



## BOARD OF DIRECTORS – OPEN MEETING

Date: Monday, February 12, 2018  
 Meeting: 1600 – 1830 hours  
 Location: Hotel Dieu Site, Henderson Board Room  
 Dial-in: 1-855-344-7722 7673253#

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
<b>1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, DECLARATIONS OF CONFLICT, CONSENT AGENDA &amp; AGENDA APPROVAL</b>							
1600	5 min	1.1	<b>Opening Reflection, Chair’s Remarks, Quorum Confirmation, Conflict of Interest</b>  Accreditation Standard 1:1: The roles, responsibilities and legal obligations of the governing body are defined and regularly reviewed.  Accreditation Standard 5.5: The governing body has a formal process to understand, identify, and resolve conflicts of interest.	O’Toole	Decision	Draft agenda	
		1.2	<b>Approval of Consent Agenda Items &amp; Agenda</b> a) Draft minutes, January 8, 2018 KHSC Board Meeting b) Tour – Mental Health – Intensive Transitional Treatment Program	O’Toole	Decision	Draft minutes, presentation deck	
<b>2.0 CEO UPDATE</b>							
1605	5 min	2.1	<b>CEO Report</b>  Accreditation Standard 6.3: The governing body works with the organization’s leaders to conduct an ongoing environmental scan to identify changes and new challenges, and ensures that the strategic plan, goals, and objectives are adjusted.  Accreditation Standard 12.7: The governing body demonstrates a commitment to recognizing team members for their quality improvement work.	Pichora	Update	Written report	
							

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
<b>3.0 UNIVERSITY HOSPITALS KINGSTON FOUNDATION</b>							
1610	5 min	3.1	<p><b>CEO Report</b></p> <p>Accreditation Standard 11.1: The governing body works with the CEO to identify stakeholders and learn about their characteristics, priorities, interests, activities, and potential to influence the organization.</p> <p>Accreditation Standard 11.5: The governing body promotes the organization and demonstrates the values of its services to stakeholders and the community.</p>	Cumming/ Thesberg	Discuss	Written report	Strategic Enabler: Philanthropy Outcome: KHSC has a viable plan to fund the local share of our Phase 2 redevelopment project
<b>4.0 INTEGRATED BUSINESS</b>							
1615	25 min	4.1	<p><b>Accreditation Readiness Update</b></p> <ul style="list-style-type: none"> <li><b>GFT/Self Assessment Results</b></li> </ul> <p>Accreditation Standard 2.9: Members of the governing body receive ongoing education to help them fulfill their individual roles and responsibilities and those of the governing body as a whole.</p> <p>Accreditation Standard 12.1: The governing body demonstrates accountability for the quality of care provided by the organization.</p> <p>Accreditation Standard 13.10: The governing body identifies and addresses opportunities for improvement in how it functions.</p>	O'Toole/ Vollebregt/ Carter	Update	Briefing note & GFT & self assessment results	Strategic Direction: Improve the patient experience through a focus on compassion and excellence
<b>5.0 MEDICAL ADVISORY COMMITTEE</b>							
1640	5 min	5.1	<p><b>COS Report / MAC Update</b></p> <p>Accreditation Standard 12.1: The governing body demonstrates accountability for the quality of care provided by the organization.</p> <p>Accreditation Standard 6.3: The governing body works with the organization's leaders to conduct an ongoing environmental scan to identify changes and new challenges, and ensures that the strategic plan, goals, and objectives are adjusted accordingly.</p>	Fitzpatrick	Discuss	Written report	Strategic Direction: Create seamless transition in care for patients across our regional health-care system

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
<b>6.0 PATIENT CARE, QUALITY &amp; PEOPLE COMMITTEE</b>							
1645	15 min	6.1	<b>Recruitment &amp; Retention Highlights for 2017</b> Accreditation Standard 7.9: The governing body oversees the development of the organization's talent management plan.	McCullough	Discuss	Briefing note	Strategic Enabler: People
		6.2	<b>Ethics Framework</b> Accreditation Standard 3.1: The ethics framework and evidence-informed criteria are used by the governing body to guide decision-making.	McCullough	Discuss	Briefing note & presentation	Strategic Direction: Improve the patient experience through a focus on compassion and excellence
		6.3	<b>Patient Feedback Report - Patient Story</b> Accreditation Standard 5.3: The governing body provides oversight of the organization's efforts to build meaningful partnerships with clients and families. Accreditation Standard 5.4: The governing body monitors and evaluates the organization's initiatives to build and maintain a culture of client-and family-centred care. Accreditation Standard 10.2: The governing body monitors organizations-level measures of patient safety. Accreditation Standard 10.3: The governing body addresses recommendations made in the organization's quarterly patient safety reports. Accreditation Standard 10.5: The governing body regularly hears about quality and safety incidents from the clients and families that experience them.	McCullough Carter	Discuss	Written report Patient story @ meeting	Strategic Direction: Improve the patient experience through a focus on compassion and excellence Strategic Enabler: People
<b>7.0 FINANCE &amp; AUDIT COMMITTEE</b>							
<b>8.0 GOVERNANCE COMMITTEE</b>							
1700	5 min	8.1	<b>Critical Path 2018-19 – Board Slate – Update</b> Accreditation Standard 2.6: There are written criteria and a defined process for recruiting and selecting new members of the governing body.	O'Toole/ Vollebregt	Discuss	Briefing note	

