



BOARD OF DIRECTORS – OPEN MEETING

Date: Monday, March 5, 2018
 Mock Interview: 1500 – 1600 hours with KHSC Board & Executive Team
 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
1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, DECLARATIONS OF CONFLICT, CONSENT AGENDA & AGENDA APPROVAL							
1600	5 min	1.1	Opening Reflection, Chair's Remarks, Quorum Confirmation, Conflict of Interest 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	Approval of Consent Agenda Items & Agenda a) Draft minutes, February 12, 2018 KHSC Board Meeting b) Board Work Plan – Mid Year Review c) KHSC Board Annual Education Plan d) Patient Safety Quality Report: Q3 e) Patient Flow Update	O'Toole	Decision	Draft minutes, briefing notes	
2.0 PRESENTATION / EDUCATION SESSION							
1605	15 min	2.1	Creating an Innovation Portfolio at KHSC 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.	Fitzpatrick/ Eisenhauer	Inform	Briefing note Presentation @ meeting	Strategic Direction: Maximize our education, research and academic health sciences potential

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
3.0 CEO UPDATE							
1620	5 min	3.1	<p>CEO Report & External Environment Update</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.</p> <p>Accreditation Standard 7.6: The governing body has a mechanism to receive updates or reports from the CEO.</p> <p>Accreditation Standard 12.7: The governing body demonstrates a commitment to recognizing team members for their quality improvement work.</p>	Pichora	Update	Written report	
4.0 UNIVERSITY HOSPITALS KINGSTON FOUNDATION							
5.0 INTEGRATED BUSINESS							
1625	20 min	5.1	<p>Quarterly Performance Report – Q3</p> <ul style="list-style-type: none"> • Strategy Performance Report • Quality Improvement Plan • Service Accountability Agreement Indicators Report <p>Accreditation Standard 11.7: The governing body, in collaboration with the organization's leaders, share reports about the organization's performance and quality of services with teams, clients, families, the community served, and other stakeholders.</p> <p> Accreditation Standard 12.1: The governing body demonstrates accountability for the quality of care provided by the organization.</p>	Pichora & Committee Chairs	Discuss	Briefing note, reports + presentation @ meeting	<p>Strategic Direction: Improve the patient experience through a focus on compassion and excellence</p> <p>Strategic Direction: Improve the experience of our people through a focus on quality</p> <p>Strategic Direction: Enable clinical innovation in complex-acute and specialty care</p> <p>Strategic Direction: Create seamless transitions in care for patients across our regional health-care system</p> <p>Strategic Direction: Maximize our education, research and academic health sciences potential</p> <p>Strategic Direction: Contribute to and support a high performing regional health care system with our partners</p>

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
1645	10 min	5.2	<p>Mid-Year Committee Reports</p> <ul style="list-style-type: none"> • Governance Committee • Finance & Audit Committee • Patient Care, Quality & People Committee <p>Accreditation Standard 3.4: The governing body has processes in place to oversee the functions of audit and finance, quality and safety, and talent management.</p> <p>Accreditation Standard 13.10: The governing body identifies and addresses opportunities for improvement in how it functions.</p>	O'Toole Vollebregt Corkery Lounsbury	Discuss	Briefing notes	Enablers: People, Technology, Facilities, Finances
6.0 MEDICAL ADVISORY COMMITTEE							
1655	5 min	6.1	<p>COS Report / MAC Update</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 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
7.0 PATIENT CARE, QUALITY & PEOPLE COMMITTEE							
1700	20 min	7.1	<p>Talent Management</p> <p>Accreditation Standard 3.4: The governing body has processes in place to oversee the functions of audit and finance, quality and safety, and talent management.</p> <p>Accreditation Standard 7.9: The governing body oversees the development of the organization's talent management plan.</p>	Lounsbury	Discuss	Briefing note	<p>Strategic Direction: Improve the experience of our people through a focus on worklife quality</p> <p>Enablers: People, Technology, Facilities</p>

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
8.0 FINANCE & AUDIT COMMITTEE							
1720	10 min	8.1	<p>Cost of Care</p> <p>Accreditation Standard 9.5: The governing body oversees the organization's resource allocation decisions as part of its regular planning cycle.</p> <p>Accreditation Standard 9.6: When reviewing and approving resource allocation decisions, the governing body assesses the risks and benefits to the organization.</p> <p>Accreditation Standard 9.8: The governing body anticipates the organization's financial needs and potential risks, and develops contingency plans to address them.</p>	Corkery/ Thesberg	Discuss	Presentation	Enabler: Finances
9.0 GOVERNANCE COMMITTEE							
1730	10 min	9.1	<p>1:1 Meetings with KHSC Board Members/Board Chair</p> <p>Accreditation Standard 13.7: The governing body regularly reviews the contribution of individual members and provides feedback to them.</p> <p>Accreditation Standard 13.10: The governing body identifies and addresses opportunities for improvement in how it functions.</p>	Vollebregt O'Toole	Inform	Briefing note to follow	
1740	5 min	9.2	<p>2018/19 Elected Board Member Terms</p> <p>Accreditation Standard 2.10: the governing body's membership and/or by-laws address term lengths and limits, attendance requirements, and compensation.</p> <p>Accreditation Standard 2.11: The governing body's renewal cycle supports the addition of new members while maintaining a balance of experienced members to support the continuity of corporate memory and corporate decision-making.</p>	Vollebregt	Decision	Briefing note	
10.0 EXECUTIVE COMMITTEE							
11.0 IN-CAMERA SEGMENT							
1745	5 min	11.1	Motion to Move In-Camera (agenda items #11-14)	O'Toole	Decision	Verbal	

