

## BOARD OF DIRECTORS - OPEN MEETING

Date: Monday, October 30, 2017  
 Meeting: 1600 – 1800 hours  
 Location: Hotel Dieu Site  
 Henderson Board Room, Sydenham 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	O'Toole	Decision	Draft agenda
		1.2	Approval of Previous Minutes: September 25, 2017	O'Toole	Decision	Draft minutes
<b>2.0 CEO UPDATE</b>						
1605	5 min	2.1	CEO Report Highlights & External Environment Update	Jones	Discuss	Written report
<b>3.0 UNIVERSITY HOSPITALS KINGSTON FOUNDATION UPDATE</b>						
1610	10 min	3.1	CEO Report	Cumming	Discuss	Written report
<b>4.0 INTEGRATED BUSINESS</b>						
1620	15 min	4.1	Accreditation Readiness Update <ul style="list-style-type: none"> <li>• Governance Committee (GFT Results attached)</li> <li>• Patient Care, Quality &amp; People Committee</li> <li>• Finance &amp; Audit Committee</li> </ul>	Carter Vollebregt McCullough O'Toole	Discuss	Presentation @ meeting
<b>5.0 KHSC STRATEGY UPDATE</b>						
1635	10 min	5.1	Strategy Development Work Plan Deliverables <ul style="list-style-type: none"> <li>• November 3 Board Development Session</li> </ul>	O'Toole	Update	Verbal
<b>6.0 MEDICAL ADVISORY COMMITTEE</b>						
1645	10 min	6.1	COS Report / MAC Update	Fitzpatrick	Discuss	Written report
		6.2	Appointments, Reappointments to the Professional (Medical, Dental, Midwifery and RN Extended Class) Staff	Fitzpatrick	Decision	Briefing note
		6.3	Housestaff 2017/18	Fitzpatrick	Decision	Briefing note
		6.4	Deputy Head, Department of Oncology	Fitzpatrick	Decision	Briefing note
<b>7.0 PATIENT CARE, QUALITY &amp; PEOPLE COMMITTEE</b>						
1655	20 min	7.1	Workplace Violence Prevention Update	McCullough	Discuss	Briefing note
		7.2	Staff, Physician & Volunteer Engagement Activities	McCullough	Discuss	Briefing note
		7.3	Cancer Centre Tour	McCullough	Inform	Verbal
		7.4	Endovascular Thrombectomy (EVT) Update	McCullough	Inform	Presentation
<b>8.0 FINANCE &amp; AUDIT COMMITTEE</b>						

# Agenda

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Start	Time	Item	Topic	Lead	Purpose	Attachment
<b>9.0 GOVERNANCE COMMITTEE</b>						
1715	5 min	9.1	Annual Declaration for KHSC Board Members Update	Vollebregt	Inform	Verbal
1720	10 min	9.2	Board Education Plan: September OHA Sessions <ul style="list-style-type: none"> <li>• Essentials Certificate in Hospital Governance for New Directors</li> <li>• Understanding Hospitals and Health System Workshop</li> </ul>	Vollebregt / Hunter	Inform	Workshop materials provided under separate cover
1730	10 min	9.3	Post-Closing Integration Work Plan Update	Vollebregt/ Miller	Inform	Presentation @ meeting
<b>10.0 EXECUTIVE COMMITTEE</b>						
<b>11.0 IN-CAMERA SEGMENT(Brief dinner break)</b>						
1740	5 min	11.1	Motion to Move In-Camera (agenda items #13-15)	O'Toole	Decision	Verbal
<b>12.0 REPORT ON IN-CAMERA DECISIONS &amp; TERMINATION</b>						
1800	5 min	12.1	Motion to Report the Decisions Approved In-camera	O'Toole	Inform	Verbal
		12.2	Date of Next Meeting & Termination	O'Toole	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: OCTOBER 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, October 30, 2017 from 1600 to 1755 hours in the Henderson Board Room, Sydenham 2. The following are the open minutes.

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

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

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

Regrets: Axel Thesberg.

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

### 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 the members joining by phone could hear the proceedings. The Chair noted that Troy Jones will fulfill the Secretary role on behalf of Dr. David Pichora who is joining today's meeting by phone. It was also noted that Dr. Richard Reznick will depart the meeting at 1700 hours due to a prior commitment. The Chair invited declarations of conflict; no conflicts were recorded.

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. An all-day strategy development session for the KHSC Board and Executive team is confirmed for Saturday, December 9, from 0800 to 1600 hours. Additional events are listed on the reverse side of the Notice of meeting.

Thanks to the generous donation of the Henderson Foundation, KHSC Board members were provided with an opportunity to utilize the investments recently made in new technology for the Board Room.

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The Chair thanked members of the KHSC Board for their support and participation in the Minister's announcement last Friday, October 27. At the event, the Health Minister and MPP Sophie Kiwala announced support for Phase 2 redevelopment and the designation of KHSC as a regional epilepsy centre. Patient Experience Advisor and Co-chair of the Patient and Family Advisory Council, Angela Morin, led the event. KHSC Board members recognized the efforts of Brenda Carter and members of the planning team for their dedication and commitment in moving the project forward.

The date of the next meeting of the Kingston Health Sciences Centre Board is Thursday, November 30, 2017 at 1600 hours in the Henderson Board Room at the Hotel Dieu site.

The Chair drew attention to the pre-circulated agenda. In advance of today's meeting, members received several presentations and OHA program information relating to the Essentials Certificate in Hospital Governance, Understanding Hospitals and the Health Care System, a board member development checklist, glossary of governance terms, resource listings, acronyms publication, the BLG booklet "Tips for New Directors", and presentations by Kevin Empey on hospital funding and reform; Joanne Marr on hospitals and healthcare provider agencies in the *Patients First* environment; and a presentation by Daniel Girlando on understanding physician relationships.

