care organizations and professionals measure, reflect on their practice and improve the quality of their care; and
- Health system planners create the environment for health care professionals and organizations to deliver quality care.

Each quality standard focuses on a certain health care issue and consists of:

- A patient guide for patients, families and caregivers so they know what to discuss about their care with their health care professionals;
- A clinical guide for health care professionals clearly outlining, via concise easy-to-understand statements, what quality care looks like for that condition based on the evidence;
- An information brief with data on how care is being delivered for that condition in Ontario, and the variations in care, to help people understand why a particular quality standard has been created as well as highlighting variations in case across the province;

- Quality indicators for health care professionals and organizations to help them with their improvement efforts; and
- Recommendations for adoption at the system, regional and practice level to help health care professionals and organizations adopt the standards. In addition, practical tools are included in a *'getting started guide'* for health care professionals for quality improvement.

With their associated recommendations for adoption quality standards provide the blueprint to enable the health care system in Ontario to work better, facilitate smooth transitions, and ensure patients receive the same high-quality care, regardless of where they reside.

Last fall, Health Quality Ontario (HQO) launched its quality standards program that outline what quality care looks like for patients and clinicians, starting with standards about behavioural symptoms of dementia, schizophrenia and major depression. HQO has just released recommendations for the adoption of these quality standards and, in mid-October, HQO released their quality standard outlining for patients and clinicians what quality care looks like for hip fractures. This quality standard focuses on adults over the age of 50 who are undergoing surgery for hip fractures caused by a fall or trauma - from the time they arrive in the emergency department until three months following surgery.

6. Health Spending in Canada www.cihi.ca

The Canadian Institute for Health Information (CIHI) recently released data showing the country's health spending is forecast to grow by almost 4% to \$242 billion. This is a slight increase in the rate of health spending growth – since 2010, the average annual increase has been 3.2%. The following is from the CIHI November 2017 media release:

[National Health Expenditure Trends, 1975 to 2017](#) finds that health costs are expected to represent 11.5% of Canada's gross domestic product (GDP) in 2017, similar to last year. Other key findings from the report include the following:

- Total health spending is forecast to reach \$6,604 per Canadian in 2017, almost \$200 more per person than in 2016 (\$6,419).
- Total health expenditure per person is expected to vary across the country from \$7,378 in Newfoundland and Labrador and \$7,329 in Alberta to \$6,367 in Ontario and \$6,321 in British Columbia.
- Internationally, Canada's health spending per person in 2015 (CA\$5,782) was similar to spending in France (CA\$5,677), Australia (CA\$5,631) and the United Kingdom (CA\$5,170).
 - Per capita spending remained highest in the United States (CA\$11,916).
- Hospitals (28.3%), drugs (16.4%) and physician services (15.4%) are expected to continue to use the largest share of health dollars in 2017. Since 1997, hospitals have accounted for the most significant share of health spending, followed by drugs and physician services.

- Drug spending is expected to grow the fastest, reaching an estimated 5.2% in 2017.
- Physician spending growth is forecast at 4.4%.
- Spending on hospitals is estimated to grow by 2.9%.

[Prescribed Drug Spending in Canada, 2017: A Focus on Public Drug Programs](#) finds that public drug spending increased by 4.5% in 2016. This is about half of the 9.3% increase in spending that occurred in 2015, which was driven largely by the uptake of new and expensive hepatitis C drugs. Excluding the hepatitis C drugs, there has been steady growth in spending since 2013.

In 2017, \$14.5 billion (42.7%) of prescribed drug spending will be financed by the public sector.

- Tumour necrosis factor alpha inhibitors (anti-TNF drugs), used to treat conditions such as rheumatoid arthritis and Crohn's disease, continue to account for the highest proportion of public drug spending.
- Anti-TNF drugs and the new hepatitis C drugs were the top 2 contributors to growth in 2016, accounting for 20.8% and 12.6% of growth in public spending, respectively.
- Canadians with drug costs of \$10,000 or more represented 2% of beneficiaries but accounted for one-third of public drug spending in 2016.

Public drug spending was examined using data from 11 jurisdictions across Canada: 9 provinces, 1 territory and 1 federal program administered by the First Nations and Inuit Health Branch (FNIHB).

Spending on drugs dispensed in hospitals or funded through cancer agencies and other special programs is not included in public drug spending. Spending on drugs dispensed in hospitals was \$2.1 billion in 2015, excluding Quebec.