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
14.0 REPORT ON IN-CAMERA DECISIONS & TERMINATION							
1820	5 min	14.1	Motion to Report the Decisions Approved In-camera Accreditation Standard 13.3: The governing body shares the records of its activities and decisions with the organization.	O'Toole	Inform	Verbal	
		14.2	Date of Next Meeting & Termination	O'Toole	Inform	Verbal	
15.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY Accreditation Standard 3.5: Required information and documentation is received in enough time to prepare for meetings and decision making. Accreditation Standard 3.6: The governing body reviews the type of information it receives to assess its appropriateness in helping the governing body to carry out its role. Accreditation Standard 13.10: The governing body identifies and addresses opportunities for improvement in how it functions.							
16.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT							

BOARD OF DIRECTORS OPEN MEETING: MARCH 5, 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, March 5, 2018 from 1600 to 1830 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 (phone), David O'Toole (Chair), David Pattenden, Axel Thesberg (phone), Glenn Vollebregt and Sandy Wilson.

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

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

Regrets: nil.

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

Guests: Dr. Elizabeth Eisenhauer, Innovation Lead, Kingston Health Sciences Centre; representatives of the Ironworkers Local 765 and Plumbers Local 401.

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 representatives from the local Ironworkers Union 765 and from the Plumbers, Steamfitters and Welders Local 401.

The Chair thanked members of the Board who were in attendance at the benefit dinner in support of the University Hospitals Kingston Foundation on Saturday, March 3, 2018 at the Ban Righ Centre, Queen's University. The Chair invited declarations of conflict; no conflicts recorded.

The next KHSC Board meeting will take place on Wednesday, March 28, 2018 at starting at 1600 hours in the Henderson Board Room, HDH site. Accreditation Canada interview to take place on Monday, April 23, 2018 at 1600 hours in the Henderson Board Room. 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.

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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 amendments requested.

Moved by Glenn Vollebregt, seconded by Kirk Corkery:

The open consent agenda is approved and the following matters considered:

THAT the minutes of KHSC Board of Directors' meeting held on February 12, 2018 be approved; and

THAT the following reports be received for information:

- Updated KHSC Board Work Plan
- Updated KHSC Board Education Plan
- Q3 Patient Safety Quality Report, and
- Patient Flow Update

CARRIED

Moved by Alan Cosford, seconded by Sandy Wilson:

THAT the open agenda be approved as circulated.

CARRIED

2.0 PRESENTATION / EDUCATION SESSION

2.1 Creating an Innovation Portfolio at KHSC

Board members welcomed Dr. Elizabeth Eisenhauer to the meeting. Circulated with the agenda package was a presentation outlining the goals of the new innovation portfolio for KHSC: improving health outcomes, improving value of health innovations, implement and spread new programs, services and technologies suited to population needs, engage and excite medical and staff at all levels of the organization, and to proactively identify new partnerships with government, industry and vendors. As an initial start-up for KHSC, there is tremendous opportunity to expand the strategy to make this a dedicated area of strategic focus for KHSC and the region.

In developing the portfolio, there are a number of areas that will have relevance with quality improvement initiatives, the new KHSC strategy, and research innovation. KHSC's work must be aligned with Queen's innovation plans with the Faculty of Health Sciences, local and regional population needs to ensure that gaps in care are identified, and that this work complements Ministry of Health and Long-term Care deliverables. To inform an innovation agenda, conversations are now underway with a number of key

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leaders in KHSC as well as outreach to system leaders located in Toronto within the health care system as well as senior leaders at the Ministry as well as international counterparts. The importance of having dialogue with key donors was noted. A critical success factor will be our ability to embed “innovation” across the entire organization in the way KHSC does it work which will require a culture shift.

Discussion focused on how the SE LHIN is positioned to being a single tertiary academic health science centre with capacity to embark around an innovation agenda. A good discussion ensued about the adoption of spread of new technologies and programs at KHSC. There are also opportunities in creating frameworks that support commercial third party intellectual opportunities around innovation. There is much interest from the Faculty for technology tools and solutions.

Dr. Pichora highlighted KHSC’s partnership’s in the REACH program - (**R**esources for **E**valuating, **A**dopting and **C**apitalizing on Innovative **H**ealthcare **T**echnology) designed to support Ontario health care provider organizations in using new methods to procure solutions to their high-priority needs. Another opportunity that will continue to be explored is the partnership with community care providers, i.e. Transitional Care Unit. It will also be important for KHSC to have a way to communicate future initiatives and profile accomplishments. Dr. Eisenhower confirmed that integration with primary care, in order to create a regional system of care, will be an important piece of her work. It was also suggested that engagement with the School of Health Policy to explore federal funding opportunities and partnerships would be important.

There was much excitement and interest in the evolution of this initiative and the potential opportunities that will become available. Dr. Eisenhower thanked members for the opportunity to provide an update. The Chair recognized Dr. Eisenhower’s recent appointment as an Officer of the Order of Canada. Dr. Eisenhower departed the meeting.

3.0 CEO UPDATE

3.1 CEO Report Highlights & External Environment Update

The written report of the President and CEO was circulated in advance of the meeting. The report provided an update on KHSC’s improved wait times for admitted patients getting a bed on an inpatient unit - KHSC has moved from 67th place to 36th place amongst 73 Ontario hospitals.

The introduction of the Admission Transfer Unit, recent funding from the SE LHIN for the creation of a new position to oversee patient flow, and the partnership with Bayshore have all contributed to improved patient flow across the organization. Occupancy of the 10-bed unit being managed by Bayshore at Trillium Retirement Home has been 100% for the month of January. This has resulted in 263 ALC days being avoided at KHSC. Dr. Pichora noted that the average length of stay is 19.8 days with several patients being able to return home and other patients being able to be independent enough to live in a retirement home setting. Included in the CEO report was a patient story who had participated in this new partnership. For future updates, understanding the economic benefit of this pilot as well as an understanding of the overall quality impact of having an ALC patient move from the acute setting to Trillium would be beneficial.

