

## BOARD OF DIRECTORS - OPEN MEETING

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

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

# Agenda

## BOARD OF DIRECTORS - OPEN MEETING

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

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

## BOARD OF DIRECTORS OPEN MEETING: SEPTEMBER 25, 2017

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held at the Kingston General Hospital site on Monday, September 25, 2017 from 1600 to 1920 hours in the Fenwick Conference Room, Watkins 2. The following are the open minutes.

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

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

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

Regrets: David O'Toole and Glenn Vollebregt.

Administrative Staff: Rhonda Abson (Recording Secretary), Sandra Carlton, Brenda Carter, J'Neene Coghlan, Denise Cumming, Chris Gillies, Dr. Karen Graham, Troy Jones, Theresa MacBeth, Mike McDonald, Dr. David Messenger, Steve Miller and Krista Wells Pearce.

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

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

Kirk Corkery opened the meeting with a reflection, confirmed quorum, called the meeting to order, and ensured that the members joining by phone could hear the proceedings. The Chair thanked members for agreeing to the time extension for today's meeting and confirmed that the next meeting of the Kingston Health Sciences Centre Board would be held on Monday, October 30, 2017 at 1600 hours in the Henderson Board Room at the Hotel Dieu site.

KHSC Board members welcomed Dr. David Messenger, Head, and Dr. Karen Graham, Co-medical Director of the Department of Emergency Medicine, to the meeting.

The Chair drew attention the September edition of *Profile Magazine* which was distributed at the meeting and the article highlighting the many accomplishments of Peng-Sang Cau.

As outlined in the Notice of meeting, a Board and executive team education/development session with Anne Corbett with BLG LLP is confirmed for Friday, November 3 from 0900 to 1300 hours.

Open Board Meeting: September 25, 2017

Page 2

An all-day strategy development session for the KHSC Board and Executive team is confirmed for Saturday, December 9, from 0800 to 1600 hours. There will be two key strategic planning sessions for the Board and December 9 is the first one; Board member participation will be important.

If schedules permit, the SE LHIN is coordinating a half-day retreat on Tuesday, November 21 either in the morning or afternoon which will focus on Hospital Information Systems (HIS). The focus of the retreat is to prepare Boards for upcoming key decisions on HIS replacement.

On Wednesday, November 1, Hotel Dieu Volunteers invite members of the KHSC Board and community to join them at the Domino Theatre for the production of "On Golden Pond". Board members are encouraged to attend to support HDH Volunteers in their fundraising efforts.

Declarations of conflict were recorded for Dr. David Pichora and Dr. Ron Pokrupa relating to agenda item #7.2 as both individuals are listed in the reappointments for the Department of Surgery. Depending on the timing of today's meeting, Dr. Richard Reznick noted his conflict relating to in-camera agenda item #14.4 and \$14.5 on the redevelopment submission. The Chair noted that Dr. Reznick would be departing the meeting 1700 hours due to a prior engagement and would therefore be absent from the deliberations.

The Chair drew attention to the pre-circulated agenda.

Moved by Axel Thesberg, seconded by Alan Cosford:

THAT the open agenda is approved.

CARRIED

1.2 Approval of Previous Minutes: August 21, 2017

The draft open minutes of the August 21, 2017 KHSC Board meeting were pre-circulated.

Moved by Sherri McCullough, seconded by Sandy Wilson

THAT the open minutes of the KHSC Board meeting held on August 21, 2017 be approved as circulated.

CARRIED

2.0 PRESENTATIONS

2.1 Presentation by Dr. Karen Graham, Emergency Department Update

Dr. Michael Fitzpatrick, Chief of Staff and Vice President Medical Affairs, introduced Drs. Graham and Messenger and thanked them for taking time away from their schedules to attend today's meeting. Last May, Dr. Graham was interviewed by the Globe and Mail to share her views on what it is like to be an emergency physician in today's healthcare environment. The article focused on how the system has

Open Board Meeting: September 25, 2017

Page 3

changed over the last 20 years and the patient flow and overcrowding challenges that many are facing across the country.

