

BOARD OF DIRECTORS - OPEN MEETING

Date: Monday, June 11, 2018
 Meeting: 1500 – 1825 hours – Regular KHSC Board Meeting
 1825 – 1830 hours – Corporation’s Annual General Meeting
 1830 – 1835 hours – Special KHSC Board Meeting to Appoint Officers
 Location: Hotel Dieu Site, Henderson Board Room (light dinner provided)
 Dial-in: 1-855-344-7722 7673253#

Start	Time	Item	Topic	Lead	Purpose	Attachment
1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, CONSENT AGENDA ITEMS & APPROVAL OF AGENDA						
1500	5 min	1.1	Opening Reflection, Chair’s Remarks, Quorum Confirmation, Conflict of Interest Declaration	O’Toole	Inform	
		1.2	Consent Agenda Items a) Approval of Minutes: May 7, 2018 Board meeting b) KHSC CEO Report c) UHKF CEO Report d) KHSC COS Report e) Trillium Gift of Life Update f) KHSC 2017-18 Annual Report g) Board Committee Year End Reports	O’Toole	Decision	Draft agenda & briefing materials
2.0 PRESENTATIONS / EDUCATION SESSION						
1505	10 min	2.1	OHA Education Session: Advanced Board Program for the Health Care Sector – May 2018	Thesberg	Discuss	Verbal
1515	10 min	2.2	Accreditation Canada Final Report & Decision	Pichora	Inform	Briefing note
3.0 CEO UPDATE						
1525	5 min	2.1	CEO Report Highlights & External Environment Update	Pichora	Discuss	Verbal
4.0 UNIVERSITY HOSPITALS KINGSTON FOUNDATION UPDATE (see Consent Agenda)						
5.0 INTEGRATED BUSINESS						
1530	10 min	5.1	Quarterly Performance Report: Q4 • Strategy Performance Indicators Report • Quality Improvement Plan Indicators Report • Service Accountability Agreement Indicators Report	Pichora/Jones Committee Chairs	Discuss	Briefing note, SPI + reports Presentation @ meeting
5.0 KHSC STRATEGY UPDATE						
6.0 MEDICAL ADVISORY COMMITTEE (see Consent Agenda)						
7.0 PATIENT CARE, QUALITY & PEOPLE COMMITTEE						
1540	5 min	7.1	Patient Safety & Quality Report: Q4	McCullough	Discuss	Briefing note
1545	10 min	7.2	Annual Occupational Health & Safety Report	McCullough	Discuss	Briefing note
1555	5 min	7.3	French Language Services Report	McCullough	Decision	Briefing note

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Start	Time	Item	Topic	Lead	Purpose	Attachment
8.0 FINANCE & AUDIT COMMITTEE						
1600	5 min	8.1	Acceptance of the Audited Financial Statements	Thesberg	Decision	Briefing note + draft financials
1605	5 min	8.2	BPSAA Compliance Report Attestation	Thesberg	Decision	Briefing note
1610	5 min	8.3	Appointment of the Auditors for Fiscal 2019	O'Toole	Decision	Briefing note
9.0 GOVERNANCE COMMITTEE						
1615	10 min	9.1	UHKF By-law Amendments	Pichora/ Vollebregt	Decision	Briefing note
1625	10 min	9.2	KHSC By-law Amendments • Update from Partnership Council Meeting June 4 2018	Pichora/ Vollebregt	Decision	Briefing note
1635	5 min	9.3	SE LHIN Chair/Vice Chair Forum – June 7, 2018	Corkery/ Pichora	Discuss	Agenda
10.0 EXECUTIVE COMMITTEE (no meeting in May)						
11.0 IN-CAMERA SEGMENT(Brief dinner break)						
1640	5 min	11.1	Motion to Move In-Camera (agenda items #13-15)	O'Toole	Decision	Verbal
12.0 REPORT ON IN-CAMERA MATTERS & TERMINATION						
1820	5 min	12.1	Motion to Report the Decisions Approved In-camera	O'Toole	Inform	Verbal
		12.2	Date of Next Meeting & Termination	O'Toole	Inform	Verbal