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
1705	25 min	8.2	<p><b>Themes – Mission/Vision/Values Engagement at KHSC</b></p> <p>Accreditation Standard 4.1: The governing body works in collaboration with the organization’s leaders to develop the organization’s mission statement.</p> <p>Accreditation Standard 4.2: When developing or updating the mission statement, input is sought from team members and external stakeholders, including clients, families and partners.</p> <p>Accreditation Standard 4.4: The organization’s mission statement is regularly reviewed and revised as necessary to reflect changes in the environment, scope of services or mandate.</p> <p>Accreditation Standard 5.1: The governing body works with the organization’s leaders to define or update the organization’s values statement.</p> <p>Accreditation Standard 6.1: The governing body oversees the strategic planning process and provides guidance to the organization’s leaders as they develop and update the organization’s vision and strategic plan.</p>	Vollebregt/ Pichora	Discuss	Briefing note, work plan	<p>Strategic Directions:</p> <p>Improve the patient experience through a focus on compassion and excellence</p> <p>Improve the experience of our patients through a focus on worklife quality</p> <p>Enable clinical innovation in complex acute and specialty care</p> <p>Create seamless transitions in care for patients across our regional health care system</p> <p>Maximize our education, research and academic health sciences potential</p> <p>Contribute to and support a high performing regional health care system with our partners</p> <p>Strategic Enabler: People</p>
<b>9.0 EXECUTIVE COMMITTEE</b>							
<b>10.0 IN-CAMERA SEGMENT</b>							
1730	5 min	10.1	<b>Motion to Move In-Camera (agenda items #10-12)</b>	O’Toole	Decision	Verbal	
<b>13.0 REPORT ON IN-CAMERA DECISIONS &amp; TERMINATION</b>							
1820	5 min	13.1	<p><b>Motion to Report the Decisions Approved In-camera</b></p> <p>Accreditation Standard 13.3: The governing body shares the records of its activities and decisions with the organization.</p>	O’Toole	Inform	Verbal	
		13.2	<b>Date of Next Meeting &amp; Termination</b>	O’Toole	Inform	Verbal	
<b>14.0 IN-CAMERA ELECTED MEMBERS SESSION &amp; CEO ONLY</b>							
<p>Accreditation Standard 3.5: Required information and documentation is received in enough time to prepare for meetings and decision making.</p> <p>Accreditation Standard 3.6: The governing body reviews the type of information it receives to assess its appropriateness in helping the governing body to carry out its role.</p> <p>Accreditation Standard 13.10: The governing body identifies and addresses opportunities for improvement in how it functions.</p>							
<b>15.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT</b>							

## BOARD OF DIRECTORS OPEN MEETING: FEBRUARY 12, 2018

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held at the Hotel Dieu Hospital site on Monday, February 12, 2018 from 1600 to 1800 hours in the Henderson Board Room, Sydenham 2. The following are the open minutes.

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

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

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

Regrets: Peng-Sang Cau, Dr. Ron Pokrupa, Axel Thesberg, Sandy Wilson.

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

Guests: Bill Pearse, Business Manager, International Brotherhood of Electrical Workers and Ron Grice, Business Manager, Millwright Local Union 1410.

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

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

David O'Toole opened the meeting with a reflection, confirmed quorum, called the meeting to order, and welcomed community members Bill Pearse and Ron Grice to the meeting. The Chair invited declarations of conflict; no conflicts recorded.

The Chair confirmed that Peng-Sang Cau has resigned from the KHSC Board and will be unable to attend the balance of Board meetings until June. The Governance Committee will be considering this mid-term vacancy at its next meeting. The Chair advised members that the June 25 KHSC Board meeting and annual dinner will be rescheduled to early September; further details to follow.

A special evening to benefit the University Hospitals Kingston Foundation is slated for Saturday, March 3, 2018 at the Ban Righ Centre, Queen's University, starting at 1730 hours. Tickets are \$175.00 each and can be purchased through the UHKF website. Board members interested in attending, please let the Rhonda Abson know so that tables can be arranged.

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David O'Toole recognized and thanked the trustees of the W.J. Henderson Foundation for the generous donation towards upgrading the Henderson Board Room and the recent announcement towards Atrial Fibrillation Research. A cheque presentation/recognition event was held last week to recognize the \$500K donation.

KHSC Strategy Planning Session No. 2 for the Board is confirmed for Tuesday, June 5, 2018 from 0830 to 1300 hours – location will be confirmed closer to the meeting date.

The next KHSC Board meeting will take place on Monday, March 5, 2018 at starting at 1500 hours with the mock interview with Eleanor Rivoire followed by the regular KHSC Board meeting starting at 1600 hours in the Henderson Board Room, HDH site. The Chair reminded members of the Accreditation Canada interview to take place on Monday, April 23, 2018 at 1600 hours in the Henderson Board Room.

## 1.2 Approval of Consent Agenda & Open Agenda

The agenda and meeting materials were pre-circulated. The Chair invited adjustments to the consent agenda; no adjustments requested.

Moved by Alan Cosford, seconded by Glenn Vollebregt:

The open consent agenda is approved and matters considered:

THAT the minutes of KHSC Board of Directors' meeting held on January 8, 2018 be approved; and

THAT the Board received a copy of the presentation delivered at the received Patient Care, Quality and People Committee relating to the Intensive Transitional Treatment Program (ITTP) – Outpatient Mental Health Program at KHSC.

CARRIED

Moved by Sherri McCullough, seconded by Bruce Lounsbury:

THAT the open agenda be approved as circulated.

CARRIED

## 2.0 CEO UPDATE

### 2.1 CEO Report Highlights & External Environment Update

The written report of the President and CEO was circulated in advance of the meeting. The report provided an update on the recent KHSC Community Showcase and highlighted the recipients of this year's KHSC's

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Team Awards as follows: CARE – the Admission Transition unit; KNOWLEDGE – Heads Up! Early Psychosis Intervention Program; LEADERSHIP – Live Transplant Team. This year's Exceptional Healer recipient is Dr. Shawna Johnston.

Dr. Pichora provided an update on the recent meeting of the Council of Academic Hospitals of Ontario with Premier Kathleen Wynne. The meeting provided CAHO members with an opportunity to discuss funding challenges and operational pressures with the Premier. Appended to the CEO's report was a copy of correspondence delivered to the Finance Minister, The Honourable Charles Sousa, from the Kingston Health Sciences Centre outlining some of the challenges facing academic teaching hospitals.

