

**BOARD OF DIRECTORS - OPEN MEETING –
CONFERENCE CALL OPTION ONLY**

Date: Monday, March 23, 2020
Meeting: 1600 – 1830 hours
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						
1600	5 min	1.1	Call to Order, Confirmation of Quorum, Conflict of Interest Declarations	O'Toole	Inform	Verbal
		1.2	Consent Agenda Items a) Approval of Board minutes February 24, 2020 b) Connected Care – Ontario Health Team Update c) Fiscal 2020 Audit Planning d) Mid-year Review of the KHSC Board Work Plan e) UHKF President & CEO Report f) Quarterly Performance Report: Q3	O'Toole	Decision	Briefing note + materials
		1.3	Approval of Agenda	O'Toole	Decision	Draft agenda
2.0 PATIENT & FAMILY CENTRED CARE						
3.0 KEY DECISIONS						
1605	5 min	3.1	Quality Improvement Plan for 2020-21	McCullough/ Carter	Decision	Briefing Note, Draft Workplan, Progress Report & Narrative
4.0 REPORTING & PRESENTATIONS						
1610	5 min	4.1	KHSC President & CEO + External Environment Update	Pichora	Discuss	Written report
1615	5 min	4.2	Medical Advisory Committee/Chief of Staff Report	Fitzpatrick	Discuss	Written report
1620	10 min	4.3	Board & Executive Session on KHSC's Integrated Risk Management Program – 9 th Domain: Governance	O'Toole/ Hunter/Jones	Discuss	Briefing note
5.0 IN-CAMERA SEGMENT						
1630	5 min	5.1	Motion to Move In-Camera	O'Toole	Inform	Verbal
8.0 REPORT ON IN-CAMERA MATTERS						
1825	5 min	8.1	Motion to Report on Decisions Approved In-Camera	O'Toole	Inform	Verbal
		8.2	Date of Next Meeting & Termination			

BOARD OF DIRECTORS OPEN MEETING: MARCH 23, 2020

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held by conference call on Monday, March 23, 2020 from 1600 to 1800 hours. For those members of the Executive team attending in person, the meeting was held at the HDH site in the Henderson Board Room, Sydenham 2. The Board Chair and Secretary determined, in advance of the meeting, that it was important to hold the meeting by conference call in light of the government's directives for self-isolation and social distancing in response to the COVID-19 pandemic. The following are the open minutes.

Elected Members Present by phone (voting): Alan Cosford, Anne Desgagnes, Brenda Hunter, Michele Lawford, Emily Leslie, Sherri McCullough, David O'Toole (Chair), David Pattenden, Axel Thesberg, Sandy Wilson and Glenn Vollebregt.

Ex-officio Members Present by phone (voting): Cheryl Doornekamp and Dr. Richard Reznick.

Ex-officio Members Present by phone (non-voting): Dr. Peggy DeJong.

Ex-officio Members Present (non-voting): Dr. Mike Fitzpatrick and Mike McDonald.

Regrets: Dr. David Pichora.

Administrative Staff: Rhonda Abson (Recording Secretary), Elizabeth Bardon, Sandra Carlton (by phone), Brenda Carter, Val Gamache-O'Leary, Troy Jones, Renate Ilse, Dino Loricchio, Steve Smith (by phone), Krista Wells Pearce (by phone) and Tom Zsolnay.

1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, CONSENT & AGENDA APPROVALS

1.1 Call to Order, Confirmation of Quorum, Conflict of Interest Declarations

David O'Toole called the meeting to order and confirmed that all board members participating by phone were able to hear the proceedings. The Chair noted that Dr. David Pichora would be joining the meeting following the East Region Health System Planning teleconference and that Troy Jones had agreed to assume the role as Secretary. The Secretary confirmed quorum.

As outlined in the Notice of meeting, the UHKF annual fundraising dinner has been postponed and further details will follow. Board members were reminded to confirm their availability for a board teleconference on Wednesday, April 22, 2020 at 1600 hours. The recording secretary will provide a calendar confirmation once all members have responded. In terms of the May Board education session, appreciating that the executive team is focused on COVID-19 planning, the session focusing on the 2020-21 annual corporate plan and indicators work will be rescheduled to a more suitable date/time. The Chair requested members continue to hold the date for a meeting only from 1600 to 1800 hours. The last item noted on the agenda is for the June 15, 2020 regular board, annual general and special meetings; a date adjustment may be required depending on the impact of COVID work and the team's availability to support board activities.