7. Ontario Releases 2017 Economic Outlook and Fiscal Review

The Honourable Charles Sousa, Ontario's Minister of Finance, presented the *2017 Ontario Economic Outlook and Fiscal Review* (Review) earlier this month. The Province is forecasting real GDP growth of 2.8 per cent in 2017, and projecting government revenues to rise to \$158.2 billion in 2019–20, up from \$140.7 billion in 2016–17, an average annual growth rate of four per cent. Minister Sousa also stated that the government will balance the budget this year (as well as for the next two years). The *Review* highlights a number of new measures being taken by the government to grow Ontario's economy, including strengthening healthcare through the recently announced investments in long-term care.

8. Canada's Top 40 Research Hospitals - To view the full list

RESEARCH Infosource recently released the list of *Canada's Top 40 Research Hospitals 2017*. Of importance is the fact that 20 of the 40 hospitals are CAHO members.

Collectively, Ontario research hospitals are the R&D arm of Ontario's health care system. CAHO member hospitals attract \$1.4 billion annually in health research investments with a 3:1 return-on-investment for the economy. CAHO hospitals are also home to 17,500 researchers and research staff from Canada and around the world and support 42,000 direct and indirect jobs across the province.

Hospital-based research in Ontario is contributing to a **healthier, wealthier and smarter** province, leading to groundbreaking new therapies, job creation and spin-off companies, and the growth of regional innovation clusters.

9. Research Update

KHSC is proud to be supporting the Strategy for Patient Oriented Research (SPOR) national Networks. SPOR is funded by the Canadian Institutes for Health Research (CIHR) and is about ensuring that the right patient receives the right intervention at the right time. SPOR Networks are national collaborations among researchers, patients, caregivers, policy makers, academic hospitals, and the private sector. Research priorities are identified by patients and findings are translated into evidence-informed patient care that brings innovative diagnostic and therapeutic approaches to the point of care and also helps to shape/drive health care policy changes. There are currently seven funded networks under SPOR: five networks under the Chronic Disease umbrella, one network in Youth and Adolescent Mental Health and one network in Primary and Integrated Health Care Innovations. KHSC is involved in two of these networks.

Queen's University, Providence Care and KHSC are involved in a project within the Chronic Pain SPOR Network, *Circadian Control of Chronic Pain*, led by Dr. Ian Gilron (Anesthesiology & Perioperative Medicine and Biomedical & Molecular Sciences), Dr. Nader Ghasemlou (Anesthesiology & Perioperative Medicine and Biomedical & Molecular Sciences), and Dr. Scott Duggan (Anesthesiology & Perioperative Medicine). The primary goal is to identify novel mechanisms underlying chronic pain that are affected by circadian rhythms, so that individual chronic pain can be better managed. This will involve self-reports of variation in pain intensity. Drs. Gilron and Ghasemlou received \$1,175,450 and Dr. Duggan received \$250,000 over 5 years (2016-2021) to support this SPOR Network project. The Chronic Pain Clinic at the KHSC-HDH site will play a major role in supporting this Network through the recruitment, assessment and management of patients.

The IMAGINE (*Inflammation, Microbiome, and Alimentation: Gastro-Intestinal and Neuropsychiatric Effects*) SPOR Network, led by Dr. Steven Vanner (Gastrointestinal Diseases Research Unit (GIDRU)), will involve following a large cohort of patients (2,000) locally with irritable bowel syndrome (IBS) or inflammatory bowel disease (IBD), and healthy controls, in order to better understand the key mechanisms in the relationship between diet, gut microbiome, and host immune response. The goal of this research is to allow for better targeted treatment of IBS and IBD, as well as the psychiatric disorders associated with these diseases. The hypothesis of this study is that IBS and IBD are associated with a disorder of the gut microbiome and the host immune response. Alterations in the gut microbiome may also lead to anxiety and depression, which in turn may influence gut symptoms and the microbiome. As a Network co-lead, Dr. Vanner was awarded \$12.5 million to oversee this national, large-scale research project looking at IBS and IBD. Composed of 88 researchers at 17 centres, this Network will assemble 6,000 patients and 2,000 healthy subjects across Canada, making it the largest-ever study group for gastrointestinal disease in Canada.

The HDH and KGH Research Institutes are very excited to support these SPOR Network projects.

10. SE LHIN Sub Region Planning Day

Members of the KHSC Executive team participated in a SE LHIN Sub Region Planning session on Nov 1st 2017. The session was well attended, and included 125 people from public health, primary care, hospitals and community agencies across the Southeast LHIN. Representatives from the SE LHIN Patient and Family Advisory Council (PFAC) also attended.