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

THAT the open agenda is approved.

CARRIED

## 1.2 Approval of Previous Minutes: September 25, 2017

The draft open minutes of the September 25, 2017 KHSC Board meeting were pre-circulated. A transcription error was noted on page 12 of the minutes, under agenda item #17.0 it should be noted that a brief session was held.

Moved by Sandy Wilson, seconded by Glenn Vollebregt:

THAT the open minutes of the KHSC Board meeting held on September 25, 2017 be approved as amended.

CARRIED

## 2.0 CEO UPDATE

### 2.1 CEO Report Highlights & External Environment Update

The written report of the President and CEO was circulated in advance of the meeting. Last week, the provincial government announced funding for additional beds. For KHSC this will result in being able to operate 25 'conventional' beds and 10 transitional care beds which will be located in the community for

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patients who no longer need the level of acute care provided by KHSC. The management team understands there are 22 additional beds available to the SE LHIN that have not yet been allocated. Dr. David Pichora confirmed that he has spoken with the Ministry regarding this additional funding, details still have to be worked out in terms of timing for bringing these beds on-line as well as retroactivity on funding for beds that KHSC already had in service.

Regarding the announcement epilepsy centre announcement, discussion focused on whether this will provide additional resources to reduce neurology wait times. Dr. Fitzpatrick confirmed that recruitment is underway for two neurologists which will make a difference. An update on the neurology program will be brought forward to the Patient Care, Quality and People Committee. Management awaits funding details from the Ministry on the epilepsy program.

Discussion focused on the provincial budget consultations that are underway and whether KHSC can partner with a community agency to support a submission. It was noted that 'hospitals' were not eligible for this particular program. Board members are encouraged to forward the information to community agencies who are eligible and the CEO's office is available to send the appropriate links.

In terms of the potential additional beds that may be available, Troy Jones confirmed that the clinical team met to review options available at the KGH site and that further work needs to be done. If KHSC meets the criteria for the additional beds, every effort will be made to take advantage of this opportunity. An update will be provided at the next Board meeting.

Denise Cumming drew attention to the update on the Minister's Directive on Hospital Naming. It will be important to donors that the additional requirement to now seek LHIN and Ministry approval do not delay or impede naming opportunities. The Ontario Hospital Association continues to advocate on behalf of hospitals and fundraising groups.

### 3.0 UNIVERSITY HOSPITALS KINGSTON FOUNDATION

#### 3.1 CEO Report

Denise Cumming, President and CEO of UHKF, drew attention to her written report extending apologies for the printing errors contained in the report. She drew particular attention to the recent and upcoming presentations to City and County Councils in support of redevelopment. UHKF welcomes the support of KHSC Board members attending and connecting with Councillors to lend their support during gift asks. Having the support of each and every KHSC Board member is important and work is now underway to schedule meetings to discuss commitments to the campaign. If members prefer to discuss their support directly with David O'Toole, this opportunity is always available by simply contacting the KHSC CEO office. Additional support in having Board members identify donors in the community or attending fundraising events is welcome.

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## 4.0 INTEGRATED BUSINESS

### 4.1 Accreditation Readiness Update

A copy of the governance functioning tool mock survey results were circulated with the briefing note outlining dates and deliverables. The GFT results have been shared with Anne Corbett in preparation for the November 3 Board session. Following the next Q2 reporting cycle/November Board meeting, members will receive the links to the Accreditation Canada platform on December 1 in order to complete the on-line GFT survey which will be filed with the surveying team and also a self-assessment survey. All KHSC Board members will be required to complete these important surveys in order to highlight key areas for education and information sharing, and to allow the Board to reflect on current practice and processes and look for ways to improve.

Brenda Carter delivered a brief presentation outlining the Accreditation Decision Guidelines, overall workplan for the Centre, an overview of the Accreditation work that has been completed to-date across the organization, and a summary of the leadership self-assessment results relevant to the Finance and Audit and the Patient Care, Quality and People Committee. Janine Schweitzer explained the patient safety required organizational practices and how teams are responding to the self-assessment results. Resources have been identified to support teams to implement 'high priority' items. Accreditation teams are developing plans and gathering evidence to achieve compliance. KHSC will develop an accreditation sustainability plan to ensure accreditation is viewed as part of an ongoing drive for quality improvement and that KHSC stays on top of changing standards.

Glenn Vollebregt, Governance Committee Chair, highlighted the importance of Board member participation in the upcoming survey tools, as well as the March 5 mock survey with Eleanor Rivoire, and the April 23 interview with the Accreditation Canada survey team.

## 5.0 KHSC STRATEGY UPDATE

### 5.1 Strategy Development Work Plan Deliverables

David O'Toole explained that by creating a new corporate strategy it will help to improve the quality of everything KHSC does and will be a key part of being a high-performing healthcare organization. The Board and Executive team will come together on December 9 to exchange ideas and have an opportunity to receive information gathered from across the sites to support the eventual development of this new plan. This session will provide a unique opportunity to help shape the future and build the kind of organization that we are all proud and inspired to be a part of. Engagement will critical to our success and thinking about the KHSC's role beyond our walls, as an enabler across the continuum of care, will be important. How do we enable this transformation? How do we work with community partners? How do we ensure innovation?

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## 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. Dr. Fitzpatrick drew attention to the work by Megan Riordon and Vero Briggs in preparing an updated Controlled Drug Policy which was recently approved by the Medical Advisory Committee. A Physician Advisory Council has been struck and Department Heads have selected representatives to serve. This leadership will help inform and guide decision-making at the executive level. In response to a question seeking clarity on the recent revisions to a medical directive/policy, Dr. Fitzpatrick noted that the changes were minor in nature having no material significance.

