



BOARD OF DIRECTORS – OPEN MEETING

Date: Wednesday, March 28, 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
1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, DECLARATIONS OF CONFLICT, CONSENT AGENDA & AGENDA APPROVAL							
1600	5 min	1.1	<p>Opening Reflection, Chair's Remarks, Quorum Confirmation, Conflict of Interest</p> <p>Accreditation Standard 1:1: The roles, responsibilities and legal obligations of the governing body are defined and regularly reviewed.</p> <p>Accreditation Standard 5.5: The governing body has a formal process to understand, identify, and resolve conflicts of interest.</p>	O'Toole	Decision	Draft agenda	
		1.2	<p>Consent Agenda Approval & Open Agenda Approval</p> <p>a) Draft minutes, KHSC Board, March 5, 2018 b) CEO Update c) UHKF CEO Update d) COS Update / MAC Report e) 2018-19 Board & Committee Master Schedule</p>	O'Toole	Decision	Briefing note + attachments	
2.0 PRESENTATIONS / EDUCATION SESSION							
1605	15 min	2.1	<p>Principle Based Decision-Making – ASSIST</p> <p>Accreditation Standard 1.3: The governing body approves, adopts, and follows the ethics framework by the organization.</p> <p>Accreditation Standard 2.9: Members of the governing body receive ongoing education to help them fulfill their individual roles and responsibilities and those of the governing body as a whole.</p> <p>Accreditation Standard 3.1: The ethics framework and evidence-informed criteria are used by the governing body to guide decision making.</p>	Bardon/ Crawford	Inform	Presentation @ meeting	Strategic Direction: Improve the patient experience through a focus on compassion and excellence

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
2.0 PRESENTATIONS / EDUCATION SESSION							
1620	20 min	2.2	<p>Accreditation 2018 Update – Debrief of March 5 Mock Interview</p> <p>Accreditation Standard 2.9: Members of the governing body receive ongoing education to help them fulfill their individual roles and responsibilities and those of the governing body as a whole.</p> <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>	Vollebregt/ Carter/ Schweitzer	Discuss	Presentation @ meeting	Strategic Direction: Improve the patient experience through a focus on compassion and excellence
1640	15 min	2.3	<p>AFP/SEAMO Overview</p> <p>Accreditation Standard 2.9: Members of the governing body receive ongoing education to help them fulfill their individual roles and responsibilities and those of the governing body as a whole.</p> <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 11.2: In consultation with the CEO, the governing body anticipates, assesses and responds to stakeholders' interests and needs.</p>	Pichora/ Fitzpatrick/ Simpson	Inform	Presentation @ meeting	Strategic Direction: Enable clinical innovation in complex acute and specialty care
3.0 CEO UPDATE (see Consent Agenda)							
4.0 UNIVERSITY HOSPITALS KINGSTON FOUNDATION (see Consent Agenda)							
5.0 EXECUTIVE COMMITTEE (no meeting)							
6.0 MEDICAL ADVISORY COMMITTEE (see Consent Agenda)							

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
7.0 PATIENT CARE, QUALITY & PEOPLE COMMITTEE							
1705	5 min	7.1	<p>Patient Safety Culture Survey Results</p> <p>Accreditation Standard 10.0: The governing body fosters and supports a culture of patient safety throughout the organization.</p> <p>Accreditation Standard 10.2: The governing body monitors organization-level measures of patient safety.</p>	McCullough	Discuss	Briefing note	Strategic Direction: Improve the patient experience through a focus on compassion and excellence
1710	5 min	7.2	<p>Draft Quality Improvement Plan 2018-19</p> <p>Accreditation Standard 12.2: The governing body works with the CEO and the organization's leaders to develop an integrated quality improvement plan.</p>	McCullough	Decision	Briefing note, QIP narrative + work plan	
1715	5 min	7.3	<p>Privacy Officer Annual Report</p> <p>Accreditation Standard 1.4: The governing body adopts a code of ethical conduct for its members.</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>	McCullough	Discuss	Presentation	
8.0 FINANCE & AUDIT COMMITTEE							
9.0 GOVERNANCE COMMITTEE							
1720	5 min	9.1	<p>KHSC Strategy – Community Engagement Plan</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> <p>Accreditation Standard 11.4: The communication plan includes strategies to communicate key messages to clients and families, team members, stakeholders, and the community.</p>	Vollebregt O'Toole/ Bardon	Inform	Briefing note	
1725	5 min	9.2	<p>Updated Governance Committee Terms of Reference Updated Executive Committee Terms of Reference</p> <p>Accreditation Standard 1.2: There is written documentation that identifies the governing body's roles and responsibilities, as well as how those roles and responsibilities are carried out.</p>	Vollebregt	Decision	Briefing note & draft TOR	