The Chair drew attention to the upcoming CEO Forums scheduled for Thursday, February 15, at the KGH and HDH sites and KHSC Board members are invited to join. Dr. Pichora explained that the sessions are meant to build on the mission/vision/values engagement work of the Strategy Steering Committee.

Discussion focused on preparations for the upcoming St. Patrick's Day festivities. Dr. Pichora confirmed that, following Homecoming last year, a steering committee was struck to develop strategies to deal with increased patient demands. Executive Vice President Mike McDonald and ER Department Head, Dr. David Messenger, have been working closely with Queen's and other emergency response representatives in the City to prepare for this upcoming event. In terms of extending the hours of the Urgent Care Centre at the HDH site, Mike McDonald confirmed that the Same Day Admission Centre at the KGH site will be used to care for patients on March 17. In response to a question regarding extending hours of the Urgent Care Centre and the Children's Outpatient Centre, Mike McDonald confirmed that the team regularly reviews volumes/trends; at the present time, there is no expectation to expand or change the hours.

The other updates included in this month's CEO report included information regarding the upcoming Accreditation of the Residency Program at Queen's; an integration update on the compensation plan review for union and non-union groups at KHSC; the introduction of new email addresses; a profile of Innew Patient Services at the HDH site; information on the application process for Health Quality Ontario's Patient and Family Advisors Council; updates on OMA and ONA bargaining; information concerning The Ottawa Hospital's \$2B redevelopment project; and an update from Brockville General Hospital on their next phase of construction. In terms of legislative updates, an update on the federal government's proposed regulations under the *Criminal Code* with respect to national monitoring of medical assistance in dying.

### 3.0 UNIVERSITY HOSPITALS KINGSTON FOUNDATION

#### 3.1 CEO Report

The written report of the President of the University Hospitals Kingston Foundation was circulated with the agenda package. David O'Toole reported that Axel Thesberg attended recently attended his first meeting of the UHKF Board as a representative of the KHSC Board. The Chair emphasized the important philanthropic leadership role KHSC Board members and the role we can all play in networking with donors to support UHKF.

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## 4.0 INTEGRATED BUSINESS

### 4.1 Accreditation Readiness Update – GFT and Self Assessment Survey Results

Glenn Vollbregt, Chair of the Governance Committee, drew attention to the briefing materials that were circulated with the agenda package. The participation results for both the governance functioning tool and the self assessment tool were discussed and the Governance Committee looked at how we might improve communications in future so that members can complete the surveys in a timely manner. It was suggested that a calendar invite to all board members as a reminder to complete the survey would have been helpful. The Committee also recognized that the time of year (December) could have been a factor in the participation rates.

In preparing the report on the yellow flagged areas, the Governance Committee reviewed discussed in detail the negative responses (yellow flagged) as well as the neutral responses which could have still resulted in a green flag. Board members were encouraged to re-read all the questions contained in the GFT and self assessment tools and identify areas where they are unsure, feel the Board requires more education, or simply require question interpretation and clarification. Questions can be easily answered by David Pichora, Janine Schweitzer or the recording secretary.

Board members were reminded of the mock interview slated on Monday, March 5, at 1500 hours in the Henderson Board Room which will include 30 minutes of interview questions followed by 30 minutes of Q&A. The interview with Accreditation Canada will take place on Monday, April 23 at 1600 hours. Important for all Board members to participate in the responses during the interview and it was suggested that individual Board members might be identified who have strength in certain areas of focus. Surveyor interview style may simply engage the Chair to direct the question to the most appropriate board member or the approach could be more of a conversation. The surveyor may inquire about how the Board plans on changing the yellow flag to green or confirm what actions have been taken to address the issue.

## 5.0 MEDICAL ADVISORY COMMITTEE

### 5.1 COS Report/MAC Update

The written report of Dr. Michael Fitzpatrick was circulated with the agenda materials. The report focused on recent medical staff resignations; an update on the annual report from the Perioperative Services Committee; information regarding Quality Based Procedures (QBPs) and Order Sets; patient flow challenges over the holiday period in December; an update on Criti-Call patient transfer guidelines. The MAC was also briefed on the new email address and multi-factor authentication.

In the report, Dr. Fitzpatrick highlighted the recent updates on physician engagement initiatives noting that the Physician Advisory Council is now in place and will be meeting with the KHSC Executive in future. Dr. Elizabeth Eisenhauer has been appointed the new innovation lead and plans are underway for her to



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present at the KHSC Executive. Arrangements will be made for Dr. Eisenhower to attend an upcoming Board meeting to present information on the new innovation portfolio.

Dr. Chris Simpson emphasized the importance of the alignment that is now in place between the Faculty of Health Sciences and with the Southeastern Ontario Academic Medical Organization focusing on the quality agenda. Lots of areas of collaboration across care providers. On June 6 the SEAMO Showcase will be held here in Kingston and an invitation will be extended to all KHSC Board members to attend this event. Dr. Eric Topol, author of *"The Patient Will See You Now"* will be one of the featured speakers along with Dr. Brian Goldman with the CBC, and Dr. Richard Birtwhistle, Director of the Centre for Studies in Primary Care.

The Chair noted that the MAC recommendations for appointments and reappointments has been moved to the in-camera agenda pending further discussion and review by the Governance Committee. In a recent conversation with KHSC legal counsel, it was suggested that these appointments be moved to the closed segment of the Board's business. Until such time as the Governance Committee can consider this, the recommendations will be placed on the closed agenda and then reported as part of the rise and report function at the end of the Board meeting.