Dr. Graham's presentation provided Board members with the number of beds, average volumes of patients that are seen each day in KHSC Emergency Department, ambulance volumes, and the average admissions per day. The presentation focused on some of the contributing factors that result in long waits in the ER, i.e. aging patient population, increasing complexity of care, a need for additional long-term care beds in our community, and funding. It has been suggested that the main challenge in ER flow is that there are patients coming in who do not need to be there; for KHSC this is not the case. Measures to reduce input would have a minor effect on patient flow. The challenge is getting admitted patients from the ER to inpatient beds which results in patient overcrowding in the ER. KHSC Board members were provided with an overview of the challenges faced by the care team to support crisis patients who cannot go home nor do they meet the criteria for acute inpatient care with average lengths of stay in Emergency for this patient population being extensive at times. Dr. Graham provided further information on the care consequences of access block for patients through a series of patient stories and the impact this has on care providers. Statistical information on the association between length of ER stays on mortality and disease morbidity were highlighted.

In closing, Dr. Graham explained that the team is looking for support of the KHSC Board for a hospital wide solution to the ED patient flow challenges and several examples of initiatives were presented by Dr. Graham. The ER teams recognizes that a number of patient flow projects have been recently implemented are yielding improved results. Alternate level of care numbers are down, new beds on Kidd 9, and the introduction of the new Admission and Transition Unit (ATU) is helping with patient flow. Dr. Fitzpatrick recognized the work of Silvie Crawford and Mike McDonald in supporting these initiatives and that further work is underway with outside community agencies. Discussion focused on the Board's role in supporting "Share the Care" and regular patient flow updates will continue to be received at the Patient Care, Quality and People Committee of the Board. Dr. Pichora provided an update on the development of a plan with Bayshore and the SE LHIN Home and Community Care to partner with long-term care homes to access beds to support patient flow from the acute care setting.

KHSC Board members thanked Drs. Graham and Messenger for attending the meeting and for their informative presentation. Drs. Graham and Messenger departed the meeting.

### 3.0 CEO UPDATE

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

The written report of the President and CEO was circulated in advance of the meeting. The report provided members with an update on integration activities and the planning work that is underway to support the Hospital Information System project. The report contained additional information on the Transitional Care Unit at the KGH site and the new Clinical Psychology residency program. The research update included an

Open Board Meeting: September 25, 2017

Page 4

overview of Dr. Russell Hollins and Dr. Paula James research. The Ministry has now developed a new process for releasing Quality based procedures (QBPs) indicator results. The written report included updates from the Ontario Hospital Association as well as highlighting the OHA's call to action from government for rapid and aggressive investments in hospital services to avoid capacity crisis during the flu season. KHSC has been selected to participate in a new cancer study using the latest genome sequencing technology which will create a province-wide database of participating patients' genomic and clinical data. The CEO report provided an update on adjustments to a regulation under the *Personal Health Information Protection Act* which calls for mandatory reporting of privacy breaches to the Office of the Information and Privacy Commissioner. Appended to the written report was a copy of the KHSC Q1 media report.

Dr. Pichora reported on a recent meeting he attended with academic surgeons which highlighted some of the challenges facing U.S. surgeons at this time; research by clinicians may be in decline at American Universities due to competing marketing funding-model. Patient outcome surveys are driving profit and marketing behaviour more than quality delivery. Many are reflecting on whether the U.S. system of profit in health care can continue which could result in a single payer/bundled care system.

Canadian Patient Safety Institute will be releasing their case for investing in patient safety in Canada and a national lobby day will take place in Ottawa on October 24. The Canadian Medical Association is presenting their pre-budget submission to the federal government. In terms of provincial advocacy, Dr. Pichora provided a brief update on the pre-election/pre-budget that is being prepared by the Ontario Hospital Association and the Council of Academic Hospitals of Ontario and further detail will be provided in the next CEO report. In early September, a town hall meeting was held in Kingston by the Critical Care Services Ontario Secretariat.