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
1730	5 min	9.3	<p>Draft H-SAA 2018-20 and M-SAA 2018-19</p> <p>Accreditation Standard 9.1: The governing body approves the organization's capital and operating budgets.</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>	Vollebregt	Decision	Briefing note + draft agreements	Enabler: Finances
10.0 INTEGRATED BUSINESS							
1735	10 min	10.1	<p>2018-19 Annual Corporate Priorities Plan Process Update</p> <ul style="list-style-type: none"> Draft Strategy Performance Index <p> Accreditation Standard 12.1: The governing body demonstrates accountability for the quality of care provided by the organization.</p>	Committee Chairs/ Bardon/Jones		Briefing note, draft SPI	
11.0 IN-CAMERA SEGMENT							
1745	5 min	11.1	Motion to Move In-Camera (agenda items #11-14)	O'Toole	Decision	Verbal	
14.0 REPORT ON IN-CAMERA DECISIONS & TERMINATION							
1830		14.1	<p>Motion to Report the Decisions Approved In-camera</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	
		14.2	Date of Next Meeting & Termination	O'Toole	Inform	Verbal	
15.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY							
<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>							
16.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT							



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Briefing Note

Topic of Report:	CEO REPORT	For Decision	
Submitted to:	Board of Directors – March 28, 2018 Meeting	For Discussion	X
	Medical Advisory Committee – April 10, 2018 Meeting	For Information	X
Submitted by:	Dr. David R. Pichora, President and CEO		
Date submitted:	March 23, 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 early March. As always, I welcome feedback and suggestions in terms of content and focus for these regular updates.

Current State

1. How Does KHSC Partner with Patients & Families at KHSC?

Every day, KHSC partners with patients and families resulting in a strong voice in helping us to provide the best and safest care possible. That partnership reflects our commitment to the four principles of Patient & Family-Centred Care: dignity and respect, participation, information sharing and collaboration.

During their site visit April 23-27, Accreditation Canada surveyors might ask you how we partner with patients and families. Here's how:

We actively partner with patients and families in their care every day when we:

- hear and respond to the concerns of a patient and family members
- share complete and unbiased information so that patients and families can take an informed part in their care and decision-making
- wear our name tags, introduce ourselves and our roles, participate in hourly rounding (KGH site) and use whiteboards (KGH site) to help with communication
- support patients who want to include a family member in their clinic visit or procedure room
- hold Patient and Family Feedback Forums where people have the opportunity to share their lived experience as a patient at KHSC
- gather feedback from patients and families through point-of-care and patient experience surveys
- work through our Patient Relations process, which allows patients and families to share their feedback or opinion.

And we work closely with patients and families when:

- Patient Experience Advisors (PEAs) sit on our clinical teams to improve the quality of the patient experience during their hospital visit



- PEAs participate in councils and committees to help inform decisions through lived experience
- Our Patient & Family Advisory Council reviews the KHSC Quality Improvement Plan, strategy development, policy and procedures, and provides input on patient satisfaction survey results
- PEAs sit on hiring committees for leadership positions in our organization
- PEAs review brochures, websites or signage to ensure they're clear for patient and families.