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Dr. Pichora confirmed that he will be meeting with Deputy Minister Bob Bell in early April along with Dr. Elizabeth Eisenhauer to discuss KHSC's innovation agenda and another meeting to meet the new President of the Ontario Nurses' Association.

The CEO Report included highlights from the recent federal budget and CAHO hospitals will be pleased to see additional research investments.

Other highlights included updates on the OHA's *Guide to Understanding Your Legal Accountabilities*, the appointment of Dr. Helena Jaczek as Ontario's Health Minister, the new linking Quality to Funding Pilot Project, a profile on Trillium's Gift of Life "Advocate in Action" – Shillane Labbet, information on the Queen's Study on Health and Safety Culture, an overview of Ontario's First Nations Health Action Plan, third quarter provincial financial results, legislative updates, KHSC emergency codes information, and the latest Ethics Blog. Appended to the CEO report was a copy of the third quarter media report.

4.0 UNIVERSITY HOSPITALS KINGSTON FOUNDATION

It was noted that the President of the University Hospitals Kingston Foundation would be providing a report at the March 28, 2018 meeting.

5.0 INTEGRATED BUSINESS

5.1 Quarterly Performance Report – Q3

In advance of the Board meeting, members received a briefing package which outlined the process to develop the quarterly reporting framework including the Strategy Performance Index 2017-18 and Q3 Performance Report. As part of this process, two additional reports include the QIP Performance Report which was recently discussed by the Patient Care, Quality and People Committee and the Service Accountability Agreement Report discussed at the recent Finance and Audit Committee meeting as well as being reviewed by the Patient Care, Quality and People Committee. A breakdown by indicator of committee oversight was also provided in the briefing materials.

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

In terms of overall progress at Q3, 15 of 15 Strategy targets are on track and 19 of 20 (95%) of available Quality Improvement Plan (QIP) targets are on track. It was noted that four of the external QIP indicators

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were not available at the time of preparing the report. In terms of the Service Accountability Agreements, 37 of 54 (69%) are on track in Q3.

Axel Thesberg, Chair of the Finance and Audit Committee, highlighted the 'big wins' for Q3 tracking which included an overview of major facilities projects tracking positively along with information technology, MRI tender has recent closed, and positive financial position being maintained. Areas of concern remain on wait times in diagnostic imaging and surgery as well as the financial impact of alternate level of care patients. The Committee is optimistic that additional operating funding from government will be provided for the next fiscal year.

On behalf of Sherri McCullough, Chair of the Patient Care, Quality and People Committee, committee member Bruce Lounsbury reviewed Q3 results and 'big wins' include continued improvements to patient access and flow, increased discharges of long stay ALC patients which impacts QIP and SAA results favourably. KGH Emergency and HDH Urgent Care Centre patient satisfaction scores continue to improve.

Glenn Vollebregt, Chair of the Governance Committee, confirmed that KHSC is staying on track to meet integration savings and the committee reviewed the draft Catholic and secular mission indicators at their recent meeting. No areas of concern were identified by the Committee.

5.2 Mid-Year Committee Reports

The mid-year reports were pre-circulated to the Board in advance of the meeting. The framework for each of the Board Committee reports identifies emerging issues and risks arising from the Committee's work as well as listing the key areas of focus for the remainder of the committee year (to May 2018).

6.0 MEDICAL ADVISORY COMMITTEE

6.1 COS Report / MAC Update

The written report of Dr. Michael Fitzpatrick was circulated with the agenda materials. In particular, Dr. Fitzpatrick highlighted physicians who will be retiring and acknowledged their tremendous work and contributions to patient care. The 2017 report from the Joint Quality/Utilization Improvement Committee as well as annual reports from the Ambulatory Care Clinics and Patient Records Committee were also discussed at the last MAC meeting.

7.0 PATIENT CARE, QUALITY & PEOPLE COMMITTEE

7.1 Talent Management

At the February Patient Care, Quality and People Committee, members were briefed on KHSC's talent management program. Sandra Carlton, Vice President and Chief Human Resources Officer, drew attention to the briefing note and presentation that was distributed to the KHSC Board in advance of the

meeting. KHSC integrated talent management model has six key elements in the areas of leadership strategy, performance development, succession planning, recognition, recruiting, and learning and development. In the Accreditation Canada governing standards, reference is made to ensuring that the organization has a talent management plan. This is defined as a process that ensures that the organization has adequate and appropriate human resources and leadership capacity-building including planning for future needs and encompasses all team members. Talent management is also linked to the Leadership Standards to ensure a healthy and safe work environment and positive quality of worklife are promoted and supported and that the organization invests in its people and supports their professional development.

Ongoing support of leaders covers many elements of each standard through team-building activities, coaching, mentoring, tools to help leaders motivate teams, supporting open communication, and collaborative decision-making. Opportunities for continuing education, allocating rewards and recognition, access to research and sharing best practice information are all elements on KHSC's ongoing support for leaders.

In terms of current state, 44% of KHSC managers and directors and over 50% of the supervisors have been in their role for less than 3 years. KHSC's leadership work is rooted in the LEADS in a Caring Environment Capabilities Framework as outlined in the briefing note. A comprehensive approach to leader development, LEADS focuses at the system, organizational and individual levels. At the present time, KHSC is focused on leadership development and supporting education.