Briefing Note

Topic of Report:	CEO REPORT	For Decision	
Submitted to:	Board of Directors – June 11, 2018 Meeting	For Discussion	X
	Medical Advisory Committee – June 12, 2018 Meeting	For Information	X
Submitted by:	Dr. David R. Pichora, President and CEO		
Date submitted:	June 6, 2018		

Background

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

Current State

1. KHSC Strawberry Social

Everyone who works, learns or volunteers at either the HDH or KGH site is invited to come out for some conversation and complimentary strawberry parfait on **Wednesday, June 27**. Site locations and timing are as follows (and we hope that KHSC Board members will join):

HDH Site 1300 & 1700 Jeanne Mance 1 Staff Lounge
KGH Site 1430 & 2230 Kidd 0 Atrium Lounge

2. KHSC Open Forums for Staff

KHSC's next series of open forums will be led by Joint Vice President and CHRO, Sandra Carlton, on Monday, June 18 at the KGH and HDH sites. Our focus at these upcoming sessions will be human resources – the work that is being done on new compensation plans, workforce planning and scheduling.

3. Code Orange Stage 1

On Monday, June 4, KHSC declared a Code Orange, Stage 1, in response to a bus accident in Highway 401 near Prescott. Patients were stabilized at Brockville General with critical patients being transferred to KHSC. KHSC activated its trauma team and had extra staff on hand in the Emergency Department to provide support. Translators were arranged for patients who required this support. The KHSC communications team has been busy dealing with media calls and regular updates were provided via KHSC's social media accounts. Updates were also provided to the SE LHIN and Ministry of Health and Long-term Care.

4. MOHLTC – Assistant Deputy Minister Digital Health Secretariat

Correspondence from ADM Digital Health Greg Hein to SE LHIN Paul Huras dated May 9, 2018, recognizes the South East LHIN cluster as a leader in support of the provincial HIS renewal directions and a copy was provided to the KHSC Board.

5. Queen’s Faculty of Health Sciences & Kingston Health Sciences Centre: Value-Based Healthcare through Collaboration – May 16 – Guest Blog by Dr. Seth Chitayat, Director, Health Research Partnerships, Queen’s Faculty of Health Sciences

Queen’s Faculty of Health Sciences and the Kingston Health Sciences Centre co-hosted a panel discussion entitled, **“Value-Based Healthcare through Collaboration: How do we make progress?”** The panel included industry leaders in healthcare from across the region who generously took the time to speak to our community. The goal of this event was to better understand how we can extract more value in healthcare both from the procurement of major capital equipment and in the design of new technologies. The event was a great success, thanks primarily to our incredible panelists. The discussion has also left me thinking about some important questions concerning value, procurement, and healthcare in Canada.

For instance, how should we define value in the first place? In my view, value can be defined as that which something or someone does to make a material difference between the present and the future. There are economic examples of this, such as pricing that targets customer preferences and their respective willingness to pay. Love is another example, albeit of social value. When in a partnership, individuals extract benefits from the relationship that they appreciate and cherish. How greatly do we appreciate it when our partner makes us laugh, or when they make us feel better when we are feeling down? We appreciate these qualities in partners because they create value: they change our experience of life for the better.

It’s sometimes tempting for people to think that low prices and value are the same thing. For instance, it’s very easy to think that something that’s cheaper represents better value for a consumer. We can sometimes see this line of thinking in debates about healthcare.

But I don’t think we should care about low costs above all in healthcare. When discussing healthcare, we should think of value as patient outcomes per dollar spent. According to the Canadian Institutes for Health Information, hospital procurement accounts for 28.3% of all healthcare costs, which translates into approximately \$13B worth of spends in Ontario alone. It would be easy to see this figure and use it as a basis for a decision to make cuts to healthcare. Such a decision, however, would strip away the potential for hospitals to realize improved outcomes for patients. Reducing capacity to procure would also mean that hospitals will be unable to adopt new technologies, thereby forcing healthcare organizations to fund capital equipment themselves through philanthropy – a scenario that challenges our principles of fairness.