A new Board Chair has been selected for the Brockville General Hospital Board, Jim Cooper. Dr. Pichora advised members that David O'Toole will be joining him for a tour with the CEO and Board Chair of the Perth Smiths Falls District Hospital in early October. The Lennox and Addington County General Hospital has received exemplary standing following their recent Accreditation. A recent meeting was held with the Chair, Vice Chair, and Chief Information and Chief Financial Officers of Quinte Health Care and KHSC. Dr. Pichora reported that the main focus of the discussion with QHC related to the Hospital Information System and Trenton Dialysis.

The KHSC Cardiac Program will be profiled as part of Mayor Brian Paterson's Innovation Tour and Dr. Pichora and Cathy Szabo recently met with Chief Administrative Gerard Hunt to discuss hospital initiatives. Dr. Pichora noted that KHSC has been asked by Providence Care to acknowledge back to the SE LHIN that Providence Care does not provide or have a Schedule 1 Mental Health Services designation (provides emergency mental health services to the community) and that KHSC provides this level of service.

A new communication tool has been launched "KHSC NOW". The BMO Awards for Health Care Excellence is now underway and receiving nominations. KHSC KGH site was recently recognized with a Hospital Achievement Award by the Trillium Gift of Life.

Open Board Meeting: September 25, 2017

Page 5

In closing, Dr. Pichora reported that the terms of reference for a Clinical Innovation Lead has now been developed. Discussions continue with Dr. Bob Bell on the provincial strategy for innovation / robotic surgery.

### 3.2 Headship, Department of Psychiatry

The recommendation of the Headship Search Committee was pre-circulated. Representing KHSC on the committee was Silvie Crawford and Dr. Fitzpatrick served as co-chair of the Search Committee.

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

THAT Dr. Claudio Soares be appointed Head, Department of Psychiatry, for the period October 1, 2017 to June 30, 2022.

CARRIED

## 4.0 UNIVERSITY HOSPITALS KINGSTON FOUNDATION

### 4.1 CEO Report

Denise Cumming, President and CEO of UHKF, provided the Board with a verbal update at the meeting. The Foundation has recently presented a request to Frontenac County as well as Quinte West and Brighton. Upcoming presentations are Hastings County Finance and Budget Committee on October 17; City of Belleville Council on October 23, and Lennox and Addington Council on October 25. The City of Kingston's first pledge payment has recently been received. An invitation was extended to KHSC Board members who reside/have an affiliation with the Cities and Counties to join UHKF members at the upcoming meetings. Solicitation of chartered banks continue and commitments are being secured. Arrangements to make public announcements of these gifts are underway. KHSC Executive team solicitation is nearly complete and work is underway to arrange meetings with medical leadership to secure gifts as well as to discuss Foundation processes. Denise Cumming advised KHSC Board members that she will be in touch in the coming weeks to discuss campaign gifts and Board members can also reach out to David O'Toole if they prefer to discuss their campaign gift with him.

## 5.0 KHSC STRATEGY UPDATE

### 5.1 Strategy Development Work Plan

Theresa MacBeth, Director of Strategy and Communications, provided a brief update on the recent deliberations at the KHSC Governance Committee meeting. A draft work plan has been created based on planning assumptions and the Committee and management team leading the process is seeking support for this work. The work plan maps out the key questions, highlights related accreditation activities to ensure alignment and avoidance of duplication, and outlines key deliverables to support a specified activity. The

strategy development process will serve as a platform to engage staff about the elements needed for the mission, vision and values and obtaining this input will also position staff for success for Accreditation.

Theresa MacBeth suggested to members that the December 9 all-day Board session would be a facilitated discussion and include a series of questions focusing on what KHSC inspires to be. A keynote speaker will open the day, a current state analysis/forces of change discussion will follow and the main deliverable from this session will be a draft mission/vision and values statement for the Kingston Health Sciences Centre and to discuss the strategy framework. Once this has been concluded, the strategy team will take this to key stakeholders/the community for further input. As outlined on the draft work plan, the second Board session will be held in June and the main focus will be a review of the full draft strategy framework. A consultant may be retained to assist in the public engagement piece and the Strategy Steering Committee will be considering this option. For the December 9 session, the Queen's Decision Support Centre was suggested as a possible venue.