8.0 FINANCE & AUDIT COMMITTEE

8.1 Cost of Care

At the February Finance and Audit Committee, J'Neene Coghlan, Vice President and Chief Financial Officer, presented an overview of the cost of care results. A copy of the presentation was pre-circulated to the Board as part of the agenda package which provided a breakdown of direct and overhead costs for acute/newborn inpatients, mental health inpatients days, day surgery, mental health outpatient, emergency/urgent care, outpatients, dialysis outpatient, and oncology outpatient. The direct care costs for medical/surgical patients, ICU, and pediatric patients were also highlighted. All patient care activity is reported quarterly through a trial balance submission to the Ministry. Ministry cost breakdown is divided between direct and overhead costs. The presentation also provided members with an overview of the community based costs for home care, long-term care, the transitional care unit, private retirement home, and community hospice.

9.0 GOVERNANCE COMMITTEE

9.1 1:1 Meetings with KHSC Board Members/Board Chair

A brief summary report was circulated to KHSC Board members on March 3, 2018. The report highlighted key themes following one-on-one meetings held in mid-January and early February. Items discussed

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included the performance of the Chair, Committee Chairs, and individual board member contributions. Other areas of focus included committee structure design, the accreditation process, succession planning, and recruitment of potential board members. Several recommendations were identified including the need for Board agenda planning to include a 2-3 board meeting timeline. Briefing materials require further refinement to ensure members are focused on the key items for discussion and decision. All Board members agreed that the first Board retreat on strategic planning was a success.

9.2 2018-19 Elected Board Member Terms

David O'Toole and Dr. David Pichora had an opportunity to review and discuss the need for staggered elected Board member terms with Anne Corbett, BLG.

Moved by Glenn Vollebregt, seconded by Bruce Lounsbury:

THAT, as recommended by the Governance Committee, the KHSC Board supports the following staggered term allocations as listed:

2017 – 2018	2018 – 2019	2018 – 2020	2018 – 2021
Cau (vac)	Cau (vac)		
Corkery	Corkery		
Cosford	Cosford		
Hunter	Hunter		
Lawford		Lawford	
Lounsbury		Lounsbury	
McCullough		McCullough	
O'Toole		O'Toole	
Pattenden			Pattenden
Thesberg			Thesberg
Vollebregt			Vollebregt
Wilson			Wilson

And that the KHSC Corporate Bylaw be amended to allow for an additional 3-year term to a maximum of 9 years tenure.

CARRIED

10.0 EXECUTIVE COMMITTEE

The Executive Committee did not meet in February.

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11.0 IN-CAMERA SEGMENT

11.1 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 the representatives of the Ironworkers and Plumbers Locals for attending today's board meeting.

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 February 12, 2018 meeting; the Board received the final January and draft February Board committee minutes; the Board approved several professional staff appointments and the reappointments to the Departments of Urology and Paediatrics; the Board approved a housestaff appointments; the Board received the Q3 report on Quality of Care Reviews; the Board approved a mid-year appointment pending confirmation from Partnership Council; the Board an extension to the 3SO Master Services Agreement and Members' Agreement; the Board was briefed on a recent meeting with Infrastructure Ontario; an update on the recent external review of the mental health program was received; and an update was provided on the HIS and KHSC's work with regional partners.

13.2 Date of Next Meeting & Termination

The KHSC Board will come together on Wednesday, March 28, 2018 starting at 1600 hours in the Henderson Board Room. The meeting terminated at 1810 hours on motion of Glenn Vollebregt.

14.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY

No session was held.

15.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT

No session was held.

David O'Toole
Chair

Briefing Note

Topic of Report:	CEO REPORT	For Decision	
Submitted to:	Board of Directors – March 5, 2018 Meeting	For Discussion	X
	Medical Advisory Committee – March 6, 2018 Meeting	For Information	X
Submitted by:	Dr. David R. Pichora, President and CEO		
Date submitted:	February 28, 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 February. As always, I welcome feedback and suggestions in terms of content and focus for these regular updates.

Current State

1. KHSC Recognized – Most Improved Wait Times in Ontario

As a result of a group of initiatives to improve patient flow, Kingston Health Sciences Centre (KHSC) has recently seen an impressive jump in rankings for wait-times in Ontario hospitals. When looking at wait times for admitted patients getting a bed on an inpatient unit, KHSC has improved from 67 place to 36 place of 73 hospitals in the province. Our ranking for overall wait-times has also improved from 53 to 28 place.

One of the initiatives contributing to the decreased wait-times is the work being done by a team of internal medicine care providers who operate the Admission Transfer unit (ATU) located on Douglas 1 at the KGH site. This space, which was repurposed and opened in March of 2017, is designed to improve patient flow by freeing up Emergency Department beds that are occupied by patients who have been admitted to the hospital and are waiting for an inpatient bed. After patients have been admitted and are waiting for their inpatient bed to open up, they are taking up valuable space in the Emergency Department that could be used to treat patients in need of emergency care. By moving admitted patients into the ATU while they wait for a bed on an inpatient unit, we can get patients out of the emergency waiting room and into the ED to be seen by a physician.

Funding from the SE LHIN has also allowed for the creation of a new position to oversee patient flow. The addition of an Administrative Coordinator position has had an overwhelmingly positive response and has helped with optimizing bed utilization and timely transfer of patients between units.

Other initiatives that have contributed to the improvement in wait times include a program called Home First, which helps identify if a patient simply needs more support in their home environment rather than being admitted to the hospital. Another new clinic that operates within the ED, called the Rapid Access Chronic Disease Management Clinic gives patients with multiple chronic conditions access to care from a nurse practitioner and has contributed to a reduction in repeat visits to the ED within this specific patient population. KHSC has also developed a surge protocol in response to a higher than usual volume of patients seeking hospital treatment for influenza. Staff on inpatient units worked to accommodate a higher than usual volume of patients during this period of time by transforming areas where patients might not regularly receive care, such as sunrooms, into effective care areas.