## 6.0 PATIENT CARE, QUALITY & PEOPLE COMMITTEE

### 6.1 Recruitment & Retention Highlights for 2017

Sherri McCullough, Chair of the Patient Care, Quality and People Committee, drew attention to the update prepared by Sandra Carlton, Joint Vice President & Chief Human Resources Officer, Chris Garnett, Director of Workforce Planning & Utilization, and Jill Holland Reilly, Director, Volunteer Services, regarding KHSC's recruitment and retention highlights for 2017. The briefing materials provided the Board with an overview of the team's accomplishments and plans for the future in recruiting. Highlights included the work done to-date in automating processes, standardization, external recruitment initiatives, corporate orientation, recruitment activity and staff turnover. The brief included similar information in relation to volunteers at KHSC.

### 6.2 Ethics Framework

At the January Patient Care, Quality and People Committee, the ethics framework for KHSC was presented and discussed in detail. The briefing was prepared by David Campbell, Ethicist, KGH site and Neil Elford, Director for Spiritual Health, Mission and Ethics, HDH site. The four domains for health ethics at KHSC include: clinical, organizational, research and governance ethics. Included with the briefing note was a copy of the presentation delivered to the committee and outlined the ethics resources available at both hospital sites. For KGH, the DECIDE decision-making tool is used and for the HDH site, ethics are aligned with Catholic social teachings and the *Health Ethics Guide*. The presentation provided examples of the common clinical ethical issues that are faced by the care teams as well as some of the common organizational ethical issues that are faced by leaders. Areas of concern relating to research ethics was

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provided in the presentation as well as some of the common governance ethical issues. Further information will be coming forward to the Board in terms of the decision-making framework.

Theresa MacBeth joined the meeting at 1650 hours.

### 6.3 Patient Feedback Report – Patient Story

The Patient Feedback Report for the third quarter was distributed in advance of the meeting. Sherri McCullough confirmed that the total number of concerns, comments and compliments remain stable. A number of the top five categories for concerns are moving in the right direction across both sites.

Brenda Carter, Vice President Quality and Regional Vice President, advised members that the Patient Care, Quality and People Committee will be sharing an unattributed patient story with members each quarter. The story shared at the February Board meeting focused on the coordination of care and ways in which KHSC can help patients and their families navigate the system.

### 7.0 FINANCE & AUDIT COMMITTEE – no agenda items identified.

Michele Lawford departed the meeting at 1710 hours.

### 8.0 GOVERNANCE COMMITTEE

#### 8.1 Critical Path 2018-19 – Board Slate – Update

Glenn Vollebregt, Chair of the Governance Committee, drew attention to the briefing note outlining the nominations process for the election of Directors including the critical path of dates and deliverables for identifying skill sets, placement of advertisements, interview schedule, Partnership Council updates, and preparation of a final slate. The first step in the process is completion of an Expression of Interest Form and the Governance Committee confirmed at their January meeting that there was one vacancy – Peng-Sang Cau. In a follow-up conversation, the Board Chair confirmed her decision and a departure date was identified.

The Governance Committee will be discussing the process for a mid-term vacancy at their meeting on February 16, 2018 and hope to bring forward a recommendation to the Board at their March 5, 2018 Board meeting.

#### 8.2 Themes – Mission/Vision/Values Engagement at KHSC

Glenn Vollebregt drew attention to the recent update on the development of KHSC's new mission and values statements. At the January Governance Committee meeting, the key concepts for inclusion in each mission, vision, and values statement were presented.

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As outlined in the strategy development work plan attached to the briefing note, Dr. Pichora confirmed that the purpose of today's discussion is to ensure that we have capture the ideas and opinions of KHSC Board members before engaging internal and external stakeholders in further discussions. KHSC staff will engage partners in a conversation about what they are counting on us to deliver and what our long-term strategy should look like.

Theresa MacBeth confirmed that staff across both sites will continue to be engaged in developing the concepts to support the draft mission and values. Dr. Pichora highlighted the importance of these ongoing conversations that will define the culture of the organization and behaviours. While the strategy development process may lead to further minor edits to the mission and values, having the Board's endorsement of the proposed drafts for continuing testing, refinement and engagement is required. Engaging KHSC community partners and stakeholders will be undertaken in the next stage. When available, the Chair requested the list of community agencies and engagement dates be made available to the Board.

In terms of input from the Board, it was suggested that the mission statement include reference to health care outcomes and also to include reference to research. For the vision statement, what is KHSC's role in a healthy community?

9.0 EXECUTIVE COMMITTEE – no meeting was held in January.

10.0 IN-CAMERA SEGMENT

10.1 Motion of Move In-Camera

The Chair invited a motion to go in-camera and for Executive Committee members to attend the in-camera session. The Chair thanked Bill Pearse and Ron Grice for attending today's board meeting. Mr. Pearse, Mr. Grice, and Theresa MacBeth departed the meeting at 1730 hours.

Moved by Sherri McCullough, seconded by Glenn Vollebregt:

THAT the Board move into an in-camera session.

CARRIED

13.0 REPORT ON IN-CAMERA DECISIONS & TERMINATION

13.1 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 January 8, 2018 meeting; the Board received the final November and December Board committee minutes; the Board received a copy of the final April and draft December Partnership Council minutes; the Board approved several professional staff appointments and the

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reappointments to the Departments of Psychiatry and Otolaryngology; the Board approved a housestaff appointment; the Board approved headship reappointments in the Departments of Medicine, Obstetrics and Gynaecology, and Ophthalmology; the Board approved the continuing interim headship appointment for the Department of Oncology; the Board unanimously approved their support of a regional vendor model and single Hospital Information System solution in the South East Local Health Integration Network as outlined in the HIS business case which would not preclude the SE LHIN HIS cluster linking with a provincial hub or collaborative as well as supporting a commitment for KHSC to participate in management and governing structures to support the timely and efficient implementation and operation of a system. The Board was also briefed on the current agreements being developed for KHSC and Queen's regarding Phase 2 redevelopment plans. An update was provided on the 3SO contract extension as well an agreement being reached through Plexus for ICDs. Dr. Pichora advised the Board that he has been invited to serve on the CAHO Executive and the CEOs of the Children's Hospital of Eastern Ontario and Sick Kids recently visited KHSC to discuss a new Kids Health Alliance.