During the morning session, Paul Huras provided an overview of the vision of Regional Systems of Integrated Care from the sub-regions to the regional perspective. He and members of the LHIN team presented the work to date to inform the sub region planning and the data specific to each of the geographic areas. The sub regions are Rural Hastings (RH), Quinte, Rural Frontenac Lennox and Addington (RFLA), Kingston and Lanark, Leeds and Grenville (LLG). The clinical directors and medical leads for each sub regions were introduced in this session.

In the afternoon, the session broke out by the five sub regions in order to exchange ideas regarding the initial data analysis and the themes that should be considered during the next year from a public health, primary care, hospital and community service agency perspective. The top three themes emerging from each of the sub region discussions were different. The LHIN team will take back what they heard and do further analysis and consultation. Another Sub Region planning meeting will be held in January 2018.

11. KHSC Innovation ... Kingston Teams involved in the Creation of New Surgical Technology

Every few years a new piece of technology is released that can dramatically change the way medical teams provide care to their patients. Now, Canadian surgeons and researchers have partnered with a team in the U.K. to develop a tool that will transform the way cancer is surgically removed in the future.

During surgery, medical teams balance the need to remove all of a tumour, while at the same time not removing too much healthy tissue. In the operating room this is often complicated by the fact that tumours do not have smooth edges. Sometimes it's hard to tell if all the cancer has been removed until the tissue is tested in a lab. This can mean that patients may have to undergo a second surgery if some of the tumour was missed. The tool, known as the NaviKnife, combines an "intelligent" surgical tool called iKnife, developed at Imperial College in London, England, with real-time mapping capability developed at Queen's. The iKnife, which heats and cauterizes tissue as it cuts, uses mass spectrometry to analyze the smoke that is produced from each cut and can 'smell' if the tissue was cancerous.

Kingston was chosen to partner in the development of the NaviKnife because researchers in Queen's University's Laboratory for Percutaneous Surgery (Perk Lab) have developed an international reputation for their work in surgical navigation technology. The Perk team has created a mapping technology that allows surgeons to visualize a tumour in 3D which can help them minimize their risk of disturbing the tumour as well as the loss of any healthy tissue that surrounds it.

Queen's research expertise will be used to develop spatial awareness in the iKnife. This new technology will offer for the first time, real-time definition and pathological analysis of the tumour

margins during surgery. It will allow surgeons to remove cancerous tissue with precision, decrease the incidence of positive margins, and thus avoid repeat surgeries and systemic therapies. Currently, the iKnife is an investigative research and surgical tool. Kingston will become the first city in North America to have access to the technology, joining a small number of centres in Europe. Intensive research will be done over the next several years at Queen's with the iKnife being used in the operating rooms at Kingston Health Sciences Centre.

12. Patient Ombudsman Launches Inaugural Annual Report

Earlier this month the Office of the Patient Ombudsman (OPO) launched its **inaugural annual report**. The report focuses on the efforts of the OPO over the past year, its processes for receiving and resolving complaints, high-level observations about complaints received, as well as key themes and top concerns by sector. Individual facilities were not identified in the report, however, anonymized examples of resolved complaints from all sectors were featured throughout the report. The Ontario Hospital Association provided member hospitals with the following overview of key highlights from the report:

- ❖ Over the past year, the Office of the Patient Ombudsman (OPO) received close to 2,000 complaints, of which more than 1,000 were referred to other organizations and complaints bodies and services.
- ❖ The OPO is an impartial office of last resort, providing assistance to patients and caregivers that have not been able to resolve their complaint directly through the internal complaints process with their health organization. Many of the complaints received by the OPO this past year were not raised with the appropriate health sector organization first.
- ❖ Of these complaints, about 1,400 were via telephone intake, and more than 550 were written complaints.
 - 75% of the written complaints received early resolution (by the end of the first year).
 - Of the 1,431 complaints that were made by phone, almost all were resolved within one to two days. Two investigations were launched.
- ❖ About 70% of written complaints concerned hospitals, which the OPO attributed to:
 - The volume of patients served by hospitals compared to long-term care and LHIN home and community care services. In 2014/15 there were more than six million visits to emergency departments across the province, hospitals performed 1.2 million outpatient surgeries and 350,000 inpatient surgeries.
 - More options in terms of complaints processes available in the home and community care and long term care sectors; and
 - The episodic nature of acute care (i.e., patients and caregivers may be more reluctant to complain about services they need over the long-term out of fear of damaging relationships or losing services).