2. Hospital Information System Renewal Forum

The OHA together with the HIS Secretariat and HIS Renewal Provincial Project Office (PPO) will be hosting a webinar on April 3rd, 2018 between 10:30 am and 12:00 pm to provide an update on advances made with respect to HIS Renewal since the initial webinar held in September 2017. This webinar will include progress highlights including an overview of the recent communication from the Deputy Minister of Health and Long-Term Care as well as an update on current HIS Collaborative activity. Although open to all members, this webinar will be of special interest to hospitals that have not yet begun HIS Renewal planning or are not already engaged through one of the three HIS Collaboratives. Troy Jones has been asked by the Ministry to Chair this upcoming session.

3. Funding Announcement – Kingston Health Sciences Centre

On Friday, March 23, 2018, MPP Sophie Kiwala announced \$11.6M for hospitals in Kingston and Brockville as part of the province's commitment to invest an additional \$822M in Ontario hospitals for 2018-19, an increase of 4.6%. For non-targeted money \$5.46M or 1.6% and in targeted money \$3.37M or 1% for a total of \$8.82M. Further details to follow and some money, such as surge bed funding, has yet been announced.

4. Research Update

It has been a year now since Hotel Dieu Hospital (HDH) and Kingston General Hospital (KGH) have integrated into the Kingston Health Sciences Centre (KHSC). As we live the mission at both sites, we are constantly reminded that research plays an important role. The HDH and KGH Research Institutes (RIs) have played a major role in developing a culture of inquiry throughout the organization, not only at the leadership level but especially at the staff level where direct patient care is delivered. The culture is now such that staff believe in and value the use of best practice based on the strongest and most recent evidence, and where best practice does not yet exist, the RIs have developed the infrastructure to help researchers develop and share that best practice.

For example, the HDH RI worked with Ryan Stallard, RD, who joined their Research Club, and Dr. John Drover (previously Medical Coordinator, Kingston Bariatric Regional Assessment & Treatment Centre) to develop a research project investigating predictors of diabetic remission in patients who undergo bariatric surgery. The project received \$29,000 in funding from Nestlé Health Science Canada. The results from this project have informed dietitians, physicians and other health care providers in the best practice of advising patients considering bariatric surgery as to how to optimize their probability of remission from or reduction in diabetic condition. This best practice was shared through a presentation at the American College of Physicians Ontario Chapter Annual Scientific Meeting in Toronto in November 2015 and at the International Conference on Obesity in Vancouver in May 2016, and will be further disseminated through the final version of the manuscript which has now been published in the Journal of Parenteral and Enteral Nutrition (Reference 1).

Andrew Day (KGH RI) worked with Drs. Rob Brison (Emergency Medicine) and Brenda Brouwer (School of Rehabilitation Therapy) to acquire new insight into the best way to treat simple ankle sprains. The study, which was the largest randomized controlled trial to date on this topic, showed that adding physiotherapy follow up to usual self-managed care did not help patients recover more quickly. 503 patients from KHSC were recruited as research participants for the study when presenting with mild or moderate ankle sprains. The participants were randomly assigned to one of two groups.

One group (control group) was given a page of advice for treating their sprain at home that included the “PRICE” method; consisting of protecting the ankle (P), rest (R), icing the joint to reduce inflammation (I), the application of compressive bandages (C) and elevating the joint (E). The other group (treatment group) received up to seven supervised physiotherapy sessions in addition to the instructions on self-management. The study revealed that there is no significant benefit to recovery in providing a program of outpatient physiotherapy to patients presenting with mild or moderate ankle sprains-both groups recovered at similar rates. This discovery is important because of the economic costs and time commitment for patients, calling into question the utility of physiotherapy in general populations for simple ankle sprains.

The study was also co-investigated by Dr. Lucie Pelland (School of Rehabilitation Therapy), Dr. William Pickett (Emergency Medicine/Public Health Sciences), Dr. Ana Johnson (Public Health Sciences), Dr. Alice Aiken (Dalhousie University) and Dr. David Pichora (Surgery) and was published in The BMJ (formerly the British Medical Journal) (Reference 2).