2. Understanding Your Legal Accountabilities – A Guide for Ontario Hospitals

The Ontario Hospital Association has recently updated the above guide [available here](#) (as well as being posted on our website). Section A of the Guide will provide members with a summary of director liability in the hospital context. A new statutory duty and standard of care now applies to all directors of Ontario public hospitals under the *Corporations Act* as of January 13, 2018, codifying the duty to act honestly and in good faith with a view to the best interests of the corporation, and with the standard of care, diligence, and skill that a reasonably prudent person would exercise in comparable circumstances. The link above will take you directly to the OHA site and the Guide.

3. Ministry of Health & Long-term Care Announcement

Minister Hoskins is stepping down as Health Minister effective immediately. Dr. Helena Jaczek has agreed to take over as Minister of Health and Long-term Care. Dr. Jaczek is a former physician with Women's College Hospital in Toronto and former Chief Medical Officer of Health for York Region. Premier Wynne confirmed that Minister Jaczek will continue in her role as Chair of Cabinet. Minister Hoskins will chair a federal government advisory council with a goal of creating a national pharmacare plan.

4. ALC Transition Unit Update / Bayshore

The Alternate Level of Care (ALC) Transition Unit of 10 co-located beds within the Trillium retirement community and managed by Bayshore Healthcare. The ALC Unit started accepting patients on December 12th, 2017. These beds support patients from KHSC whose hospital treatment plan was completed, but were unable to be discharged to the most appropriate post-hospital care setting. ALC patients who meet the defined criteria transition from a KHSC bed to an ALC Transition Unit until their transfer to an appropriate community care setting.

During the patients stay in the ALC Transition Unit patients continue to receive comprehensive assessments, supportive care and restorative therapies designated to meet their care needs and enhance their health outcomes. ALC Transitions Unit targets a maximum patient length of stay of 60 days; during their stay ALC patients receive:

- Access to a specialized post-acute Transition Care Unit
- Enhanced assessments and care planning prior to transition
- Integrated and comprehensive oversight by a Program Manager and Clinical Director of the transitional facility, facility staff, medical supplies and equipment, and care delivery

- Access to an interprofessional team of care providers including:
 - Speech language pathologist, physiotherapist, occupational therapist and rehabilitation assistants providing comprehensive therapeutic services including restorative and rehabilitation therapy
 - Nurses providing services such as wound care, medication administration, catheter care, health monitoring and teaching
 - Personal support worker services supporting activities of daily living and companionship
 - South East LHIN Home and Community Care providing ongoing discharge planning and service planning
 - Appointments with patient's community primary care physician and emergency on-call physician consultations
 - Pharmacist consultation services
- Health teaching towards self-management of chronic conditions
- Comprehensive falls prevention, recreational therapy and exercise programs

At the end of January we had already begun to see some positive system and patient impacts. The ALC has been at 100% occupancy, at the end of January KHSC had already avoided 263 ALC days. The average length of stay at the ALC unit in January was 19.8 days with several patients being functionally optimized to return back home with homecare supports or independent enough to live in a Retirement home setting.

Mr. B had an accident that required emergency surgery at the KGH site in December. "I don't remember much of my time in the emergency department or before my operation because of the pain, needles, and medication. After my left leg was completely reconstructed, I was put in a Zimmer and put in a ward room to recover. I did everything they told me to do but I was not able to go home until I became weight-bearing, which I was told would be between 6-8 weeks. I was depressed knowing that I would be lying in this hospital bed for weeks if not months. People around me in my ward room were being admitted and discharged faster than I could count, but I was not progressing. It was so loud at times and I became depressed knowing I would not be going home to my wife anytime soon. One day I opened my eyes and this woman came into my room and offered me a chance to participate in a new Transitional Care Program. I jumped at the chance and soon found myself at Trillium Ridge Retirement Home completing physio every day and making new friends. Without this program I probably would have gone home too early and end up permanently damaging my leg. I am still working on being able to weight bear and will be able to go home safely at the end of the February."

5. Stakeholder Engagement – CEO Open Forums – Strategic Planning Website

In my last report, I invited board members to join me at one of the CEO Forums – it was a great opportunity to spend time with staff to talk about KHSC's future and to seek their input to help guide the organization.

I wanted to also send along a link to KHSC's new strategic planning platform. There have been many big conversations happening across KHSC about the future of our organization. Landing on the mission, vision and values that define our new health sciences centre has been our collective top priority. All who work, learn, and volunteer at KHSC have been invited, through special engagement sessions and team-level discussions, to provide us with invaluable input on what will make our mission, vision and values statements unique to KHSC.

KHSC board members are encouraged to share the conversation with members of the community – and stay tuned as regular updates are updated on the site! <http://www.kgh.on.ca/report/strategic-planning>

6. Linking Quality to Funding Pilot Project

Further to my report last month and the update provided on the MOHLTC/OHA pilot project linking quality to funding, Janine Schweitzer recently participated in an OHA webinar providing OHA member hospitals with further updates in terms of timing and deliverables. While we have not received official communication and the following is still preliminary, the Ministry has proposed that the pilot will link hospital funding to patient experience results. Work is underway to have the program ready for Fiscal 2019-20.

The three patient experience indicators are based on three of the questions from the Canadian Patient Experience Survey – Inpatient Care survey: 1) Did you feel that there was good communication about your care between doctors, nurses and other hospital staff? 2) Before you left the hospital, did you have a clear understanding about all of your prescribed medications, including those you were taking before you hospital stay? 3) Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?