❖ Key themes identified as the focus of complaints include:

- Inappropriate discharge
- Lack of communication (this was a recurring theme across all types of complaints received across the three sectors)
- Policies/procedures
- Access to care and services
- Poor care
- Attitude and behavior
- Inadequate patient relations process
- Patient safety
- Competency of staff
- Lack of consent

13. Institute for Healthcare Improvement – National Forum on Quality Improvement in Health Care

The Institute for Healthcare Improvement is an independent not-for-profit organization based in Cambridge, MA and is considered a leading innovator, convenor, partner, and driver of results in health and health care improvement worldwide. For more than 25 years, IHI has partnered with visionaries, leaders, and front-line staff around the globe to explore bold, inventive ways to improve the health of individuals and populations. IHI's work is focused in: improvement capability; person and family-centred care; patient safety; quality/cost and value; and Triple Aim for populations.

This year's National Forum will take place from December 10 to 13 in Orlando, Florida. I'll look forward to reporting back to the Board at our January meeting on session highlights.

14. Legislative Update

On November 22, the *Fair Workplaces, Better Jobs Act, 2017* passed which will:

- Raise Ontario's general minimum wage to \$14 per hour on January 1, 2018, and then to \$15 on January 1, 2019, followed by annual increases at the rate of inflation
- Mandate equal pay for part-time, temporary, casual and seasonal employees doing the same job as full-time employees; and equal pay for temporary help agency employees doing the same job as employees at the agencies' client companies
- Expand personal emergency leave to 10 days per calendar year for all employees, with at least two paid days per year for employees who have been employed for at least a week
- Ban employers from requiring a doctor's sick note from an employee taking personal emergency leave
- Provide up to 17 weeks off without the fear of losing their job when a worker or their child has experienced or is threatened with domestic or sexual violence, including paid leave for the first five days

- Bring Ontario's vacation time in line with the national average by ensuring at least three weeks' vacation after five years with the same employer
- Make employee scheduling fairer, including requiring employees to be paid for three hours of work if their shift is cancelled within 48 hours of its scheduled start time

The government is also expanding family leaves and adding measures to ensure that employees are not misclassified as independent contractors, ensuring they get the benefits and protections they deserve. To enforce these changes, the province is hiring up to 175 more employment standards officers and is launching a program to educate both employees and businesses about their rights and obligations under the Employment Standards Act, 2000.

15. KHSC Open Forum Sessions with the CEO - November

On November 22 several Open Forums were held at each site to seek input from staff, physicians and volunteers as we focus on the development of a new mission, vision and values for the Kingston Health Sciences Centre. The forums were well attended and it was great to have an opportunity to exchange ideas with staff and to respond directly to questions.

16. KHSC Team Awards 2017

KHSC Team Awards 2017 History - the Team Awards originated at the KGH site, and over the years they have become part of the cultural fabric at the site celebrating people dedicated to outstanding care and transforming the patient and family experience through innovative and collaborative approaches to care, knowledge, and leadership. Three awards are presented annually to teams for excellence in the categories of Care, Knowledge, and Leadership. Last year there were 16 nominations and recipients included: KGH Stroke EVT Team (Care), Radiation Oncology Kaizen (Knowledge), Patient Pager System- Cancer Centre (Leadership).

Eligibility - the KHSC Team Awards honour teams from across KHSC that have achieved outcomes that advance our aim of transforming care and excellence. All teams that work together, or collaborate on a project, program or service for the organization are eligible.

Nomination Criteria - nominations must include a description of what the nominated team has accomplished and what the impact has been in one of the following three categories:

Care: Demonstrating in an active way, a deep commitment and passion for patient and family centered care at KHSC in order to achieve measurable outcomes that improve quality, safety and/or service for patients and families.

Knowledge: Demonstrating in an active way, activities that produce outcomes and evidence of new knowledge and sharing it with others in ways that support our organizational goals.

Leadership: Demonstrating in an active way, how working collaboratively with others to lead change can have a profound and positive impact on the broader health care system.

We are seeking two members of the KHSC Board to join the Executive team to review the nominations received. Towards the end of December, you will receive a nominations package. Members will be asked to review and rank each of the submissions and return the information to the People Services group. A meeting to identify and confirm this year's recipients will be held on Wednesday, January 10 from 0930 – 1100 hours. A special event will be held at the KHSC Community Showcase during the last week in January to honour the individuals/teams selected. Please let us know if you are interested and available to join us in this year's process.