References:

1. Stallard R, Sahai V, Drover, JW, Chun S, Keresztes, C. Defining and Using Preoperative Predictors of Diabetic Remission Following Bariatric Surgery. 2017 Mar 9. Journal of Parenteral and Enteral Nutrition.
DOI: [10.1177/0148607117697934](https://doi.org/10.1177/0148607117697934).
2. Brison RJ, Day AG, Pelland L, Pickett W, Johnson AP, Aiken A, Pichora DR, Brouwer B. Effect of early supervised physiotherapy on recovery from acute ankle sprain: randomised controlled trial. 2016 Nov 16. The BMJ.
<http://www.bmj.com/content/355/bmj.i5650>.

5. Royal College of Physicians and Surgeons Accreditation Update

The Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) were at Kingston Health Sciences Centre (KHSC) and Queen’s University between March 4th and 9th to undertake accreditation of our Postgraduate Medical Education (PGME) residency training program. Twenty-eight (28) of the thirty (30) programs were reviewed and although we won’t formally receive the final report for a few months, the preliminary accreditation results presented at the exit interview were extremely positive.

All but four (4) were fully accredited with no concerns and won’t undertake accreditation again for eight (8) years. There were only four (4) programs that had some minor issues that will need follow up:

- Two (2) Progress Reports (Family Medicine – off site)
- One (1) Internal Review (Paediatrics)
- One (1) External Review (Child and Adolescent Psychiatry)

Two of the major highlights of the review were that our PGME program should be noted as an international leader in the implementation of the Competency Based Medical Education, which is an indicator in our annual corporate plan. The second is the accreditation review committee has never witnessed a University have such a strong partnership and working relationship with a Hospital in regards their residency teaching program. Both the University and KHSC are very pleased with the preliminary results and outcome.

6. Pilot Satellite Unit Passes St. Patrick's Day Events

As reported at the last board meeting, several clinical programs came together to develop a new patient flow strategy to trial a new emergency services satellite unit in the Same Day Admission Centre (SDAC) at the KGH site. Appropriate, less acute patients were directed to the SDAC, which assisted in relieving Emergency Department overcrowding and helping to keep wait times down. This ensured that emergency services for the community and broader KHSC catchment area were maintained. Almost 50 patients presented with alcohol or substance-related concerns on Saturday, with 32 arriving by ambulance and 24 being transferred to the SDAC for observation. About 80 per cent of the SDAC patients were back on their feet fairly quickly; a few patients were treated in the ED for lacerations from broken glass. One of the main challenges for the team is the ability to limit the large number of visitors and friends that always seems to accompany each patient. Emergency Medical Services, which transported appropriately triaged patients directly to SDAC, applauded the new strategy cutting down offloading delays.

The pilot was framed as a proof of concept for Queen's Homecoming festivities in October 2018 after record volumes and unprecedented overcrowding in the ED were experienced during the event last fall. The March 17 test run will now be reviewed and tweaked as needed for the next time the satellite unit is rolled out for a big community event. The emergency and surgical programs, along with Emergency Department nurses and physicians and support services including the EDIS specialist, registration, security, portering, housekeeping and paramedics, all pulled together to facilitate this success.

7. Delirium Underdiagnosed in Hospitals

Dr. Boyd and his team are the first to identify a possible cause for delirium, a condition that relatively little is still known about. The study was recently completed in KHSC's Intensive Care Unit, using technology to track oxygen levels in patient's brains. They were able to demonstrate that low oxygen levels are a risk factor for developing delirium in an ICU setting. This study was the first of its kind to be done and is now expanding to other health care centres for further validation later this spring. Dr. Boyd has also recently started a clinic with former ICU patients, to invite them back into the hospital to provide healing opportunities for people who have bad memories as well as to help anchor their memories.

Dr. Boyd's work has received much media attention recently as he was featured on CBC's the National, on several CBC Radio programs including Ontario Morning, and in the local media such as the Whig-Standard and CKWS.

The story from the National can be seen here: <http://www.cbc.ca/player/play/1189994563703>

The interview on Ontario Morning can be heard here: <https://podcast-a.akamaihd.net/mp3/podcasts/ontariomorning-vVt2P5MU-20180322.mp3>

Dr. Boyd is currently working as a clinician-scientist in the Department of Medicine at Queen's University, practicing both neurology and intensive care medicine. His translational research uses proteomic approaches to identify novel serum biomarkers that will help predict neurological recovery after critical illness, particularly cardiac arrest. His clinical research program uses non-invasive techniques, such as continuous electroencephalography and near infrared spectroscopy, to monitor brain function in critically ill patients. He is interested in how critical illness affects acute and long-term neurological function.