Going forward, hospitals must collaborate with academia, physicians, industry, and patients to demystify what value in healthcare means for patients and its potential to make healthcare more cost effective. We must continue to have discussions like the one we hosted in Kingston so as to ensure that governments and people understand that value in healthcare is good public policy for all.

6. Breakthrough in Treatment of Pancreatic Cancer

A study led in Kingston by a Cancer Centre of Southeastern Ontario physician has found that a new chemotherapy treatment has shown to substantially increase survival rates for patients with pancreatic cancer. Known as the mFOLFIRINOX chemotherapy combination treatment, patients from across Canada and France participated in this ground breaking study. Dr. Jim Biagi, Oncologist with the Cancer Centre of Southeastern Ontario and Canadian Chair of the international trial notes that this new treatment has found that pancreatic cancer patients can roughly double their chance of surviving cancer compared to the current practice. It is considered one of the biggest steps forward in the field of pancreatic cancer and should impact how pancreatic cancer are treated around the world.

Currently, survival for pancreatic cancer is among the lowest of all cancers. People diagnosed with pancreatic cancer are 9.5 per cent as likely to survive five years after diagnosis compared to similar people in the general population. However, patients who were trialed on the mFOLFIRINOX chemotherapy combination lived on average almost twenty months longer and were cancer-free on average nine months longer. Their risk of having their cancer reoccur in a post-operative setting was also reduced by almost 50 per cent.

Due to the nature of pancreatic cancer it is only effectively treated through surgery. However, a very small number of patients qualify for surgery. The distressing part of pancreatic cancer is that only a small proportion of patients are candidates for surgery and even if surgery is possible, most will die of recurrent disease. These trial results demonstrate that patients who receive this chemotherapy treatment after surgery are almost twice as likely to survive which is life changing for these patients.

Results of this study were unveiled recently at the prestigious American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago. All of the attendees were encouraged to begin using this new treatment as the standard of care for pancreatic cancer patients. In 2013, there were 1,878 cases of pancreatic cancer diagnosed in Ontario, making it the 13th most common cancer. There were also 1,711 deaths from pancreatic cancer, making it the fourth leading cause of cancer related death. Pancreatic cancer causes more deaths annually than prostate cancer and almost as many deaths as breast cancer.

7. KHSC First in Canada to Use New Cardiac Mapping Catheter

Patients undergoing a cardiac procedure at Kingston Health Sciences Centre will now benefit from new technology that will cut their surgery time in half and help them recover faster. Known as the Abbott Advisor™ HD Grid Mapping Catheter, Sensor Enabled™, this catheter is a first-of-its-kind technology that provides the latest in cardiac mapping support for patients with cardiac arrhythmias. KHSC is the first institute in Canada to use this technology.

The use of this catheter means that Dr. Ben Glover, a cardiologist at KHSC and his team, will be able to see a lot more data much more quickly which will significantly help with the mapping of the heart. In a cardiac procedure mapping of the heart takes about sixty per cent of the surgery time but with this catheter we can cut that time in half, which means shorter procedures and less waiting time for patients.

For some patients with cardiac arrhythmias, physicians may use cardiac ablation therapy to create lesions on the tissue where the abnormal heartbeats originate. As a result, this tissue is no longer capable of conducting or sustaining the arrhythmia. Mapping catheters are critical to helping physicians visualize and navigate the heart during ablation procedures. The new mapping catheter is designed to record electrical information from the heart to support the creation of highly detailed cardiac maps that help physicians diagnose cardiac arrhythmias in patients.

Dr. Glover recently performed the milestone procedure on a patient at KHSC's KGH site. The catheter can capture both the direction and speed of signals in much greater detail than current technology. It gives the team a better understanding of the electrical properties of certain arrhythmias such as atrial fibrillation. Dr. Glover recently noted how fortunate the team was to use this new tool.