Richard Reznick departed the meeting at 1700 hours.

### 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 Medicine.

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 27 report of the Credentials Committee was approved at the MAC meeting held on 2017 October 10 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

### 6.3 Housestaff 2017/18

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

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Moved by Kirk Corkery, seconded by Sherri McCullough:

THAT the physicians on the attached lists of *'New and Continuing Residents'* who provided proof of coverage by Canadian Medical Protective Association (CMPA) and appropriate licensure by College of Physicians and Surgeons of Ontario (CPSO), their Hospital Application Form, and Canadian Police Information Centre (CPIC)/Vulnerable Sector Screening (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

#### 6.4 Deputy Head Appointment Oncology

Based on the recommendation of the Department Head, the MAC endorsed the appointment of Dr. Zaza as Interim Deputy Head for Oncology.

Moved by Sandy Wilson, seconded by Michele Lawford:

THAT Dr. K. Zaza be appointed as Interim Deputy Head, Department of Oncology, effective 2017 September 27 until three months past the reappointment date of the new Head of Oncology.

CARRIED

#### 7.0 PATIENT CARE, QUALITY & PEOPLE COMMITTEE

##### 7.1 Workplace Violence Prevention Update

Sherri McCullough, Chair of the Patient Care, Quality and People Committee, drew attention to update prepared by Joanna Noonan, Director, Occupational Health, Safety and Wellness, outlining the work of the government's Workplace Violence Prevention in Health Care Leadership Table and their work to implement an action plan to make hospitals safer, reducing workplace violence incidents, and the need to change attitudes and safety culture in the workplace. In the briefing documents, Board members were provided with a link to the committee's work which was completed in May 2017 and includes 23 key recommendations. Staff from the KGH site participated on the Indicators, Evaluation, and Reporting Working Group as well as the subsequent QIP taskforce truck by Health Quality Ontario.

For KHSC, the briefing note highlighted the fact that both the KGH and HDH sites have seen an increase of violence over the past five years. Patient-related violence is more significant at the KGH site due to the patient population that is cared for at that site. The briefing highlighted the two violence prevention programs at the sites as well as the tools available to staff to assist with prevention and management of patient violence. Areas of focus continue to be identified, e-learning modules are offered to staff, reviews are undertaken with managers of the clinical programs to identify contributing factors, and changes have been made to the Code White (violent episode) debrief process. Sandra Carlton confirmed that the team



has undertaken a lot of education to encourage staff to call a “Code White” before the situation escalates resulting in staff injury. A Safe Practices Policy for the mental health program has been implemented, and design changes to the layout of Section E of the ER have provided for the relocation of the care desk to support improved staff safety. The ER team is seeking an increase in violent episodes due to the opioid crisis. Violent episode statistics for the KGH site were provided and an outline of initiatives that have been undertaken to enhance the workplace violence prevention program is now showing the severity of incidents lessening resulting in fewer injuries to staff. Starting in 2018, mandatory workplace violence indicators will be coming into effect and the occupational health and safety team is working closely with communications staff and others to prepare for ensuring compliance with these requirements.

At the conclusion of the report, Sherri McCullough confirmed that the Committee will receive another update on this important work in the next quarter.

## 7.2 Staff, Physician & Volunteer Engagement Activities

At the October Patient Care, Quality and People Committee, members received an update on staff, physician and volunteer engagement activities. As outlined in the *Excellent Care for All Act*, hospitals are required to conduct some form of ‘satisfaction’ or engagement survey every two years. At the KGH site, surveys were conducted in 2013 as part of a two-year cycle and then again in the fall of 2015. At the HDH site, surveys were undertaken in 2011, 2014, and the spring of 2016. The plan for KHSC is to complete the next series of surveys before the spring of 2019.

The briefing note provided members with an overview of the top three priorities at each site from the employee, physician, and volunteer perspective. To support each of the priorities, management has mapped out a series of activities to address the items. The current KHSC Annual Corporate Plan also includes a target focusing on people to “*develop and integrated engagement strategy that supports a safe, healthy, and caring work environment.*” A number of deliverables have been assigned by quarter and regular updates will be provided to the Board throughout the year.

## 7.3 Cancer Centre Tour

Sherri McCullough then provided an update on the recent Cancer Centre tour and encouraged members of the Board to join committee members during their upcoming tours. Members had an opportunity to meet with pharmacy team members in the program as well as having staff share the patient’s experience with the various technologies/equipment that is available. The Chair recognized the importance of this initiative undertaken by the Committee and is hoping that similar opportunities will be made available to Board members in advance of their meetings. The tours provide members to see, firsthand, how the Accreditation Canada quality standards are translated in care delivery.

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## 7.4 Endovascular Thrombectomy (EVT) Update

At the October Patient Care, Quality and People Committee, members welcome the KGH End Endovascular Thrombectomy/Acute Ischemic Stroke team to the meeting. Members of the team presented demonstrated how this innovative procedure is changing the life of patients by mechanically removing large clots and is becoming the new standard of care across the province. Patient care outcomes improve and decreases disability significantly. A patient story was shared with members of the Board demonstrating the impact this life saving procedure had for the patient and her family. J'Neene Coghlan confirmed that KHSC has received funding to support these procedures.

Discussion focused on other patient success stories and government recognition for funding to increase volumes in bariatric surgery. Dr. Pichora reported that KHSC had initially been identified to complete 14 cases and the Ministry has now requested these volumes increase to 60 cases. KHSC is on track to meet this caseload. Again, this demonstrates a great team effort in both programs.