All acute care adult inpatient hospitals are expected to participate; smaller hospitals may be permitted to opt out of the patient experience questions. Results will be reported through the Canadian Institute for Health Information. For KHSC, this can happen automatically because of the pre-existing agreement between KHSC, NRC Canada and CIHI. Adult acute inpatient and medical/surgical patient populations will participate. OHA is seeking further clarification on whether maternity patients will be included and pediatric patients have been excluded. In the initial stages of the pilot, hospitals will be asked to submit results only, no setting of targets are required.

7. Ontario Hospital Association Hosting Workshop on Capacity Management

The OHA continues to advocate for a significant funding increase for hospitals in the upcoming provincial Budget in order to address capacity challenges. To complement these efforts and to provide further support to hospitals in managing the increasing capacity pressures, the OHA, in partnership with the Institute for Healthcare Optimization, will be hosting a workshop on March 27-28 “The Urgency of Capacity Management Patient Flow Optimization”. This workshop offers practically tested solutions alongside case studies on the various strategies for capacity planning. The Deputy Minister will open the session.

8. Trillium Gift of Life – Local “Advocate in Action” Award Recipient

In Kingston, over 47 per cent of the community has joined the Trillium Gift of Life Network organ and tissue donor registry, an impressive feat when compared to the provincial average of 32 per cent. This support from our Kingston community is in large part due to the advocacy work of former KHSC patient Shillane Labet and her involvement with the Kingston Transplant Advocate Association (TAA).

To recognize her efforts, Shillane was awarded an “Advocates in Action” award by the Trillium Gift of Life Network at the Hotel Dieu Hospital site. One of only three recipients in the province, this inaugural award is given to people in recognition of their efforts to build awareness around organ and tissue donation transplantation.

At a media event held on February 26 at the HDH site, Ms. Labbet remarked “It is an incredible honour to receive this award and recognition for the important work that myself and my colleagues do in the community to help raise awareness around organ and tissue donation. I can personally speak to the incredible gift of organ and tissue donation and am privileged to be able to help spread this message to our community.”

In 2005, following a life-long battle with cystic fibrosis, Shillane received a double-lung transplant.

Ms. Labbet went on to say “I was and continue to be so grateful to my donor and to their family. This deep gratitude I feel for my donor is what first inspired me to become an advocate. Assisting others through their transplant journey gives me a sense of purpose and makes me happy to help. Being an advocate has given my life meaning, especially as I am no longer able to work full-time at a conventional job.”

Following the award presentation Shillane and her family, along with representatives from the Trillium Gift of Life Network, had the opportunity to tour the Organ and Tissue Donor Memorial Wall in the Davies 2 hallway at the KGH site as well as tour and meet members of the Critical Care department.

“Kingston Health Sciences Centre and Trillium Gift of Life Network are partners in supporting organ and tissue donation and it’s been incredible to have the opportunity to meet the team who makes it happen and see the ways that the hospital supports donors and their families,” says Ronnie Gervais, President and CEO of the Trillium Gift of Life Network. “Through the incredible work of the Kingston TAA and the hospital support I have no doubt we will continue to see registration numbers rise in Kingston.”

To learn more about organ and tissue donation, please visit www.beadonor.ca

9. Queen’s Study on Health & Safety Culture

In January of 2017 KHSC staff were invited to participate in a special health and safety culture survey run by Queen’s University research team. The study is being led by Dr. Joan Almost in the School of Nursing and is being funded by the Ontario Ministry of Labour. Based on the findings from that survey and an assessment of the Occupational Health and Safety Management System at the KGH site, an initiative called People Rounds was implemented on four pilot units over the past year to enhance conversations with staff about quality and safety with a goal of improving safety practices and resolving health and safety issues. People Rounds provides an avenue for staff to identify and discuss safety concerns and ideas for resolution or improvement, together with their manager and the leadership team.

The second half of that research survey is now underway and all staff at KHSC have been invited to take part in a similar survey to monitor how the perception of KHSC’s safety practices and principles have evolved across the entire hospital. “There are more than 800,000 employees in hospitals across Ontario and, every year, over \$2.5 billion is spent on occupational health injuries,” says Dr. Joan Almost, Principal Investigator. “This project is a key step towards developing better means to ensure the health and safety of employees in the health care field.”

10. Ontario's First Nations Health Action Plan Update

Ontario and Indigenous partners are working together to improve access to care and increase the involvement of Indigenous communities in developing and delivering their health services. This includes direct funding for communities to enhance access to care, funding for services as well as training opportunities, and identifying opportunities for greater First Nations control over the design and delivery of health care services in the future. Dr. Eric Hoskins, Minister of Health and Long-Term Care, announced the government's support in mid-February of several new initiatives while attending the First Nations Health Transformation Summit:

Home care: Providing funding directly to each of the 133 First Nations communities in Ontario to strengthen access to culturally appropriate home and community care services, including at-home nursing visits, help with bathing and preparing meals, or transportation for people with mobility challenges. Ontario is also expanding access to home and community care services at nearly 25 delivery sites across the province to help Indigenous people living in urban areas connect more easily to the services they need.

Primary care: Creating 16 new or expanded Indigenous-governed and community-driven interprofessional primary care teams across Ontario. These will provide culturally safe primary health care services and programs to over 70,000 Indigenous people -- including individuals and families living in remote and fly-in communities. These teams can include traditional healers, nurse practitioners, dietitians and mental health counsellors. The province is also partnering with the Northern Ontario School of Medicine and Matawa First Nations Management on a new Remote First Nations Family Medicine Residency Program to recruit and train up to four family doctors annually to work in remote First Nations communities.