#### 13.2 Date of Next Meeting & Termination

The KHSC Board will come together on Monday, March 5, 2018 starting at 1500 hours with the mock interview and the regular Board meeting following at 1600 hours. The meeting terminated at 1830 hours on motion of Glenn Vollebregt.

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

A brief session was held.

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

A brief session was held.

David O'Toole  
Chair

# Briefing Note

<b>Topic of Report:</b>	<b>CEO REPORT</b>	For Decision	
<b>Submitted to:</b>	Board of Directors – February 12, 2018 Meeting	For Discussion	X
	Medical Advisory Committee – February 13, 2018 Meeting	For Information	X
<b>Submitted by:</b>	Dr. David R. Pichora, President and CEO		
<b>Date submitted:</b>	February 2, 2018		

## Background

This note provides an update on activities at the HDH and KGH sites that relate to our mission and annual corporate plans since the last KHSC Board and MAC meetings held in January. As always, welcome feedback and suggestions in terms of content and focus for these regular updates.

## Current State

### 1. Mission Moments - KHSC Community Showcase

The annual community showcase was held from January 29 to February 2, celebrating KHSC's amazing people. KHSC Board Chair David O'Toole joined me at kick-off events held on Monday, January 29 with KHSC Team Awards, Exceptional Healer Award and the HDH Service Recognition and Retirement Ceremony. At this year's Expo, there were a total of 27 different booths with excellent representation from across both hospital sites.

The KHSC Team Awards recognize exceptional people and teams in three main categories: Care, Knowledge and Leadership. This year there were 9 nominees for the KHSC Team Awards and each nominee has demonstrated, in an active way, a deep commitment and passion for patient and family centred care at KHSC in order to achieve measurable outcomes that improve quality, safety and/or service for patients and families. Both David O'Toole and I want to thank Alan Cosford for serving on the selection committee for this year's recognition awards. For 2017, the recipients are:

**CARE -The Admission Transition Unit** - This team provides care for admitted patients who have left Emergency but as of yet do not have an inpatient bed. The ATU has contributed to a significant reduction in wait times and a marked improvement in Emergency Department capacity.

**KNOWLEDGE - Heads Up! Early Psychosis Intervention Program** - "Heads Up!" is the Early Psychosis Intervention Program that draws from strong evidence linking the use of cannabis with the mental health of young people. By involving various community stakeholders, innovative behavior modification of participants has been successful, with positive feedback received from both patients, and their families.

**LEADERSHIP - Live Transplant Team** - By recruiting and coordinating staff, and engaging stakeholders, the Live Transplant program was reintroduced in June of 2017. As a result of providing a live transplantation option, patients either did not have to start renal replacement therapy or were able to stop renal replacement therapy. This collaborative team strives to transform care, and the patient experience.

**KHSC Exceptional Healer Recipient – Dr. Shawna Johnston** - In recognition of the primary importance of Patient and Family-Centred Care (PFCC) to the mission of Kingston Health Sciences Centre (KHSC), the KHSC Patient & Family Advisory Council annually offers the Exceptional Healer: Patient and Family-Centred Care Physician Excellence Award to a KHSC physician who demonstrates in clinical practice the core concepts of PFCC: dignity and respect, information sharing, participation and collaboration.

There were 21 physicians nominated by patients, families and staff for this year's award. The recipient of this year's award is **Dr. Shawna Johnston** as the 2018 Exceptional Healer Award for KHSC. Nominators for Dr. Johnston, an urogynecologist and international expert in the field of vaginal health, left no doubt that she practices with the highest respect and empathy for her patients, who can be challenged by pelvic floor disorders such as urinary incontinence and pelvic organ prolapse.

## 2. CEO Open Forums

A series of open forums are being held on Thursday, February 15, at the KGH and HDH sites for staff, physicians, learners, and volunteers at KHSC. At the forums I will share my thoughts about KHSC's current state and our future opportunities. We will open the floor for questions, talk about integration, and other issues staff have on their minds at this time. KHSC Board members are welcome to attend. The session will be held at 1000 (KGH Burr 1 Conference Room); 1200 noon (HDH site, Johnson 1 Auditorium; 1400 (KGH Burr 1 Conference Room).

## 3. KHSC Research Update

In July 2017, **Dr. Rob Campbell**, ophthalmologist at the KHSC-HDH site, was awarded the inaugural **David Barsky Chair in Ophthalmology and Visual Sciences**, by the Queen's University Faculty of Health Sciences. Dr. Campbell's research has had significant national and international impact and has been published in major journals such as BMJ and CMAJ. The Barsky Chair will allow Dr. Campbell's team to build on these successes and further develop both internal and external collaborations.

Dr. Campbell's research focuses on improving health outcomes through the development of evidence to guide clinical and health policy decision making. The program is focused on proving answers to the key questions in eye and vision care – from the types of surgeons with the best outcomes in cataract surgery, the most common operation in Canada, to the comparative safety of drugs used in age-related macular degeneration - medications that form the largest component of Ontario's drug budget. Dr. Campbell's research is centered on the use of large health care databases and Dr. Campbell is a Scientist with the Institute for Evaluative Clinical Sciences (ICES) at Queen's.

Dr. Campbell's dedication to the eye care system and the translation of research findings into both clinical practice and health policies will also be a very important aspect of the Chair position. To that end, Dr. Campbell holds multiple leadership positions including being the Co-Chair of the Ontario Glaucoma Care Quality Standards Expert Committee, which has developed care standards for the province in conjunction with Health Quality Ontario. Dr. Campbell also acts as a member of the Ontario Vision Care Task Force, which develops eye care policy in conjunction with the MOHLTC.