The Cancer Centre of Southeastern Ontario, along with the Canadian Cancer Society, held an event to bring women together to meet with plastic surgeons and to talk with women who have experienced breast cancer. Known as BRA (Breast Reconstruction Awareness) Day, the evening event promotes education, awareness and access for women considering post-mastectomy breast reconstruction. Sherri McCullough had the opportunity to connect with two patients who expressed their gratitude for the monies raised through the Rose of Hope golf tournament and how those funds have allowed them to receive treatment closer to home.

8.0 FINANCE & AUDIT COMMITTEE – no agenda items identified.

9.0 GOVERNANCE COMMITTEE

9.1 Annual Declaration for KHSC Board Members Update

Glenn Vollebregt, Chair of the Governance Committee, reported that 13 of 17 Board members have now completed their on-line annual declaration. It is recognized that several KHSC Board members have indicated that they will complete the declaration once their CPIC has been done. As a reminder, as part of the Accreditation survey process, members will be asked if they have signed their annual declarations to serve.

9.2 Board Education Plan: September OHA Sessions

As outlined by David O'Toole at the start of the meeting, the materials provided at the recent OHA education sessions have been circulated to members in support of continuing education.

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### 9.3 Post-Closing Integration Work Plan Update

Steve Miller, Corporate Development & Transition Lead, presented an update on the various activities underway to support integration. Legacy hospitals have completed their year-end filings (March 31, 2017). An operating agreement has now been signed with the University Hospitals Kingston Foundation and the KHSC Board has received a copy and overview of this agreement. An integrated performance measurement system is now in place as well as an operational on-call system across both sites. The Patient and Family Advisory Councils of each site have now been integrated into a single entity. A new Strategic Operations Committee has been created, membership confirmed, and is now up and running with cross reporting to the KHSC Executive team. Steve Miller reported that the lab integration is going very well with Brockville General and work continues on the integration of key administrative functions. A city-wide human resource function/structure is now in place between KHSC and Providence Care. The HR team has started to compare compensation and benefits at both sites and Mercer will be retained to assist in this work and job evaluations will be required.

There are a number of in-progress items including clinical program integration; filings for supplementary letters patent for legacy hospitals; Kingston regional laundry operating agreement updating is underway; and legal counsel is working on preparing a private members' bill to ensure that future bequests that identify the legacy hospital corporations can be handled appropriately. Financial and payroll reporting systems will also be integrated. The Partnership Council has met on one occasion (April 5) and the next meeting is anticipated sometime in December. Cost savings are on track for 2017-18 and financial statements are fully integrated. While there is one information technology systems department, both sites continue to function on two separate systems.

Future deliverables include an integrated Accreditation and strategic planning exercise; integrated hospital annual planning submission along with an eventual single hospital service accountability agreement and multi-sector accountability agreement. Steve Miller noted that KHSC must report to the SE LHIN every six months for the next three-year period; the first report is due November 1. Government and other key stakeholders continue to be supportive and no significant concerns have been identified.

### 10.0 EXECUTIVE COMMITTEE

There was no Executive Committee meeting in October.

### 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.

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Moved by Sherri McCullough, seconded by David Pattenden:

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 Board approved the in-camera KHSC Board minutes from the September 25, 2017 meeting; the Board received the committee approved final September minutes of the Patient Care, Quality and People, Governance, and Finance and Audit Committee meetings; the Board received the draft Board Committee minutes for October; the Board received an update on Phase 2, Stage 2 Functional Program Submission; and the Board received an update on the development of the CEO's Performance Agreement for 2017-18.

### 15.2 Date of Next Meeting & Termination

The date of the next KHSC Board meeting will be Thursday, November 30, 2017 starting at 1600 hours. The meeting terminated at 1755 hours on motion of Sandy Wilson.

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

No session was held.

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

A session was held.

David O'Toole  
Chair

# Briefing Note

<b>Topic of Report:</b>	<b>CEO REPORT</b>	For Decision	
<b>Submitted to:</b>	Board of Directors – October 2017 Meeting	For Discussion	X
<b>Submitted by:</b>	Dr. David R. Pichora, President and CEO	For Information	X
<b>Date submitted:</b>	October 25, 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 September. On October 30, I will be participating in the McMaster Health Forum stakeholder dialogue in Hamilton. The session "Taking a Step Towards Worry-free Surgery in Ontario", is funded by the Department of Health Research Methods, Evidence and Impact at the Faculty of Health Sciences, McMaster University, through a grant from the Population Health Research Institute. I hope to join KHSC Board members by phone for our meeting on October 30. As always, the senior team will be in attendance to lend their support at the Board meeting.

## Current State

### 1. The Case for Investing in Patient Safety in Canada – Canadian Patient Safety Institute Report: [www.patientsafetyinstitute.ca](http://www.patientsafetyinstitute.ca)

In 2002, the National Steering Committee on Patient Safety published the report "[Building a Safer System](#)". The Report outlined a national, integrated strategy for improving patient safety in the Canadian healthcare system. From this report, The Canadian Patient Safety Institute was established by Health Canada in 2003 to partner with governments, health organizations, leaders and healthcare providers to improve patient safety and quality. The Institute develops evidence-informed products to support and guide organizations to catalyze change and spotlight patient safety issues. The strategic goals and areas of focus of the Institute are:

- To provide leadership on the establishment of a National Integrated Patient Safety Strategy;
- To inspire and sustain safety knowledge within the system and, through innovation, enable transformational change;
- To build and influence patient safety capability (knowledge and skills) at organizational and system levels; and
- To engage all audiences across the health system in the national patient safety agenda.