Palliative care: Training up to 1,000 health care workers living and working in First Nations communities, or for Indigenous health care organizations, who are providing palliative care. This training will help First Nations and urban Indigenous people get the care they need and allow them to stay at home or in the community for as long as possible if that is their wish.

Mental health and wellness: Funding 34 Indigenous-led mental health and wellness programs across the province that include traditional healing, to provide enhanced, culturally appropriate supports for Indigenous youth, adults, families and communities. These programs include funding over 100 new mental health workers that will serve more than 69 First Nations communities, as well as urban Indigenous communities in cities such as Toronto, Kenora, Thunder Bay, Barrie, Midland, Sudbury, Ottawa and London.

Healing and Treatment Centres: Funding to establish or expand 10 Indigenous-led Healing and Treatment Centres across Ontario, which will offer over 50 new culturally safe treatment beds for Indigenous people. Available services will include substance use disorder services, holistic mental health counselling and cultural supports.

Ontario also recently signed a Charter of Relationship Principles with Nishnawbe Aski Nation and Canada, and is working with other Political Territorial Organizations and First Nations partners on similar relationship documents. These will express Ontario's commitment to collaborate with partners in creating new health systems for First Nations communities that will be led, planned and delivered by First Nations themselves.

11. Ontario Hospital Association – Annual Convention “HealthAchieve” Update

As outlined in OHA’s [new strategic plan](#), the OHA will be strengthening its core educational opportunities for members and delivering a new portfolio that is based on value, relevance and application of learning. One component of this transformation will involve HealthAchieve. This year will mark a turning point for HealthAchieve as the OHA pauses to imagine a bold new concept for the future. In recent years, the tradeshow and expo environment has changed dramatically. The OHA, in consultation with hospital members, will spend the coming year developing a next-generation learning intervention.

12. Federal Budget – By the Numbers

Finance Minister Bill Morneau has tabled his third budget. Here is a look at the highlights, new measures and key numbers:

- \$21.5B in new spending over 6 years, including the fiscal year just ending.
- \$18.1B projected deficit for 2018-19 (including \$3B for risk), falling to \$12.3B by 2022-23.
- \$750M over 5 years to improve cyber security.
- \$231M over 5 years to address the opioid crisis, including \$165M this year.
- 5 weeks extra leave for two-parent families under the EI Parental Sharing Benefit (June 2019).
- Legislation promised this year on federal pay equity - but no price tag yet.
- \$172.6M more over 3 years for clean drinking water on reserves.
- \$1.4B over 6 years in new funding for First Nations Child and Family Services.
- \$2B over 5 years in additional foreign aid under the Feminist International Assistance Policy.
- RCMP getting \$10M over 5 years to reactivate unfounded sexual assault cases.
- \$81M in budget to fix the no-fly list system to help families inadvertently caught up in system.
- \$1.3B over 5 years to conserve land, waterways and wildlife and protect species at risk.
- \$100M over 5 years to develop rural broadband innovation, including low-earth-orbit satellites.
- New judges - 6 for Ontario, 1 for Saskatchewan - and more money to help ease court backlogs.
- \$173M to address irregular border-crossings and asylum seekers.
- \$6M for a new process to hold federal leadership debates during election years.
- \$50M over 5 years to one or more independent organizations to support local journalism.
- \$30M over 3 years to promote women and girls participation in sport.
- Free admission for kids to national parks will be made permanent.
- Creation of advisory council on implementing national pharmacare (but no budget dollars defined) – Finance Minister is on the record saying Pharmacare won’t be free for all Canadians

13. Ontario Releases 2017-18 Third Quarter Results

Ontario has released the [2017-18 Third Quarter Finances](#), which confirm the government is on track to balance the budget this year. Projections in the report include:

- Total revenue of \$150.1 billion, up \$115 million from the 2017 Budget forecast
- Program expense of \$137.4 billion, up \$215 million from the 2017 Budget forecast
- Interest on debt expense of \$12.2 billion, unchanged from the 2017 Budget forecast

While Ontario's economy has shown steady growth, including leading the G7 in GDP growth in recent years, the government knows that more must be done to encourage increased growth and ensure that the benefits of a growing economy are shared fairly across the province. There are a number of risks that could affect Ontario's economic outlook which the government is currently monitoring, including global economic growth, rising interest rates and potential changes to the North American Free Trade Agreement (NAFTA). Further details on the outlook for the Ontario economy and the province's fiscal plan will be presented in the 2018 Budget.

14. Legislative Update

- **New Regulations for Health Care Professionals – Drug & Medical Device Companies**

Ontario is asking for public input on how to make the payments health care professionals and organizations get from drug and medical device companies more transparent. New legislation passed by the province requires the medical industry and other payors to report all transfers of value, including payments, benefits, and gifts, that are at or above a minimum amount and are provided to certain health care professionals or organizations. The information will be provided to the province and will be posted publicly online. Requiring payors to disclose this information will help patients make informed decisions about their health care. The regulations would include:

- Recipients whose transfers of value must be reported
- A minimum dollar amount (e.g. \$10) above which a payor must report a transfer of value
- The manner and frequency of reporting

Feedback will inform the regulation-making process and help government increase transparency and accountability within Ontario's health care system. Regulatory proposals will be posted to [Ontario's Regulatory Registry](#) for comment until April 6th.

- **Proposed Legislation – Adult Correctional Services System**

Ontario is transforming its adult correctional system to achieve better outcomes for individuals in custody, and those being released. The province has introduced legislation that would apply a consistent and evidence-based approach to rehabilitation, ensuring both public safety and the protection of the human rights and dignity of persons in custody. The proposed legislation has been informed by consultations with stakeholders, partners including corrections staff, and several comprehensive expert reviews. These include two [reports](#) from the Independent Advisor on Corrections Reform, a [submission](#) from the Ontario Human Rights Commission, an [investigation](#) by the Ontario Ombudsman on segregation, and the final [Ottawa-Carleton Detention Centre Task Force Report](#).