## 6.0 INTEGRATED BUSINESS

### 6.1 Quarterly Performance Report – Q1

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 Q1 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. Performance reporting 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 Q1, 15 of 15 Strategy targets are on track and 16 of 16 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, 43 of 66 (65%) are on track in Q1.

Axel Thesberg, Chair of the Finance and Audit Committee, highlighted the 'big wins' for Q1 tracking which include a positive financial position, IT projects are tracking positively, WiFi goes live at the HDH site, Phase 2 functional program submission is on schedule, and the regional Hospital Information Systems discussions are underway with SE LHIN partners. Areas of concern for the committee relate to the Service



Open Board Meeting: September 25, 2017

Page 7

Accountability Agreement indicators and wait times for diagnostic imaging and surgery. The Committee is also concerned that if surgical wait times are not met, implications for funding going forward will also be a concern.

Sherri McCullough, Chair of the Patient Care, Quality and People Committee, reviewed Q1 results and 'big wins' include alignment of the corporate strategy to regional and provincial strategies in relation to Health Care Tomorrow deliverables and the innovation grant received to support regional care pathways for COPD patients. Reporting shows improved access to care with alternate level of care patient numbers decreasing which has resulted in improved flow and wait times for patients. The implementation of a new bed map and transition unit is also resulting in improvements for ED wait times. Areas of concern for the committee also pertain to the wait times for diagnostic imaging and surgery. While diagnostic imaging has maximized efficiency within KHSC's funded hours, patient volumes continue to increase. While surgical volumes are achieving desired targets, the committee noted that wait time performance requires improvement.

Kirk Corkery, on behalf of 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's successful integration as well as the delivery of the new quarterly performance reporting process. No areas of concern were identified by the Committee.

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](http://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.

KHSC Board members congratulated the team on the new performance reporting system acknowledging the team's efforts to provide the necessary information to allow the Board to monitor KHSC's overall performance.

Dr. Richard Reznick departed the meeting at 1700 hours.

## 7.0 MEDICAL ADVISORY COMMITTEE

### 7.1 COS Report / MAC Update

The written report of the Chief of Staff was circulated in the agenda package. Dr. Michael Fitzpatrick highlighted the MAC's recent discussions regarding opiate prescribing and a draft policy is being prepared. In terms of physician engagement, a new Physician Advisory Council is in the process of being created and Council members will join KHSC Executive Committee members on a regular basis. At the September MAC meeting, members also discussed the current program structure and it was agreed that a working group would be established to review role descriptions for these positions, stipend payments, reporting

Open Board Meeting: September 25, 2017

Page 8

structures and overall accountability. The working group will report back to the MAC with recommendations once the assessment has been completed.

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

The Chair noted Drs. Pichora and Pokrupa's earlier declaration of conflict relating to the Department of Surgery reappointments. The MAC recommendations for privileges were circulated in advance of the meeting including the reappointments for the Department of Emergency Medicine and the Department of Surgery.

Moved by Peng-Sang Cau, seconded by Sherri McCullough:

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 September 7 report of the Credentials Committee was approved at the MAC meeting held on 2017 September 12 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

## 7.3 Housestaff 2017/18

Dr. Fitzpatrick drew attention to the MAC recommendation for housestaff appointments which was circulated with the agenda package.

Moved by Sandy Wilson, seconded by Alan Cosford:

THAT the physicians on the attached lists 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 2017 July 1 to 2018 June 30.

CARRIED

Open Board Meeting: September 25, 2017

Page 9

7.4 Deputy Heads: Emergency Medicine, Adult Psychiatry/Child & Adolescent Psychiatry, Urology, Ophthalmology

Based on the recommendation of the Department Heads, the MAC endorsed the appointment and reappointments of several Deputy Heads at their September meeting.

Moved by Axel Thesberg, seconded by Brenda Hunter:

THAT Dr. H. Murray be appointed as Deputy Head, Department of Emergency Medicine for the period 2017 October 1 to 2022 September 30, and

THAT Dr. S. Finch be reappointed as Deputy Head, Adult Psychiatry and Dr. N. Roberts be reappointed as Deputy Head, Child and Adolescence Psychiatry for the period 2017 October 1 to 2017 December 31, and

THAT Dr. D. Beiko be reappointed as Deputy Head Department of Urology for the period 2017 October 1 to 2022 September 30, and

THAT Dr. R. Campbell, be reappointed as Deputy Head, Department of Ophthalmology for the period 2017 October 1 to 2022 September 30.