8. Cancer Program's New Partnership with Kingston Transit

A new partnership out of the Cancer Centre of Southeastern Ontario will allow patients to give Kingston Transit a try as an alternate means of transportation with a free, preloaded bus pass. We know from our patients and visitors that parking and transportation is an issue when coming to the Cancer Centre and we wanted to explore what other opportunities we could create to help remove this barrier - for patients who feel well enough, taking Kingston Transit is a great alternative to coming for your appointments without having to worry about parking or arranging transportation. You can get a 'Try Before You Buy' pass for a patient in the Charge Nurse's office on Burr 1.

9. Mapping a Clear and Coordinated Approach to Medication Reconciliation

Clinical teams now have something in their hands that didn't exist five months ago—policies, procedures and tools that define how medication reconciliation is unfolding at Kingston Health Sciences Centre. It's the start of a roadmap that will guide us as we phase in a vital patient safety practice across KHSC. Medication reconciliation reduces the possibility of medications being inadvertently omitted, duplicated or incorrectly ordered at transitions of care. The process involves generating a patient's Best Possible Medication History (also known as the home medication list), identifying and resolving medication discrepancies at the time of admission, and communicating a complete and accurate list of medications to the patient and their next care provider at internal transfer and on discharge.

To give strategic priority to that process an interdisciplinary Medication Reconciliation Steering Committee was launched last October to take stock of the work done separately at the HDH and KGH sites around medication reconciliation as well as to address new Accreditation Canada standards that would take effect January 2018. The new standards require us to demonstrate a formal process for documenting and coordinating medication reconciliation across KHSC.

We now have a solid start on a roadmap for spreading the practice of medication reconciliation throughout KHSC clinical teams. New policies have been developed which set out education and training requirements for all involved in the medication reconciliation process. A new start-up guide that lays out the steps for implementing medication reconciliation in a particular program or unit has also been developed. KHSC now has a formal reporting structure in place to monitor and measure compliance and to support continuous quality improvement through the spread of medication reconciliation.

10. Throne Speech Announces Major Investments

The Ontario government is investing more in the care and services that people across the province rely on, easing the mounting pressures families are facing. The government's upcoming Budget will focus on doing more for people in health care, home care, mental health care and child care services. The government's priorities were outlined in the Speech from the Throne delivered on March 19 by the Honourable Elizabeth Dowdeswell, Ontario's Lieutenant Governor. The speech opened the third Session of the province's 41st Parliament. The provincial budget will be released on March 28.

Priorities include:

- Reducing wait times for health care by significantly increasing hospital operating budgets
- Expanding home care to provide more services for seniors choosing to stay at home, and to provide financial relief for families who are caring for aging loved ones
- Making historic investments in mental health and addictions services so people of all ages across the province can get the care they need
- Ensuring more people without a drug and dental benefits plan will have access to more affordable prescription drugs and dental care
- Providing more college and university students with free tuition through the new OSAP
- Making investments to train more apprentices for the workforce, including in emerging fields
- Focusing on regions that are struggling to achieve economic growth by investing in workers and businesses
- Continuing to make record-breaking investments across Ontario in public infrastructure such as schools, hospitals, roads, bridges and transit systems.

11. Ontario Expanding Access to Addiction & Harm Reduction Services

Ontario is expanding access to addiction and harm reduction services across the province, as the latest data shows that opioid-related deaths continue to rise. There were 1,053 opioid-related deaths in Ontario from January to October 2017, compared with 694 during the same time period in 2016 -- this represents a 52 per cent increase. From January to December 2017, there were 7,658 emergency department visits related to opioid overdoses, compared with 4,453 during the same time period in 2016 -- this represents a 72 per cent increase.