In providing health care, the proposed legislation will clearly define the health care services that incarcerated individuals should have access to, including treatment of disease or injury, health promotion, disease prevention, dental care, vision care, mental health and addictions care, and traditional Indigenous healing and medicines.

15. KHSC Emergency Codes ... Dial 4444

KHSC has a series of emergency codes that you will often hear when you are on site. Many of you are probably already familiar with Code 99 – medical emergency. In many instances, Board members simply need to be familiar with the Code and have no role to play. In other instances, such as Code Red, Green, Purple, Silver Lockdown, having an understanding of what the code means and the various actions to address the code would be important as for board members when they are on-site.

We will look to set-up all elected board members on our on-line learning system where board members can complete short educational modules to better understand these requirements.

Code "Red"	Fire
Code "Green"	Evacuation
Code "Orange"	External Disaster
Code "Yellow"	Missing Person
Code "Amber"	Infant/Child Abduction
Code "11"	Inmate Escape
Code "Black"	Bomb Threat/Suspicious Package
Code "Brown"	Hazardous Spills
Code "Grey"	External Air Exclusion
Code "99"	Medical Emergency
Code "Blue"	Adult Cardiac Arrest
Code "Pink"	Paediatric Cardiac Arrest
Code "White"	Violent/Behavioural Situation
Code "Purple"	Hostage Situation
Code "Silver Lockdown"	Active Shooter/Dangerous Weapon Situation

KHSC Security & Life Safety, along with Kingston Fire and Rescue will begin conducting annual fire inspections at our sites starting March 1. They will be touring all of the areas of the hospital over the course of the next two months to ensure that there are no fire code violations. They will be looking for items such as the use of extension cords as permanent wiring, obstructions in corridors and fire separation breaches. This is part of Security & Life Safety's ongoing partnership with Kingston Fire and Rescue to conduct annual inspections to our facilities meeting and maintain compliance with the Ontario Fire Code. An annual inspection schedule has been developed with the Fire Inspector assigned to the health-care sector to ensure each area of the hospital is inspected. Once the facility has been inspected, a follow up tour takes place to ensure any issues identified have been corrected if they could not be corrected during the initial inspection.

16. KHSC Matters that Matter...The pros and cons of “the greatest good for the greatest number”

At the February Board meeting, Sherri McCullough, Chair of the Board's Patient Care, Quality and People Committee, shared an excellent report on our ethics framework. In the committee's report, reference was made to KHSC's new ethics blog “Matters that Matter”. I wanted to share the most recent blog by KGH Ethicist, David Campbell –

My last blog concluded with the notion that ethics has to be based on something that we all share and can accept. Let's look at one dominant ethical theory that does just that and whose familiar mantra—"the greatest good for the greatest number"—might ring a bell with you.

No matter our different cultural backgrounds or upbringing, we all share basic needs such as food, shelter and security. Any universal ethical theory must be based on responding to these basic shared physical and psychological needs. As a result, "the good" is whatever actions best respond to these needs, maximize happiness and minimize suffering. That brings us to one of the most influential, yet controversial, ethical theories—Utilitarianism.

According to Utilitarianism, actions are ethically neutral; it's the consequences of these actions that are ethical or unethical. For a Utilitarian, lying isn't good or bad; it's the consequences of lying that are good or bad. Lying is usually unethical because it causes significant harms, but it can sometimes be ethically justified if it produces greater benefits than harms, depending on the situation.

Utilitarianism is also a forward-thinking theory—a Utilitarian always seeks to maximize the good and minimize the harm. A Utilitarian will do a cost benefit analysis and try to anticipate the likely results, both short term and long term, of his or her actions. And in the Utilitarian moral calculus, you can't prioritize the maximum good for one person. Instead, you have to calculate the good for everyone involved and choose the action that will create maximum benefit for all.

What are Utilitarianism's strengths and weaknesses?

Well, it's an attractive ethical theory because it takes a common-sense approach to decision-making, which we do all the time. Any time we do a cost-benefit analysis or, in medical terms, discuss benefits versus burdens, we're using Utilitarian reasoning.

As well, Utilitarianism is very useful when we're trying to decide how to allocate resources or make decisions about public health because the theory is about maximizing the greatest good while avoiding harms. It's also very democratic because it counts each voice as one among the many.

The main weakness of Utilitarianism is that it can be very difficult to determine what exactly the greater good is. There's significant disagreement within society over not only which actions or policies will produce "the greatest good," but also the very definition of "the greatest good" itself.

Also, there's the difficulty in anticipating the long term consequences of any specific action. We can never anticipate all the possible repercussions that might cause unforeseen harms or burdens.

Finally, Utilitarianism takes a collectivist approach. It's not great at accounting for the unique needs, rights and duties of the individual or special roles and relationships that have unique moral worth. While it can support individual rights, it can just as easily support overriding these rights in the name of "the greater good." For example, a Utilitarian could support imprisoning an innocent person in the name of social peace and harmony.

Next month I'll explore a rival ethical theory which best supports individual rights. Stay tuned!

David Campbell, KGH Ethicist

17. Upcoming Events

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/>

Chase a Dream – Neuro Race Weekend

The second annual Neuro Race Weekend is planned for **Saturday, May 6, 2018** at the Norman Roger's Airport. 100% of proceeds will benefit the KHSC neurosurgery department. To learn more, go to: <https://raceroster.com/events/2018/14404/chase-a-dream>

Respectfully submitted



Dr. David R. Pichora
President and Chief Executive Officer