CARRIED

8.0 PATIENT CARE, QUALITY & PEOPLE COMMITTEE

8.1 Annual Patient Council Reports

Sherri McCullough, Chair of the Patient Care, Quality and People Committee, drew attention to the annual reports of the HDH and KGH Patient and Family Councils. The site specific Patient and Family Advisor Councils will now join to form the Kingston Health Sciences Centre Council. The title of Patient Experience Advisor will now change to Patient and Family Advisor. On the Patient Care, Quality and People Committee, two Patient and Family Advisors serve. The annual reports will provide the KHSC Board with an overview of the activities Advisors and valuable input that is provided.

8.2 Patient Safety and Quality Report

At the September Patient Care, Quality and People Committee, the quarterly Patient Safety and Quality Report for the KGH and HDH sites was reviewed and discussed in detail. The report will provide KHSC Board members with an understanding of the volume of patient safety incidents and the top three reported incident types and severity level. This report will be provided to the KHSC Board on a quarterly basis.

### 8.3 Patient Flow Update

Sherri McCullough then drew attention to the patient flow update and highlighted key elements of the report such as the analysis of ALC activity and, based on recent data, the implementation of the new bed map has resulted in significant decreases in ER wait times for admitted patients. The briefing document included an update on discharge planning initiatives as well as the achievements that have been realized with the 'Home First' philosophy to provide community supports to patients as they await placement in long-term care. The introduction of ER discharge planning rounds has also resulted in improved patient flow. The update also provided KHSC Board members with an overview of the Integrated Community Assessment Referral Team (iCART) which is a three question screening tool that has been built into the ER Information System to generate an assessment and action for patients at risk for poor outcomes. The assessment helps seniors at high risk of returning to the ED or being readmitted by referring these patients to community support services. The briefing to the Board highlighted the latest volumes and achievements of the Health Links initiative which focuses on patients who have multiple chronic conditions. Health Links connects patients with resources across the SE LHIN that can provide the necessary community supports. Patients who meet the criteria are connected directly with the SE LHIN Health Links team. A coordinated care plan is developed to ensure that each patient knows how to manage their chronic conditions through their primary care provider rather than utilizing the ER. The final components of the report highlighted the need for additional funding from the LHIN to support increased demand in the Neonatal Intensive Care Unit and KHSC monitoring episodic activity surges which may be associated with capacity challenges at regional hospitals.

### 8.4 Patient Feedback Report Q1 & Patient and Family Led Feedback Process

The Patient Care, Quality and People Committee is also responsible for ensuring that a patient feedback monitoring system and reporting is in place. The report highlights the number of patient concerns, compliments and general comments received by the Patient Relations Program. The top concerns, by category, were included in the report. Patient satisfaction results were highlighted including point of care survey summary information.

Patient and family led feedback forums provide patients with an opportunity to come back and share directly with the care team their health care experience. An outline of how these forums are structured was outlined in the briefing note provided to the Board. Sherri McCullough drew attention to the tips that are provided to patients and family members in advance of meeting with care team members. The information shared through these exchanges are invaluable and help support improvements in how care is delivered.

### 8.5 Board Policy: Patient Feedback Policy

The Patient Care, Quality and People Committee reviewed the patient feedback policy at their August meeting and identified several amendments to the policy as outlined in the updated draft policy circulated to the KHSC Board.

Open Board Meeting: September 25, 2017

Page 11

Moved by Sherri McCullough, seconded by Peng-Sang Cau:

THAT, as recommended by the Patient Care, Quality and People Committee, the Board's Patient Complaints Policy be renamed to the Patient Feedback Policy and amended accordingly.

CARRIED

## 9.0 FINANCE & AUDIT COMMITTEE

Draft September meeting minutes provided with the in-camera agenda materials.