This is the second time KHSC's electrophysiology group has taken the lead in implementing new technology for arrhythmia surgery. Board and MAC members will recall that, in 2017, Dr. Glover was the first in North America to use an advanced mapping suite of technologies for cardiac ablation surgery. This latest tool enhances the capabilities of that sophisticated platform.

8. Living Kidney Donor Program

Late last month KHSC held a very special recognition event – to recognize donors who have participated in KHSC's new Living Donor Kidney Transplant program. Lynne Anne Anfield and her husband Jim, who was one of the four donors recognized, spoke of the positive impact this has had on their lives.

Launched in 2017, the Live Donor Kidney program is a new service in our region. In a living donation one of the patient's kidneys is removed laproscopically and implanted into a recipient who's kidneys are failing. With careful planning, donors can help patients avoid the need for dialysis.

In Ontario there are currently around ten thousand patients who receive some form of dialysis and in Kingston alone there are approximately 400-450 patients who receive treatment in the dialysis unit at the KGH site. Through a live kidney donation recipients are able to stop dialysis, have a better quality of life, lead a more physically active lifestyle and have a longer life span. At the ceremony donors and recipients had the opportunity to personally thank staff who were with them along their journey.

9. Occupational Health, Safety & Wellness across KHSC

As we continue to integrate the services offered across both sites of Kingston Health Sciences Centre, members of the Occupational Health, Safety and Wellness (OHSW) department have been working to standardize the services offered at both sites and find the most efficient way of providing occupational health and safety care to a workforce of over 5,000 employees. Staff at the KGH site and HDH site will still see many of the same familiar faces when they go to their OHSW department, however, they will also see some new ones. That's because some OHSW staff members will now be travelling across sites to deliver care and services to KHSC employees.

One of the more significant changes is making sure employees all follow the same process if they are sick for more than four or more consecutive shifts. As per the Hospitals of Ontario Disability Income Plan (HOODIP), an Attending Practitioner's Statement will be required in order to qualify for sick benefits.

Staff at Hotel Dieu site will have also noticed some additions to the occupational health services offered, including access to resources like Feeling Better Now, an interactive mental health management tool, designed to help individuals in obtaining the help they need. The Peer Partner Program has also been expanded to Hotel Dieu site in addition to other wellness initiatives like discounted Goodlife fitness memberships, on-site massage with a registered massage therapist, and a massage chair in the staff Oasis Lounge.

10. Protection Services Now Wearing Body Cameras

Starting on June 1, Protection Services teams started wearing body cameras similar to those used by Police forces across the country. The new technology will help to improve the safety of our staff, physicians, volunteers, learners, patients and families. The cameras, which will complement KHSC's current network of security cameras, will record both audio and video and will help collect evidence during violent situations. Security staff will only turn on the cameras when they respond to a violent or potentially violent incident and they will announce to everyone involved when they turn the camera on. When the cameras are on, they will have a small green light visible at the top. When they begin to record the light will turn red.

KHSC conducted a pilot project using the cameras several months ago and they proved to be very helpful with collecting evidence during investigations. Protection Services worked with the Privacy Office to ensure that the rights of patients and staff were protected as well. The cameras will be worn 24/7, they will likely be recording for only small periods of time. The recordings will be downloaded onto a secure video management system that is only accessible by the Protection Services management team. After 30 days the videos will be deleted unless they are needed for an ongoing investigation.

11. Public Sector Labour Relations Transition Act

On Friday, May 18, staff at the Hotel Dieu Hospital site and the Kingston General Hospital site voted to have CUPE as the sole clerical and service bargaining agent. The new bargaining unit also includes additional positions such as RPNs, Physiotherapy and Occupational therapy Assistants. This decision came following a campaign period of several days across both hospital sites.

Now that the bargaining agent has been determined, the next step will be to have the Ontario Labour Relations Board officially certify CUPE as the bargaining agent, an important step that is expected to occur this week. Once that certification is received, CUPE and KHSC will begin the process of preparing for and negotiating a new collective agreement for all unionized KHSC clerical and service staff.