To help combat the crisis, more than 85 mental health and addiction providers across the province are enhancing treatment services and supports for opioid use disorder. Twelve of these providers are supporting targeted supports for youth. Over 20 providers are investing in withdrawal management services in Ontario. More than 30 communities will also benefit from new or expanded Rapid Access Addiction Medicine (RAAM) clinics. In addition, up to 40 providers are hiring new front-line health and social service workers to provide counselling, case management and other supports. Since the new overdose prevention site program began in January, four sites have been approved, with the first site now open in London, Ontario. Supervised injection services, which offer referrals and access to primary care, social services and addiction and mental health treatment, also continue to be expanded. Both services provide easy-to-access lifesaving supports in a stigma-free environment as well as harm reduction supports.

Other initiatives rolling out as part of Ontario's Strategy to Prevent Opioid Addiction and Overdose include:

- Releasing, in collaboration with Health Quality Ontario, three new opioid-related quality standards that are based on evidence and developed with clinical experts and people with lived experience. These standards outline the improved prescribing of opioids for short-term acute and long-term chronic pain, and how to identify and provide the best care for people with an opioid use disorder.
- Making easy-to-use nasal spray naloxone kits available for free at participating pharmacies, giving people the choice between nasal spray or the injectable kits that have already been available.
- Expanding public education to ensure people have information on how to access free naloxone and how it can be used to temporarily reverse an opioid overdose, including providing pharmacies with posters /brochures with information about prescription opioids, how to use them safely and potential risks.

At KHSC, the policy on prescription of controlled substances was revised in the fall of 2017, in line with current evidence-based best practice, to minimize the risk of over-prescribing opiate medications at discharge from hospital. Furthermore, with the support of KHSC and other hospitals in the southeast LHIN, Queen's University Faculty of Health Sciences' Continuing Professional Education Department has developed an online opioid education module for clinicians. This educational module has received accolades from physicians during pilot-testing and will be made available to all physicians at KHSC, to support our hospital and physician efforts to combat the current opioid crisis in Ontario.

We will establish a link in very near future so that members of the Board can link to the education module that is available to physicians.

12. Investment in Mental Health Care

The Ontario government has announced plans to invest \$2.1B, over four years, to provide easier access to mental health and addiction services through local school, family doctor's offices or community-based organizations. This will include the creation of 2,475 more supportive housing units over four years for those who require care in safe, affordable and appropriate housing as well as investments in community-based supports and services.

13. Executive Compensation Framework

In September of 2016, the government introduced legislation to govern how public sector organizations-including hospitals, colleges, and universities, compensate their executive teams. The new legislation requires that hospitals and other public sector organizations across Ontario must propose an Executive Compensation Framework (ECF) that benchmarks current executive salaries to other comparative organizations in the province. The framework developed for KHSC is available for public feedback until April 7, 2018: [click here](#)

14. Legislative Update

- **Proposed Regulations – Health Sector Payment Transparency Act, 2017**

On February 21, 2018, the government proposed regulations to implement the *Health Sector Payment Transparency Act, 2017*. A regulatory proposal has been posted to Ontario's Regulatory Registry for a 45-day public comment period. The deadline on the regulatory proposal is April 6, 2018.

Once in force, the *Health Sector Payment Transparency Act* will require public disclosure of transfers of value from the medical industry to certain recipients, including certain health care professionals and organizations. Key details of the framework have been set out in the proposed regulation including:

- Who will be considered recipients – this includes all regulated health professionals in Ontario, hospitals and other health care providers, their employees, a number of other entities that play a role in the health care system, and family members of these individuals.
- Which transfers of value will have to be disclosed – this includes **all** transfers valued over \$10, loans and leases of equipment, research contracts and speaking fees, amongst other transfers. Free samples for patients, salaries and benefits, and several other types of transfers have been excluded from disclosure.
- Other details including records retention requirements for payors, intermediaries and recipients and endorsement mechanisms.

15. KHSC Matters that Matter... An ethics system based on duties, rights and individual worth

Last month we shared an ethics blog about Utilitarianism, a popular ethical theory based upon satisfying universal physical and psychological needs thereby producing “the greatest good for the greatest number.”