Another important aspect of Dr. Campbell's Barsky Chair position is mentorship. The Chair will allow Dr. Campbell to support new clinician researchers, such as HDH-site ophthalmologist Dr. Christine Law, in their research programs. Dr. Law's research interests include retinopathy of prematurity, vision screening, and pediatric ophthalmology and strabismus. This collaboration with and mentorship of the next generation of clinician-researchers holds promise to enhance the future of ophthalmological care for patients both inside and outside of Ontario.

**Dr. Anne K. Ellis**, Professor of Allergy and Immunology, Queen's University, is the **James H. Day Chair in Allergic Diseases and Allergy Research**. Established in 2002 at Queen's, the Chair commemorates the late Dr. Day's national and international role in advancing allergy research and clinical practice. Dr. Day was perhaps best known for his establishment, with colleague Dr. Reg Clark, of the Environmental Exposure Unit (EEU), North America's first state-of-the-art controlled environment for large-scale allergy testing. This innovative facility, located with the Kingston General Hospital site of Kingston Health Sciences Centre, is considered the gold standard for allergen research.

Dr. Ellis, who trained under Dr. Day as both a student and a research fellow, is Director of the Allergy Research Unit (and EEU) at the KGH site of Kingston Health Sciences Centre and Chair of the Division of Allergy & Immunology at Queen's. She continues to build on her mentor's legacy, leading a research group that is advancing new discoveries and novel treatments related to allergy, asthma and anaphylaxis. Her recent research, into peptide-based treatments for grass allergies, shows promise as a more effective and safer alternative to traditional vaccines.

Dr. Ellis also runs a basic science research program, the Kingston Allergy Birth Cohort Study, tracking the developmental origins of allergies in nearly 400 mother-child pairs from pre-birth into early childhood. This study is believed to be the first to examine early childhood respiratory symptoms from the perspective of the exposome -- the combination of all internal and external factors that can play a role in health of a patient.

Dr. Ellis is also an award-winning teacher who has overseen the studies and clinical work of more than 60 students, residents, and other trainees at Queen's. Externally, she is the Co-Director of the Allergic Rhinitis Clinical Investigator Collaborative (AR-CIC), a national multi-centre network of allergic rhinitis researchers, which receives federal funding via AllerGen NCE. She is also a Fellow of the Royal College of Physicians and Surgeons, the American Academy of Allergy, Asthma, and Immunology, and the American College of Allergy, Asthma and Immunology. Dr. Ellis has been invited to lecture over 70 times, and is a named author of more than 60 publications. She has also presented 100 abstracts at scientific conferences.

#### 4. Accreditation – Residency Programs at Queen’s

All residency programs at Queen’s University are accredited, either by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC). The accreditation process ensures that our residency programs meet the highest possible standards and that our resident physicians, upon completion of their programs, will be able to provide outstanding care to the people of Canada.

Through a rigorous and detailed examination of our residency programs, accreditation assures residents that they will ultimately be prepared to sit their CFPC and RCPSC examinations and that they will have been assisted in acquiring the knowledge, skills, and attitudes necessary for practice. The teams of surveyors who will actually review our programs during accreditation will be comprised of medical educators drawn from schools across the country. The Family Medicine programs will be reviewed by a team while the specialty programs will be reviewed by one reviewer, a specialist in a field other than the one being reviewed. Reviewers are very knowledgeable about the standards of accreditation and CanMEDS roles.

The survey teams will visit Queen’s (in addition to our sites in Belleville, Peterborough, and Oshawa) and examine each program, interviewing program directors and administrators, residents, teaching staff, and residency program committees. The on-site survey will take place from March 4-9, 2018. An accreditation status will then be recommended and a written report will be provided, usually six weeks after the visit.

#### 5. Integration Update

##### • KHSC Reviewing Compensation Plans for Union & Non-union Groups

One of the most frequently asked questions during the integration of KGH and HDH was about how differences in compensation would be addressed for staff at KHSC. This includes unionized staff, non-union staff and managers, and executives. As we draw close to the end of the fiscal year, our compensation planning is well underway and we’re ready to update staff on the process for determining compensation for each of these groups. We are working towards a plan for every person who works for KHSC. Some of these plans are legislated by governing bodies that prescribe how they are implemented, and for some staff the process is internally designed and governed. Here’s where we are at in the process of reviewing the executive, union, and non-union staff salaries.

**Unionized staff** - we have been working through a legislated process that addresses what happens to union representation and collective agreements when employees under separate Employers and bargaining units come together under a single employer. For many unionized positions at both HDH and KGH sites, contracts and wage rates are centrally negotiated meaning staff at either site are paid the same amount under their respective collective agreements. However, a number of unionized positions are locally negotiated, meaning that wages for identical or comparable positions at each site may be different. Right now, we are working through a legal process outlined in the Public Sector Labour Relations Transition Act (PLSRTA) to determine which unions will represent employees at both sites where there are currently different unions representing comparable employee groups. Until this representation is determined and subsequent collective bargaining occurs, any differences in wage rates between sites will remain.



**Non-union staff** - historically, non-union staff (including non-union managers) at KGH and HDH have had distinct salary and benefits packages. KHSC must now develop a common compensation plan that is equitable for all non-union staff and managers. When we integrated, we knew right away this would be a high-priority. Fortunately, we have a strong foundation to build upon as we design a KHSC-wide non-union compensation framework that is equitable, competitive, and compliant with pay equity.

At KHSC, an external compensation consultant (Mercer) has been retained to help conduct an assessment of the existing approaches to compensation at each site including a review of our job evaluation tools and practices along with our salary structures. This assessment has just been completed. KHSC is now working with Mercer to develop an updated common job evaluation tool and compensation philosophy for our non-union positions. Once this work is complete, we will move ahead with updating and analyzing our job descriptions and putting a plan in place to implement new salaries where required.