Until the certification is finalized, all provisions of the current collective agreements at both sites will continue to apply as before the vote until the new collective agreement has been negotiated, with the exception of provisions related to seniority, grievance administration and job postings. Those specific provisions will be administered in accordance with the CUPE collective agreement once the certification notice has been received.

One important difference to note is that job postings will now be filled in accordance with CUPE job posting language, which means that an applicant will be successful if they are the most senior applicant who is able to meet the normal requirements of the position. We recognize that this may represent a significant change for some staff and every effort will be made to share information as it becomes available.

12. Fiscal Advisory Committee

Article 29.2 of the KHSC By-law requires the CEO to appoint the members of the Fiscal Advisory Committee as outlined in the Regulations of the *Public Hospitals Act*. The newly integrated Fiscal Advisory Committee met in the Spring and will be meeting later this month and membership includes union representatives from both the KGH and HDH sites in addition to the executive team, physician representative, the Director of Finance, and a program director representative. The CEO is identified as the FAC Chair – I have delegated this responsibility to Steve Miller.

13. New Tool Available for Staff Interested in Learning French

Bonnes nouvelles! (Translation: Good news!) To advance the implementation of our French Language Services Plan, KHSC has purchased licenses to a popular language learning software, Rocket Languages, for staff at Kingston Health Sciences Centre to access as a way to start learning the national language or to brush up on their existing French language skills. Given our designation as a French Language Service provider, we receive many requests from employees looking for resources on learning to speak French.

14. Ontario Hospital Association

The OHA recently announced their Vice Chair appointments of Jeanette Despatie, CEO of the Cornwall Community Hospital, and Dr. Jack Kitts, President and CEO of The Ottawa Hospital. The Chair nominee for the OHA is Altaf Stationwala, President and CEO of Mackenzie Health in Toronto. The OHA Board will elect its officers at the annual general meeting in September 2018.

The OHA is collaborating with Health Quality Ontario on an “Indicator Management Initiative” with a goal of developing and implementing a long-term approach to streamline and align indicators for the hospital sector. This initiative is in response to clear direction from OHA members for action in indicator management. The OHA and HQO began conducting a series of interviews of key informants from the hospital sector back in March 2018. The resulting themes from the interviews will inform the OHA/HQO Indicator Management Roundtable to be scheduled next fall. The objectives of the roundtable will be to advise HQO and the OHA on: 1) potential unintended consequences of performance measurement systems in Ontario’s health system; 2) priorities for short and long-term solutions to improve the alignment of performance measurement activities in Ontario; and 3) options that can be implemented in Ontario to drive alignment of performance indicators and streamline data collection.

15. Government of Canada Consultation on Palliative Care

Health Canada is holding a public engagement asking that Canadians share their ideas, innovations and lived-experience related to palliative care. Through this consultation, Health Canada intends to engage Canadians on their long-term vision of palliative care in Canada. Using discussion forums and shared stories, Health Canada hopes to identify gaps as well as solutions and ideas that can be shared across the country. The consultation closes on July 13, 2018. To learn more: [click here](#).

16. Q4 Media Report

The Q4 KHSC Media Report is available and a copy has been provided to Board members under separate cover.

17. Legislative Updates

Health Protection & Promotion Act – on May 1, 2018, the Ministry of Health and Long-term Care implemented amendments to the regulations under this Act related to reporting on diseases of “public health significance”. The HPPA specifies the organization and delivery of public health in Ontario. As a result of these changes, the following new diseases have been added to the Ontario Reportable Disease List - [click here](#). As a result of these changes, Carbapenamase-producing Enterobacteriaceae (CPE), respiratory infection outbreaks and gastro outbreaks will be added to the list of reportable diseases in institutions and public hospitals.

Police Record Checks Act, 2015 – in 2015, the government passed this Act to standardize processes around how police record checks are requested, conducted and disclosed. This legislation provides that police record checks must consistently offer three types of checks: criminal, record checks, criminal record and judicial matters checks, and vulnerable sector checks. The kind of information that would be disclosed varies according to each type of record check which is set out in a Schedule to the legislation. Regulations under the Act were filed on April 27, 2018, and the Act is set to come into force on November 1, 2018. Hospitals are required to comply with the requirements of the legislation when requesting police record checks for employment or volunteer-related purposes.