Let's turn now to Utilitarianism's main ethical rival: duty-based ethics or Kantianism (after its creator Emmanuel Kant). Kantianism's approach to ethics is based on principles derived from reason; it focuses on ethical duties and rights versus maximizing good results.

According to Kantianism, certain actions are ethical or unethical in themselves, regardless of the consequences of the action. For example, lying is always wrong because it's wrong in itself. Kantianism doesn't focus on the consequences of an action but instead on the motives for choosing an action.

If an individual performs an action on good faith and with good intention, it will have moral worth. Kant wanted to develop a science of ethics which would be as universal and rationally acceptable as any other scientific principle. Morality must be universal and when you make a moral decision, you must think about how it would be universalized as a general moral rule.

In other words, every time you make an ethical decision, you have to be prepared to universalize it so that it would be applicable in every similar situation. You can't create a moral rule like “it's OK to lie whenever it is expedient” because it would lead to an illogical state of affairs.

The reason why people lie is because they expect others to believe the lie as most people are usually honest. If everyone lied all the time, lying to gain an advantage would no longer make sense. Kantianism also provides a very strong defence of individual worth and autonomy.

One should always respect the inherent worth of others and treat them always as an end in themselves, not a means to an end. We should never use people but instead treat them as autonomous moral agents who have their own unique values, goals and interests. According to Kantianism, when we do not respect another person's autonomy, we treat them as a thing instead of a person, which is the ultimate indignity. One way to ensure that we respect the autonomy of others is to follow the golden rule of "treating others as you would want to be treated," or more accurately, "treating others as they would want to be treated."

Kantianism is an attractive theory because of its emphasis on respecting intentions, autonomy and rationality. However, it has been criticized for being too inflexible. One could argue that while intentions and universality are important, shouldn't consequences also matter? Also, Kantianism's emphasis on reason as the primary basis for autonomy can lead to some awkward questions. For example, is the choice to limit your autonomy by taking addictive drugs a truly autonomous choice?

Despite these concerns, Kantianism provides a firm basis to support the important values of autonomy and informed consent, which are fundamentally important in all walks of life as well as health care.

Next month I'll explore a rival ethical theory. Unlike Utilitarianism or Kantianism, it's not focused on performing moral actions but instead on developing an ethical character. Stay tuned!

David Campbell
Ethicist, KGH site

16. Upcoming Events

Partners in Mission Food Bank – Annual Food Blitz

The Partners in Mission Food Bank in Kingston was founded about 30 years ago when the Sisters at our HDH site realized how many people in our community were going hungry. Every year we continue their work of supporting our community by pitching in to help at the Food Bank's annual Food Blitz, taking place this year Saturday, May 5 from 10 am to 5 pm. Teams of volunteers will be stationed throughout the day at nine grocery stores around the city to help collect non-perishable food items. We're looking for volunteers (two-hour shifts -if you have questions or want to sign up, please contact Anne Rutherford, 613-544-3310, HDH ext. 3380, anne.rutherford2@kingstonhsc.ca).

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>

Value-Based Health Care through Collaborative – How Do We Make Progress?

Please join Chris Simpson and I on **Wednesday, May 16, 2018** at the School of Medicine Building, 15 Arch Street, that will focus on the need for greater collaboration to standardize value-based health care practices in Ontario. As outlined in the recent invitation sent by my office, thought-leaders from across Ontario will be joining us to explore opportunities for the future including innovative procurement practices to improve the clinical management of COPD patients and a demonstration study that aims to provide care closer to home for patients with traumatic brain injury.

16. Mission Moment ...

In closing off my CEO update, I wanted to take this opportunity to recognize the contributions of **Bernadette Cotman** who has been associated with our HDH site for 72 years. Bernadette started at HDH at the age of 18 as a nursing student and, following her retirement from a variety of positions including Director of Nursing and also Director of Operations with Hotel Dieu, she began volunteering. She recently turned 90 and decided it was time to hang up her smock. Tuesday, March 27 will be her last day at our Information Desk in the lobby at HDH.

Respectfully submitted



Dr. David R. Pichora
President and Chief Executive Officer