- **New KHSC Emails Effective February 10**

On February 10, all staff, physicians and residents will receive new email addresses which will replace our current @kgh.kari.net and @hdh.kari.net and KRCC@on.ca email addresses. KGH and HDH research email accounts will not be impacted. Example: [David.Pichora@kingstonHSC.ca](mailto:David.Pichora@kingstonHSC.ca).

## **6. HDH-site Mission & Values Coordinating Committee**

The mandate of the Mission & Values Coordinating Committee is to nurture, enhance and promote the Catholic healthcare mission and tradition at the HDH site of KHSC. Comprised of KHSC staff and volunteers, RHSJ Sister, a Patient Experience Advisor and a representative of the RHSJ-HDH Board, the committee discusses ways to encourage each other to live the Mission and Values each day; to develop a Mission and Values Integration Plan for the HDH site; to organize celebrations of Mission events; to help coordinate ongoing efforts to reach out to the community; and to support the annual Mission Recognition Awards. The Committee reports to the KHSC Executive Committee through the Vice President Missions, Strategy and Communications.

## **7. Creating Culturally Safe Space for Indigenous Persons**

When First Nations, Inuit and Métis (FNIM) people experience culturally safe healthcare, patient experiences and outcomes are improved. This understanding is driving some exciting work at the Cancer Centre of Southeastern Ontario to improve care for Indigenous patients and families. Working every day with our partners and patients to design a cancer care system that is reflective of our entire community, with a specific focus on Indigenous Persons is so important. Dr. Hugh Langley, Regional Primary Care Lead and Aboriginal Lead for the Cancer Centre of Southeastern Ontario plays a key role to ensure that KHSC offers health care that addresses specific community needs and unique challenges relevant to cancer care.

To do this, a regional Aboriginal Council has been established to ensure that there is an ongoing FNIM voice at the table when decisions are being made that impact patient care at the Cancer Centre. The ultimate goal of this council is to help create a healthcare system that Indigenous Persons will feel comfortable and trust to go to with their health care issues and concerns. Breast, colorectal and lung cancer rates are higher in the First Nations, Inuit and Métis community and cancer diagnoses are more

often made at a later stage. By working together with the Indigenous community, KHSC is able to make real change and actions that will hopefully build trust and confidence for our Indigenous communities with the services that we can offer. Already some big changes have been made. On the recommendation of the council, the Malawi Room was created at our KGH site.

The space was designed with input from Indigenous patients who were asking for an area to perform culturally important ceremonies such as smudging, circle prayer and singing. This room enables patients to gather with family to perform traditional healing practices while in hospital. The Malawi Room makes a huge difference for Indigenous patients to be welcome to incorporate traditional healing into what many feel is a daunting hospital setting. KHSC wants to support patients on their journey to healing so it is exciting that they have a safe space, where traditional cultural values and beliefs can be practiced. Dionne Nolan serves as an Aboriginal Navigator at KHSC who helps to ensure that Indigenous patients are getting the full supports they need. Working with patients and families from all across southeastern Ontario, Dionne is available to provide support and advocacy for those who identify as FNIM through facilitation and coordination of access to all cancer services.

For healthcare workers who are interested in learning more about the resources and support that is available, we regularly hold “Knowledge Exchange” sessions for staff. On February 1, the Knowledge Exchange focused on the topic “Building relationships and culturally safe spaces for Indigenous Persons”.

## **8. Ininew Patient Services – Hotel Dieu Hospital Site**

Located at Hotel Dieu Hospital, Ininew Patient Services (IPS) is provided in partnership with the Weeneebayko Area Health Authority (WAHA) and funded by First Nations and Inuit Health Branch, Department of Indigenous Services Canada. WAHA is a regional and community-focused organization that administers an integrated health care system in the Weeneebayko Area, encompassing communities along the western coasts of James Bay and Hudson Bay including Moosonee, Moose Factory (Weeneebayko General Hospital), Taykwa Tagamou, Fort Albany, Kashechewan, Attawapiskat and Peawanuck.

Ininew Patient Services assists in a continuum of care to Weeneebayko patients and families who are eligible for services under the Non-Insured Health Benefits Program (NIHB), First Nations and Inuit Health Branch, Department of Indigenous Services Canada. IPS developed and operates a provincial Referrals/Appointments service for WAHA. In Kingston, IPS provides medical translation, basic counselling, accommodation and meals in addition to the Referrals/Appointments service. IPS coordinates the northbound Weeneebayko Charter (37 seats) which travels 3 times per week taking patients/family home in the morning and returning with new patients/family in the evening. In 2017, 4,669 persons (2,679 patients; 1,983 family) received services through IPS over 25,788 days. The average inpatient stay was 7 days. The average outpatient stay was 3.87 days. IPS has been requested to submit a budget based on 5 flights per week commencing April 1, 2018 to help solve the problem of patient appointments being cancelled and rebooked due to a lack of transportation to Kingston.

## **9. Council of Academic Hospitals of Ontario – January Meeting**

At the January CAHO meeting, members had an opportunity to meet with Premier Wynne to discuss operational pressures and funding needs.

The Council of Academic Hospitals of Ontario (CAHO), under the leadership of its Executive Director, has been appointed as an Innovation Broker for the Province of Ontario by the Ministry of Health and Long-Term Care. As a partner to the Office of the Chief Health Innovation Strategist, CAHO and its members are connecting innovators and removing barriers so that innovations are brought into our hospitals and the health care system faster, benefiting the Ontario economy and improving patient care. CAHO receives funding tied to the following deliverables:

- Identify and publish priority problems that require innovative health technology solutions
- Establish an intake process for proposals for clinical validation testing
- Build capacity and establish systems learning among CAHO Hospitals for innovation adoption
- Create a framework for change management for innovations, based on ARTIC
- Advise the OCHIS on system barriers encountered

At our February meeting, I will provide an additional updates on the meeting with the Premier as well as further information on the Innovation Broker work.