In reviewing the Ministry of Community Safety and Correctional Services ([click here](#)), we are obliged to seek a volunteer’s consent before requesting a record check. For KHSC Board members, completion of the annual declaration form ensures that this is in place. We have determined that a Vulnerable Sector Check is not required for Board members. Once this information has been confirmed by my office, KHSC Board members will then be required to attest that there have been no changes when completing their annual declaration.

18. Upcoming Events, Conferences & Calendar Dates

Tour & Open House – Detox Centre – 240 Brock Street – June 14, 2018

The Detoxification Centre is a 22 bed facility at the HDH site which provides a secure and safe environment for individuals who require help with a substance abuse problem. All are welcome to join us on a tour of the Detoxification Centre to learn more about this important service and ask questions on June 14 – there will be a morning tour at 0900 and an afternoon tour at 1300 hours. If you are available to join, please let Rhonda know.

Celebrating Jeanne Mance – June 18, 2018

On June 18 we will celebrate Jeanne Mance who passed away on June 18, 1673. Learn more about her legacy at a display in the main lobby of the HDH site between the hours of 0900 and 1600. Jeanne Mance worked with the RHSJ helping them to fulfill the mission of their founder, Jerome Le Royer, to serve the sick poor in France and in what was to become Canada. Her reach extended to Kingston where the RHSJ founded a Hotel Dieu Hospital 200 years after Jeanne Mance first landed in Montreal.

Rose of Hope Charity Tournament – July 31, 2018

Each summer the ladies of the Cataraqui Golf and Country Club hold the Rose of Hope golf tournament to raise funds for cancer programs at the Kingston Health Sciences Centre. This year’s fundraiser will take place on July 31 and Sherri McCullough has agreed, once again, to chair this year’s event. This event has raised \$1.4M for cancer services and last year alone raised \$140K.

Catholic Healthcare: Living our Mission – CHAO 2018 Convention & AGM

We have received notification of this year's convention and annual meeting – September 27-28 in Toronto. KHSC Board members who have an interest in attending this year's conference should let my office know so that registration can be completed. Keynote speakers include Dr. Amer Kaissi, Professor, Author, and National Speaker from Trinity University who will present "Building a Culture of Kindness and Accountability" and the closing speaker is Craig Deao, Author, National Speaker and Senior Leader/Managing Director of the Studer Group who will be delivering "Closing the Knowing-Doing Gap." At the invitation of Ron Noble, President of the Catholic Health Association of Ontario, I have been invited to participate in a panel discussion at this year's conference.

19. Mission Moment ... from Mike McDonald

From: KHSC Strategy Management & Communications

Sent: June-05-18 2:25 PM

To: KHSC Strategy Management & Communication Team

Subject: Code Orange Update from Mike McDonald

On behalf of KHSC's senior leadership team, I would like to express my thanks to all those who supported our Code Orange efforts yesterday afternoon following the bus crash that occurred on the 401 near Prescott.

Our thoughts today are with all of the people who were affected by yesterday's incident and we would like to thank and recognize all of our staff, the first responders and our regional partners who worked together to ensure that patients were cared for as quickly as possible. I would like to specifically recognize the efforts of our Emergency, OR and Critical Care teams, staff at the Urgent Care Centre at our HDH site, as well as all of the departments that supported their work yesterday including Protection Services, Environmental Services, Labs, Diagnostic Imaging, and Portering.

While there are too many more groups to individually recognize, I would like to thank everyone at KHSC for your skills, compassion and professionalism during this incident. On behalf of the Executive Team, we are privileged to work with all of you.

Thank you,

*Mike McDonald,
Executive Vice President, Patient Care and Community Partnerships*

Regular updates will be provided throughout the summer to the KHSC Board.

Respectfully submitted



Dr. David R. Pichora
President and Chief Executive Officer