## 10.0 GOVERNANCE COMMITTEE

### 10.1 Accreditation Survey Readiness

In advance of the meeting, KHSC Board members received a copy of the Accreditation Canada Governance Standards along with an update from the recent KHSC Governance Committee meeting on Accreditation survey readiness. Kirk Corkery drew attention to the presentation desk that was appended to the briefing note and highlighted the key dates outlined on page 2. KHSC Board members will receive two emails following today's meeting requiring completion of an annual declaration to serve and a link to complete the Governance Functioning Tool. It is recognized that this is a new Board and that many have not been involved in an Accreditation Canada survey. The Royal College of Physicians and Surgeons of Canada requires an organization, that offers residency training programs for physicians, to be accredited. The results will be shared with the KHSC Governance Committee at their October meeting and output from this review will inform the Board Development/Education Session with Anne Corbett on November 3.

## 11.0 EXECUTIVE COMMITTEE

There was no Executive Committee meeting in September.

## 12.0 IN-CAMERA SEGMENT

### 12.1 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 Peng-Sang Cau, seconded by Axel Thesberg:

THAT the Board move into an in-camera session.

CARRIED

Open Board Meeting: September 25, 2017

Page 12

## 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 Board approved the in-camera KHSC Board minutes from the June 26, 2017 meeting; the Board received the final KHSC Board Committee June minutes as well as the draft August minutes; the CEO delivered a presentation providing updates on a potential visit by the Health Minister, details on the estimated costs associated with Phase 2, Stage 2 submission, an update on the labs agreement between BGH and KHSC, detailed information on the Hospital Information System project replacement, information on supply chain management, and an update on the current state of robotics in the provincial health system. Other discussion items included a report from the Chair on key themes from 1:1 board member meetings that were held over the summer; the President and CEO of UHKF presented an overview of the key recommendations from the feasibility study to support local share requirements for Phase 2, and Ian Cullwick from Mercer presented information regarding KHSC's executive compensation framework.*

### 15.2 Date of Next Meeting & Termination

The date of the next KHSC Board meeting will be Monday, October 30, 2017 from 1600 to 1830 hours. The meeting terminated at 1920 hours on motion of Axel Thesberg.

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

A brief session was held.

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

No session was held.

Kirk Corkery  
Chair

# Briefing Note

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

## Background

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

## Current State

### 1. Integration Update

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

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

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

### 2. Hospital Information System (HIS) Update

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

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

### 3. Transitional Care Unit @ KHSC – KGH Site

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

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

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

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

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

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

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

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

### 4. New Residency Program – Clinical Psychology at KHSC

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



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

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

## **5. Knowledge Translation: Innovation through Research**

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

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

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

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

## **6. Quality Based Procedures (QBP) Indicator Results**

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

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

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

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

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

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

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

## **7. Ontario Health Regulators – New Website Launch for Patients – [www.ontariohealthregulators.ca](http://www.ontariohealthregulators.ca)**

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

## **8. Ontario Hospital Association – Annual General Meeting – [www.oha.com](http://www.oha.com)**

- New Strategic Plan (2018-2021)

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

- OHA Board of Directors Update

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

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

- New OHA Labour Relations Committee

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

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

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

## **9. Ontario Hospital Association – Action to Avoid Capacity Crisis**

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

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

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

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

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

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

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

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

#### **11. Genome Sequencing Matches Cancer Patients with Experimental Therapies**

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

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

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

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

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

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

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

## **13. Legislative Updates**

- Personal Health Information Protection Act, 2004 (PHIPA)

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

#### **14. McCoy Passport to Your Health Tours**

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

#### **15. HDH Welcome Back BBQ**

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

#### **16. KHSC Embarks on First Joint United Way Workplace Campaign**

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

#### **17. KHSC's Q1 Media Report**

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

#### **18. On the Move ...**

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

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

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

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

The following article was profiled in *KHSC Now* –

### *Going the extra mile for patients*

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



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

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

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

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

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

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

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

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

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

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

## Briefing Note

Topic of Report: CEO Report – September Board Meeting

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

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

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

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

Respectfully submitted



Dr. David R. Pichora  
President and Chief Executive Officer