## **10. Minister of Finance – Budget Consultations**

I was invited to present at the Minister of Finance budget consultation briefing in Kingston on Wednesday, January 31. The Minister's delegation was late in arrival and, regrettably, I was unable to deliver this information at the event. In speaking with MPP Kiwala, we agreed that I would submit the attached written document and a copy is being provided for the Board's information.

## **11. Linking Quality to Funding Pilot Project**

The Ministry of Health and Long-Term Care, in collaboration with the Ontario Hospital Association, are working with member hospitals to support the Health System Funding Reform (HSF) Hospital Advisory Committee (HAC) one-year pilot project linking quality to funding. The pilot will test an approach that would link funding to outcomes of care that matter to patients. During the pilot, indicators will be virtually tied to each acute care hospital's funding, and a shadow-billing approach will be used to demonstrate for each hospital how indicator performance would impact funding. Performance will not have an impact on hospital funding for fiscal 2018/19. An implementation task group has been established to advise HAC on the implementation and evaluation of this pilot.

## **12. Health Quality Ontario – Patient, Family & Public Advisors Council**

Health Quality Ontario (HQO) is looking for volunteer advisors from the public to help ensure its work is guided by the lived experiences of Ontarians. Members serve a three-year term and come together to share their advice and insights into what quality of care looks like. Applications are available [here](#).

### 13. OMA and MOHLTC – Binding Arbitration

On January 16, 2018, the Ministry and the Ontario Medical Association (OMA) announced that the Physician Services Agreement (PSA) negotiations would be moving to binding arbitration beginning late May 2018 and ending potentially in October 2018, after four months of unsuccessful negotiations.

Over the past months, the OHA has engaged members to identify and validate the key priorities for hospitals as they relate to the PSA. With valuable input from members, a PSA advisory group and the Physician Provincial Leadership Council, the OHA developed a comprehensive proposal which was submitted to the Ministry and the OMA negotiating teams for consideration. The OHA has also met with both negotiating teams to discuss the details of the proposal. It will inform the current mediation process as well as the arbitration process taking place later this year.

### 14. ONA and OHA – Central Bargaining Update

Negotiations between the Ontario Nurses Association (ONA) and the Ontario Hospital Association (OHA) have not resulted in a settlement for a new collective agreement. Arbitration dates are set for February 26 and 27. The current collective agreement with ONA is due to expire on March 31, 2018.

### 15. Brockville General Hospital – Redevelopment Project

Infrastructure Ontario and BGH have announced EllisDon as the successful contractor to build and finance the next phase of redevelopment. The project includes a new four-storey tower that will accommodate 29 mental health beds, 32 complex continuing care and palliative care beds and 32 inpatient rehabilitation and restorative care beds. The redevelopment will result in a net increase of 22 beds. The project is expected to be completed by the fall of 2020.

### 16. The Ottawa Hospital – Preliminary Plans for \$2B Civic Campus

Concept drawings for Ottawa's "Super" hospital were unveiled in Ottawa earlier this month. The Ottawa Hospital has received a \$3M planning grant from the province to deliver and discuss concepts with the Ottawa community. The new hospital is not expected to open until 2026. Details are available [here](#).

### 17. Legislative Update

#### • Criminal Code – Medical Assistance in Dying

The federal government has released proposed regulations under the *Criminal Code* with respect to national monitoring of medical assistance in dying. The proposed regulations would require medical practitioners, nurse practitioners and pharmacists to file reports containing specified information related to requests for and the provision of MAID with prescribed timelines. The federal Minister of Health is proposed as the designated recipients for all reports, however, the Ontario government has indicated that some reporting requirements will be streamlined through the provincial Office of the Chief Coroner to avoid duplicative reporting. Consultations on the proposed regulations close on February 13, 2018, and finalized regulations are expected to be released in late summer or fall 2018. A copy of the draft regulations is available [here](#).

- **Superior Court of Justice (Divisional Court) Decision**

On January 31, 2018, the Superior Court of Justice (Divisional Court) released their unanimous decision upholding the College of Physicians and Surgeons of Ontario's effective referral requirement in relation to its Professional Obligations and Human Rights and MAID policies. In dismissing the applications, the Court found that the effective referral provisions of the policies represent reasonable limits on religious freedom. A copy of the decision is available [here](#).

### 18. On the Move ...

**Dr. Steven Bodley** has been recently appointed as President of the College of Physicians and Surgeons of Ontario.

**Linda Haslam-Stroud** stepped down as the President of the Ontario Nurses' Association and position she has held since 2004. Vicki McKenna was recently appointed ONA President.

**Dr. Dick Zoutman**, Chief of Staff at Quinte Health Care, has accepted the position of inaugural Chief of Staff of the Scarborough and Rouge Hospital system.

**Hersh Sehdev** has been appointed Chair of the South East Local Health Integration Network. Many of you may know Hersh when she served as Executive Director of the Kingston Community Health Care Centres.

### 19. Upcoming Events ...

#### Donor Recognition Event – WJ Henderson Foundation

I look forward to seeing members of the KHSC Board at the upcoming donor recognition event on **Thursday, February 8, 2018 at 1500 hours** in the Henderson Board Room. The WJ Henderson Foundation has donated to a number of programs including cardiology, urology research, orthopedics research, the Human Mobility Research Centre, diagnostic imaging, ENT equipment and the Centre for Patient Oriented Research. At this event, we will recognize the Foundation's two most recent gifts in the areas of atrial fibrillation research and the upgrades that were recently completed to the Henderson Board Room.

#### UHKF Benefit Dinner

A special evening to benefit the Kingston Health Science Centre and Providence Care is planned for **Saturday, March 3, 2018** at Ban Righ Hall starting with a reception at 1730 hours and welcome at 1900 hours. A calendar invite has been sent and KHSC Board members wishing to sit together should let Rhonda know as soon as possible. Tickets can be purchased at <https://uhkf.ca/events/benefit-dinner/>

Respectfully submitted



Dr. David R. Pichora  
President and Chief Executive Officer