On September 26, the Canadian Patient Safety Institute issued a report: *The Case for Investing in Patient Safety in Canada*. The initial key findings included in the report:

- Over the next 30 years in Canada, within acute and home care settings, there could be roughly 400,000 average annual cases of patient safety incidents (PSIs), costing around \$6,800 per patient and generating an additional \$2.75 billion (2017\$) in healthcare treatment costs per year.
- The PSIs considered, and the costs incurred, are all preventable. In terms of mortality, PSIs in total (acute/home care combined) rank third behind cancer and heart disease with just under 28,000 deaths across Canada (in 2013). This is equivalent to such events occurring in Canada every 1 minute and 18 seconds, and a resulting death every 13 minutes and 14 seconds.
- In the acute care setting, infections will be the biggest driver of PSIs, accounting for roughly 70,000 PSIs per year on average – generating an additional \$480 million per year on average in healthcare costs. Traumas (e.g., falls) will be the biggest driver of PSIs in the home care setting, accounting for roughly 115,000 PSIs per year on average.
- The emergency room and hospital costs associated with these trauma events amounts to approximately \$860 million per year on average. There are success stories from around the world (including Canada) in improving patient safety. Given CPSI's 2016-17 operating budget of \$7.7 million, its programs would only have to help reduce just over 1,100 PSIs per year – approximately one quarter of one percent of the average annual number expected over the next 30 years of total PSIs in Canada – in order to offset the costs of its operations.

CPSI has recently posted their annual report available [here](#).

KHSC sites are preparing for “Patient Safety Week” – October 30 to November 3.

## 2. KHSC Announcement with Minister Hoskins – October 27

At the time of preparing this report, we have received relatively firm confirmation that Minister Hoskins will be making an important announcement on **Friday, October 27 at 1230 hours** at the KGH site in the Watkins 2 lobby area. It is our understanding that Minister Hoskins will be announcing our Phase 2 redevelopment plans as well as investments in our neurology program. I hope that KHSC Board members are available to join.

## 3. 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” – a copy of the press release was emailed to members earlier this week. 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 our September 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.

#### 4. Provincial Budget Consultations

Ontario launched [Budget Talks](#) this month, a consultation that allows the public to help shape policies and programs that will be part of Ontario's future. The government will provide up to \$5 million to fund up to five proposals identified and voted on by the public as part of the 2018 Budget. This is the fourth year in a row the government has engaged the public in the development of the Ontario budget through Budget Talks, and the second year that funding will be allocated directly to citizen-led proposals.

Through [Ontario.ca/budgettalks](http://Ontario.ca/budgettalks), people are invited to share ideas on five focus areas, including child care, seniors, small business, students and healthy living.

To be eligible, proposals must:

- Be submitted online by midnight on November 3, 2017
- Be for a new fund, pilot project, study, event or digital service
- Fall within the scope of the Ontario government to deliver
- Help support one of the five focus areas outlined in Budget Talks
- Require a one-time investment of no more than \$1 million
- Show progress or completion by spring 2019

#### 5. New Resources on Strengthening Relationships between Hospitals and Physicians

The OHA recognizes the importance of having strong collaborative relationships between hospitals and physicians, both those working in hospitals and within the community. Last month the OHA delivered two new resources – *Redefining Health Care: Strengthening Hospital-Physician Relationships* which explores the uniqueness of the hospital-physician relationship as well as providing in-depth perspectives and analysis of issues, trends, research and best practice in health care. To view, [click here](#)

Working with the Ontario College of Family Physicians, the OHA has developed a new Ideabook which features success stories from hospitals and family physicians that have collaborated on innovative solutions to the challenges patients face when they transition from one health care setting to another. *Stronger Together – Family Physicians and Hospitals Inspiring New Ways of Care* is available at the following link: [click here](#)

To access the links above, Board members will be required to have an account with the Ontario Hospital Association. If you have not already established your account, the set-up is easy and takes only a few minutes to complete – go to: [Create an account - click here](#)

#### 6. Council of Academic Hospitals of Ontario / OHA – [www.caho-hospitals.com](http://www.caho-hospitals.com) and [www.oha.com](http://www.oha.com)

CAHO met on September 29, 2017 to continue discussions on the pre-budget/pre-election positions to support member hospitals. The financial situation at larger academic hospitals is serious and, while the government provided for an additional \$518M in additional funding in the last budget, overall the impact has been marginal. Eleven of 23 member CAHO members forecast a balanced budget (including KHSC), but the 12 remaining hospitals are facing budget deficits (most of these are large specialty hospitals). The Ontario Hospital Association is finalizing a comprehensive pre-election advocacy strategy and I will bring forward information as it becomes available.

Earlier this month, Chair Kevin Smith, announced the appointment of Michelle Noble as Executive Director of CAHO. Based on the recent announcement, we understand that Ms. Noble has an exceptional skillset and diverse background in brand-building with experience in both the public and private sectors. She comes to CAHO from BILD, the Building Industry and Land Development Association for the Greater Toronto Area where she has been Vice President of Communications and Marketing since 2015. Prior to BILD, she led partnerships and consultations for the Ontario Growth Secretariat and headed communications and marketing for Waterfront Toronto, the tri-government organization mandated with transforming Toronto's waterfront. In the private sector, Ms. Noble held senior marketing and communications roles with Eli Lilly, Labatt, Nike and the leading association for the food and consumer productions industry in Canada. I look forward to meeting her at our next CAHO Council meeting in November.

## **7. Health Research Matters**

The Council of Academic Hospitals of Ontario (CAHO) conducted its annual research and financial metric reporting for the sixth year in October 2017. CAHO uses the CAHO Research Financials (CRF) and Research Impact Metrics (RIM) data to illustrate the impact of health research and to advocate on behalf of Ontario's academic hospitals by building support for increased investment in health research. This is a complex and intensive process due to the fact that many of our researchers 'float' across organizations. To prevent duplication in reporting, the two hospitals (PC and KHSC) worked together to apportion the sharing research revenues across multiple hospital sites. As in previous years when KGH and HDH were separate institutions, two sets of data were submitted for KHSC based on its two research arms: Kingston General Health Research Institute (KGHRI) and Hotel Dieu Hospital Kingston Research Institute (HDHkRI). The next reporting to CAHO will occur in October 2018 for F2018 for CRF and RIM data.