17. Long Service Award Recognition Dinners Celebrating KHSC Staff

Two special events were held this month to recognize the contributions of staff, physicians and volunteers at the KGH and HDH for their long service to our respective sites. Vice Chair Kirk Corkery joined me at the recent dinners to honour and thank those who have served for 25 years at the HDH site and 25, 30, 35 and 40 years at the KGH site.

18. KGH Auxiliary Launches 2017 Teddy Bear Campaign

The Kingston General Hospital Auxiliary, along with its financial partners Royal Canadian Legion Branch 560 and the Ladies Auxiliary to RCL Branch 560, has launched its 2017 Show Children You Care Teddy Bear Campaign to support the purchase of patient care equipment for the pediatric program at the Kingston General Hospital site of Kingston Health Sciences Centre (KHSC).

The 2017 campaign runs November 13 to December 20 and aims to raise \$20,000 through the sponsorship of 200 teddy bears. You can sponsor a bear for a donation of \$100, with proceeds supporting the purchase of an electrocardiogram machine to aid in the early detection of heart-related conditions in young patients and also syringe pumps to administer medication precisely. To purchase a bear, [click here](#).

19. Coat Drive 2017

Have an extra coat in your closet? The annual coat drive is underway with the HDH site and St. Mary's Cathedral collecting winter coats during regular business hours on weekdays between October 23 and November 17. Items can be dropped off in the bin located inside the Sydenham Street entrance (near the Henderson Board Room). Coats will be distributed at St. Mary's Parish Hall from 1 – 4 pm starting November 13 until December 15. For further information, please contact 613-544-3400, Ext. 4204.

20. KGH Auxiliary Annual Christmas Bazaar on November 29

On Wednesday, November 29, from 9:30 am to 2:00 pm in the Environmental Exposure Unit (EEU) on Dietary 3, the KGH Auxiliary will be hosting their annual Christmas Bazaar. Another important fundraiser for the Auxiliary – and we hope to see you there!

21. Volunteer Services at HDH Site – Annual Christmas Bake Sale on December 1

It's that time of the year to check out the fabulous selection of Christmas baking and goodies at this annual bake sale. Drop by the HDH site main lobby ... it's sure to be another sell-out!

22. December Holiday Events @ KHSC

Calendar invitations have been sent to KHSC Board members to join staff, physicians and volunteers on **Wednesday, December 6** at 2:00 pm for the Christmas Tree Lighting & Tea at the HDH site in the Jeanne Mance Lobby. Our next holiday event will take place at the KGH site on **Thursday, December 14** at 2:00 pm for the Holiday Open House in the Burr 1 Conference Room.

23. Q2 Media Report

At the time of preparing my report, the Q2 media report was not available for distribution with the Board package. My office will provide the report under separate cover to members.

24. Mission Moments

Dr. Davidson and Megan in the Children's Outpatient Centre @ HDH

Good afternoon. I would like to take the time to commend Dr. Davidson for the amazing care she has shown my son. He broke his wrist and was operated on by Dr. Davidson and has had 2 follow up appointments since then. She was patient and explained everything as she went along and I am truly grateful for the care my son was shown through this entire ordeal. I am truly thankful for her service and her kind manner. I would also like to recognize Megan, in the COPC for her patience and kindness towards my son also. She took the time to explain also to my son and was very careful and professional. Megan was amazing as she applied my son's casts (3 different times) and I can't thank her enough for her kindness and professionalism. In this trying time both Dr. Davidson and Megan really helped us through this. Thank you so much.

Kidd 4 Team @ KGH

Hello – I did fill out the survey and forwarded it to NRC Health but I wanted to put my name to my response and sent my thanks and praise directly. I was on Kidd 4 and was incredibly appreciative of the care I received. The surgical teams that worked on me were skilled and approachable. The doctors answered my questions clearly and I was treated with respect and compassion. The nurses, personal care workers and support staff (OT, Physio, Social Work) were all amazing. They took care of me, encouraged and advocated for me, helped me laugh, comforted me and helped me be as independent as I could be. Food services and cleaning staff were always kind and caring. I feel so lucky to have been so cared for. Thank you to all.

I would be more than pleased to respond to questions from my report at our November 30 KHSC Board meeting.

Respectfully submitted



Dr. David R. Pichora
President and Chief Executive Officer