As part of its mandate of enhancing Canada's global competitiveness in the knowledge economy, Re\$earch Infosource publishes a list of the top 40 research hospitals which is based on CAHO reporting. We have been informed that KGHRI will once again be featured in the 2017 top 40 ranking which will be released on November 16<sup>th</sup>, 2017. KGHRI and HDHkRI have in the past reported as distinct entities, however, in the future will report as one to reflect the integration of the two hospitals. This will move KHSC higher in the ranking. Further, when the Queen's Health Partners Research Institute is fully operational, we anticipate that the combined data for KHSC, PC, and Queen's Faculty of Health Sciences will move our overall ranking into the top 10.

To demonstrate the breadth, depth, and impact of the health research being done across CAHO hospitals, CAHO has been hosting their annual showcase at Queen's Park for the last few years as part of their *Healthier, Wealthier, Smarter* campaign. Members of Provincial Parliament and many of their staff get an inside look at research projects from across Ontario. KHSC and PC have decided to take a collaborative approach to CAHO's annual Queen's Park Health Research Showcase, which takes place on Wednesday, October 25<sup>th</sup>, 2017. The presenting clinicians, Drs. Gianluigi Bisleri and Ben Glover, will highlight two complementary approaches for treating arrhythmia. Dr. Bisleri, will demonstrate his hybrid ablation technique; Dr. Glover, will talk about his lifestyle intervention study for cardiac arrhythmia in patients with metabolic syndrome. Health care research in Kingston will be further highlighted from the podium: Mr. Bill Bishop, a patient in Dr. Amer Johri's recently completed study on



the effects of carnitine on carotid plaques, will talk about his experience of taking part in research. Mr. Bishop will take the podium along with the Minister of Research, Innovation and Science, Reza Moridi.

KHSC looks forward to working with CAHO to improve patient care through research and innovation.

### **8. KHSC Patient & Family Advisory Council – Seeking Nominations for its Exceptional Healer Physician Excellence Recipient**

Nominations are now open for this year's award. The Patient and Family Advisory Council is seeking nominations for its Exceptional Healer Physician Excellence Award. The award acknowledges a KHSC physician whose clinical practice is defined by the concepts at the core of Patient- and Family-Centred Care: dignity and respect, information sharing, participation and collaboration. Patients and family members can nominate a physician as long as he or she has provided them with care in the last two years. KHSC staff can also nominate physicians. Key nomination criteria include:

- personal qualities such as approachability and empathy
- the use of innovative methods to deliver compassionate care
- a pattern of respecting patient and family perspectives
- the ability to honour the uniqueness of patients and families by incorporating their knowledge, values, beliefs and cultural backgrounds into the planning and delivery of care.

The deadline for nomination is Friday, November 3, 2017. For more information, please connect with the Patient- and Family-Centred Care Department at the KGH site, 613-549-6666, Ext. 3122.

### **9. Matters that Matter ... Ethics at KHSC**

Earlier this month, KHSC launched the Matters that Matter blog site where staff can discuss different ethical issues, developments, controversies, and scenarios. This interactive site will provide for ethics education and raising ethical awareness. David Campbell has joined the KHSC as the Ethicist for the KGH site and Neil Elford, Joint Director of Spiritual Health, Mission & Ethics, HDH site and Providence Care, will lead ethics at the HDH and Providence Care sites.

Work continues on developing an ethics framework for the KHSC sites.

### **10. New Discharge Tool Eases Transition from Hospital to Home**

Making the transition from hospital to home can be stressful for people who struggle to understand their health information. Now a new discharge tool and process aim to send patients on their way with self-management information that's easy to understand and act on. Patients currently receive the same discharge summary that's sent to their family doctor or nurse practitioner which is really written for a medical professional. They read the first few pages, get frustrated and don't realize there's important information there. The Patient-oriented Discharge Summary (PODS), about to be piloted in the Medical Short Stay Unit (MSSU) at the KGH site, uses plain language and pictograms to provide patients with five key pieces of information at discharge: medication, signs and symptoms to look for and how to respond, changes to their patient routine, follow-up appointments and where to find more information.

Evidence shows that people given health information often forget about 50 per cent of it almost immediately or remember it incorrectly. A PODS provides need-to-know information that's easy to

understand and actionable by patients. The tool helps to structure the discharge conversation with patients. A main component of the PODS is the use of the teach-back method. After providing discharge education, staff asks the patient to repeat key messages in their own words as a way of determining comprehension. For some staff, this may be a change in practice but teach-back is an efficient way to ensure critical information is received and understood. Developed with input from an interprofessional team, Patient Experience Advisors, and patients and families, the PODS will have its test drive in MSSU, which averages about three patient discharges daily. The goal is to create specific templates for the top 20 admission diagnoses in the Medicine program.

### **11. HDH Volunteer Services – 112<sup>th</sup> Annual General Meeting & Cheque Presentation**

On Monday, October 16, I had the pleasure of joining HDH volunteers at their annual meeting and luncheon. At the event, a cheque in the amount of \$68,000 was presented in support of the Low Vision Rehabilitation Clinic at the HDH site.

### **12. 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.

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

Please join members of the UHKF team on **Wednesday, November 8, 2017 at 1630 hours** in the UHKF Offices parking lot, 55 Rideau Street, for the next "McCoy Passport to Your Health Tours". Tour locations are Providence Manor, HDH operating rooms, and KGH labs. Seating is limited so please ensure you either RSVP to UHKF directly (in the calendar invitation Rhonda sent) or let Rhonda know so we can reserve a seat for you!

### **14. Duncan G. Sinclair Lectureship in Health Services & Policy Research – October 31 at 5 pm – "The Stumbling Block to Health Reform" – Isabel Bader Centre, 370 King Street West**

Further to our October 3 email to the KHSC Board, simply a reminder that Andre Picard, author and health columnist with the Globe and Mail, will be the guest lecturer at the Isabel Bader Centre for the Performing Arts on Tuesday, October 31, starting at 5 pm. A veteran health journalist examines how Canada's health system needs to be reformed and the social, medical and economic impediments to change. André Picard is the health columnist at The Globe and Mail, where he has been a staff writer since 1987. He is the author of four bestselling books, most recently *Matters of Life and Death*.

For members of the Queen's community who require it, bus transportation will be available starting at 4:15 pm from: Robert Sutherland Hall, 138 Union Street / School of Medicine, 15 Arch Street, Kingston.

## 15. Kingston Residential Hospice

At the September SE LHIN Board meeting, the Board endorsed the Stage 1 Hospice Capital Program application for the development of a Kingston Residential Hospice. The proposed development will see a 10-bed residential hospice – seven LHIN funded beds and three Hospice Kingston funded beds. The vision for the campus is to include health, social and community service agencies, in partnership with the Sisters of Providence of St. Vincent de Paul.

For more than 30 years, Hospice Kingston has provided comfort, support and companionship to individuals and families living with life-limiting illness or coping with grief and loss. A residential hospice will offer an essential choice to individuals for whom dying at home is not an option.

## 16. Queen's Principal Seeking Reappointment

Principal and Vice-Chancellor Daniel Woolf's current term is scheduled to conclude on June 30, 2019. Principal Woolf has now advised the Chair of the Board of Trustees that he wishes to be considered for a third and final term.

A Joint Board/Senate Committee to Review the Principalship is being established to advise the Board of Trustees on Principal Woolf's reappointment to another term. The committee will be composed equally of nine members of the Board of Trustees, along with nine members of the university's Senate, in addition to Chancellor Jim Leech who will chair the committee as an ex officio member. Further details: [click here](#)

## 17. Former Humber River Hospital and UHN's Hillcrest Site

A recent Toronto Star article has confirmed the Province will be reopening the old Humber River Hospital to create up to 150 beds for patients who don't need to be in overcrowded acute care hospitals. This week's Star article also referenced that UHN's former Hillcrest site would also be reopened to provide additional beds/spaces for patients. The Minister has indicated that this could create tremendous opportunity to care for patients waiting beds in nursing homes, rehabilitation facilities/home care.

## 18. Government Update on Health System Integration – Minister's Patient & Family Advisory Council

The government recently published an update on the work supported by the *Patients First Act, 2016*. The update focused on the establishment of the [Minister's Patient and Family Advisory Council \(PFAC\)](#), and its inaugural Chair, Julie Drury. Ms. Drury is tasked with providing strategic advice on the refinement and implementation of a provincial approach to patient engagement within the ministry and across the province. In this role, she will work with a broad network of patient and family advisors across the province to identify and address issues affecting the experience of patients, families and caregivers. Ms. Drury will also work in close collaboration with the LHINs' patient and family advisory committees, as well as with patient advisory bodies at the organizational, local and provincial levels.

## 19. Opioid Emergency Task Force

Ontario is establishing an Opioid Emergency Task Force that will include front-line workers and people with lived experience to strengthen the province's coordinated response to the opioid crisis.

The Task Force will ensure those closest to the crisis are providing critical insight about what is happening on the ground, to support the province's coordinated response to the crisis and address new challenges as they emerge. It will bring together representatives from province-wide system partners working to combat this emergency, including front-line workers in harm reduction, addiction medicine, and community-based mental health and addiction services, among others. The Task Force will also advise the government on a robust and targeted public education campaign to raise awareness about the risks associated with opioid use and how people can protect themselves and their loved ones against the harms associated with addiction and overdose.

As a first step, Ontario will be providing all public health units in the province with consistent and up-to-date public education materials to support their efforts in local communities to ensure that everyone is receiving the same information regardless of where they live. The province is also working with pharmacists on an insert about the possible health risks of opioids and where patients can access support, which will be provided to patients when they pick up an opioid prescription.

Ontario is increasing access to care, reducing wait times and improving the patient experience through its [Patients First: Action Plan for Health Care](#) and [OHIP+: Children and Youth Pharmacare](#) - protecting health care today and into the future.

## **20. OHA Developing Proposals for Physician Services Agreement Negotiations**

On September 1, 2017, the Ministry of Health and Long term Care and the Ontario Medical Association began negotiations for the 2017 Physician Services Agreement. Over the past few months, the OHA met with both organizations to provide the hospital perspective and priorities that will inform the development of their respective negotiations mandate. On September 28, 2017, the OHA met with the Deputy Minister and the MOH Negotiations Team to discuss how the OHA can further assist in addressing the key focus areas for hospitals which include hospital on-call coverage, hospitalist funding, physician recruitment and innovative models of care.

The OHA was invited to develop data-driven and evidence-based proposals to address the key areas identified. The proposals will be developed by the PSA Advisory Group and will be submitted to the MOH and OMA in November.

## **21. Release of Second Federal Interim Report on Medical Assistance in Dying**

The federal government has released the [Second Interim Report on Medical Assistance in Dying](#). This report provides a summary of data provided to Health Canada by provincial and territorial governments, with respect to medically assisted deaths within their jurisdictions. It covers the time period from January to June 2017, and compares that data to the reporting period of the first interim report (June to December 2016).

Health Canada will continue to publish interim reports on Medical Assistance in Dying using available data until the federal government finalizes regulations for a permanent monitoring system. These finalized regulations are expected in 2018. Later this year, the federal government will publish draft regulations for consultations by the public and stakeholders in the Canada Gazette Part I.

## 22. Legislative Updates

- [Strengthening Quality and Accountability for Patients Act, 2017](#)

The Bill was introduced in the Legislature on September 27 by Minister Hoskins and key highlights include:

- making it mandatory for the medical industry, including pharmaceutical and medical device manufacturers, to disclose payments made to health care professionals and organizations, including hospitals including payments for meals and hospitality, travel associated expenses, financial grants (patients will be able to search a database by physician). Through this legislation, Ontario will be the first Canadian province to legislate mandatory disclosure of private sector payments to health professionals.
- The government will strengthen quality and safety inspection programs for long-term care homes with new enforcement tools including financial penalties and new provincial offences for non-compliance.
- Enabling paramedics to provide appropriate, safe and effective care for patients who call 911 by transporting them to a non-hospital setting, such as a mental health facility, to better address their needs. This would allow those patients to receive more appropriate care closer to home and in the community which should result in improving ambulance service coverage and helping to address overcrowding in emergency departments.
- Requiring operators of community health facilities and medical radiation devices to obtain a license and enhancing the enforcement tools available to inspectors, to improve patient safety.
- Strengthening the oversight of diagnostic medical sonographers by introducing new legislation that would cover the entirety of the medical radiation and imaging technology profession.

- [Pharmacy Act, 1991](#)

The Ontario College of Pharmacists is seeking feedback on proposed amendments to O. Regulation 202/94 that, if approved, would amend the registration process by adding a class of registration for intern pharmacists and pharmacy technicians as well as updates on quality assurance provisions.

- [Human Rights Code](#)

A new policy statement now explains the “Duty to Accommodate” under the *Ontario Human Rights Code*. The new policy statement explains the purpose and importance of the duty to accommodate and hospitals are encouraged to review the changes and continue to address barriers in their organizations.

Under the *Code*, employers and unions, housing providers and service providers have a legal duty to accommodate the *Code*-related needs of people who are adversely affected by a requirement, rule or standard. On many occasions, the Supreme Court of Canada has confirmed the duty to accommodate in the human rights context. Accommodation means making adjustments to policies, rules,

requirements and/or the built environment to ensure that people with *Code*-related needs have equal opportunities, access and benefits. Accommodation is necessary to address barriers in society that would otherwise prevent people from fully taking part in, and contributing to, the community.

- [Employment & Labour Law Rules](#)

Ontario is seeking public input to help make workplaces fairer for workers in industries that currently have exemptions, special rules or exclusions. People across the province can have their say on important decisions related to employment standards such as wages, hours of work and public holidays. The first phase of consultations focuses on eight occupations currently exempt from minimum employment standards:

- Architects
- Domestic Workers
- Homemakers
- IT Professionals
- Managerial and Supervisory Employees
- Pharmacists
- Residential Building Superintendents, Janitors and Caretakers
- Residential Care Workers

Ontario is also reviewing rights under the Labour Relations Act for domestic workers. Public consultation forms part of the Ministry of Labour's broader review of Employment Standards Act (ESA) special rules and exemptions, as well as Labour Relations Act (LRA) exclusions. It is part of [Ontario's plan for Fair Workplaces and Better Jobs](#), which includes raising the minimum wage, ensuring part-time workers are paid the same hourly wage as full-time workers, introducing paid sick days for every worker and stepping up enforcement of employment laws.

- [Directive on Hospital Naming](#)

Earlier this month, the Hospitals Branch of the Ministry of Health and Long-term Care issued the first [Minister's Directive on Hospital Naming](#) (Naming Directive).

The Naming Directive sets out restrictions on hospitals' discretion to change their corporate and business names. This includes a requirement to seek endorsement of both their LHIN and approval of the Ministry for any proposed corporate or business name changes of a hospital corporation; hospital site; individual buildings where the building comprises all or substantially all of a hospital site; and alliances, partnerships and other associations between or among hospital corporations. Proposed corporate and business names for these entities cannot include a corporate or business name of a corporate donor, or the name of an individual or family. The Directive permits the Minister, on receiving an application in writing from a hospital, to grant exemptions to the process requirements set out in the Directive where the Minister deems it necessary or appropriate.

The issuance of the final Naming Directive comes after months of advocacy between the Minister's Office and the Ministry, and the OHA, the Association of Fundraising Professionals, and the Association for Healthcare Philanthropy. This included a substantive [joint formal submission](#) provided to the Ministry earlier this year which highlighted a number of significant concerns, including:

- the encroachment on matters of hospital governance;
- the inequity of its application to hospitals but not in other public sector institutions; and
- the potential chill on philanthropic giving in the hospital sector.

### **23. Catholic Health Leadership Forum**

From October 4-6, KHSC Executive team members Brenda Carter, J'Neene Coghlan, Mike Fitzpatrick, and Silvie Crawford attended a leadership forum in Montreal. It was a great opportunity to engage with leaders from across the country and having robust conversations on maintaining the Catholic mission foundational to health care organizations.

### **24. Catholic Health International Meeting – October 10-13**

CHI conducts semi annual business meetings for member hospital CEOs. Typically the fall meeting is hosted by a member hospital and the spring meeting (to which board chairs are often invited) is held in Montreal. The 2015 fall meeting was hosted in St. Catharines and in 2016 by St. Bernard Hospital located in the inner city of south Chicago. For the first time ever, the fall meeting 2017 was hosted by CHI at the Vatican in Rome. Events included the annual business meetings, an audience with the Pope and a tour of the Vatican.

Respectfully submitted



Dr. David R. Pichora  
President and Chief Executive Officer