Open Board Meeting: March 23, 2020

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No conflict of interest declarations were recorded.

1.2 Consent Agenda Items

The consent agenda materials were circulated in advance of the meeting and included the following: the draft February Board minutes; an Ontario Health Team update; information regarding KHSC's Fiscal 2020 audit planning deliverables; a mid-year touchpoint on the Board's work plan; the written report of the President of the University Hospitals Kingston Foundation; and Q3 strategy performance reports. No adjustments were made to the consent agenda.

Moved by David Pattenden, seconded by Emily Leslie:

THAT the consent agenda be approved as circulated.

CARRIED

1.4 Approval of Agenda

The Chair invited a motion to approve/amend the agenda as circulated.

Moved by Alan Cosford, seconded by Sandy Wilson:

THAT the agenda be approved as circulated.

CARRIED

2.0 PATIENT & FAMILY CENTRED CARE – no agenda items identified.

3.0 KEY DECISIONS

3.1 Quality Improvement Plan 2020-21

Sherri McCullough, Chair of the Patient Care and Quality Committee, drew attention to the Committee's recommendation regarding KHSC's Quality Improvement Plan for 2020-21. The following four indicators are included in the draft QIP with the first two being mandatory indicators and the final two being proposed by management:

- Mandatory: Time to inpatient bed
- Mandatory: Workplace violence
- Pressure ulcers
- Palliative Care – early identification, assessment and documentation

Board endorsement of the QIP is aligned with the Accreditation Canada Required Organizational Practice (ROP) in having the governing body demonstrate its accountability for the quality of care provided by KHSC. Sherri McCullough drew attention to page 2 of the briefing note which outlines the major tests for compliance. In terms

of legislative compliance, Section 8 of the *Excellent Care for All Act, 2020* mandates that hospitals develop annual quality improvement plans.

Indicator definitions, targets and measures are developed in accordance with Health Quality Ontario (HQP) technical specifications.

The draft QIP aligns with KHSC's annual corporate plan and captures the mandatory indicators as defined by HQO. The work plan appended to the briefing note clearly identifies the lead to oversee the deliverables associated with the indicator, the executive sponsor, and describes the planning improvement initiatives, methods, process measures and targets. The work plan also provides an overview of current performance targets and an explanation on how the teams will accomplish each of the planned improvements. A template is provided each year for hospitals to complete which is then posted on external websites and provided to government. This narrative provides an overview of KHSC, describes the greatest quality improvement achievement from the past year, and includes a piece on collaboration and integration initiatives and how KHSC partners with patients/clients/residents. The final section of the narrative outlines workplace violence prevention at KHSC and some of the virtual work that is being undertaken. Lastly, the document confirms that achievement of the initiatives described are linked to the executive compensation framework.

Moved by Sherri McCullough, seconded by Emily Leslie:

THAT, as recommended by the Patient Care and People Committee, the KHSC Board of Directors approves the 2020-21 KHSC Quality Improvement Plan.

CARRIED

4.0 REPORTING & PRESENTATIONS

4.1 KHSC President and CEO & External Environment Update

The written report of the President and CEO was pre-circulated with the agenda materials. The report provided updates on the federal and provincial budgets, the recent announcement that A. Britton Smith has been invited to the Order of Ontario, a detailed update on nursing research initiatives was provided, as well as information relating to the roadmap for accelerating virtual health services in Canada. Other updates in the report included information on the Mental Health and Addictions Centre of Excellence, recent Ontario Hospital Association Board activities, and the regular update on legislative and regulatory requirements was provided.

The first part of the report outlined updates COVID-19 preparedness for KHSC. Incident Command, led by Troy Jones, continues to meet on a daily basis as well as the clinical operations committee, led by Dr. Mike Fitzpatrick. KHSC senior leaders are working closely with local and regional partner organizations in preparation for increased patient volumes. KHSC labs can now test for COVID-19. Further updates will be provided to the Board through the CEO Office.

4.2 Medical Advisory Committee/Chief of Staff Report

The written report prepared by Dr. Mike Fitzpatrick on the activities of the Medical Advisory and Chief of Staff was provided in advance of the meeting. Dr. Fitzpatrick extended condolences to the families of honorary medical staff members Dr. Brian Wherrett (Pediatrics) and Dr. Samuel Ludwin (Pathology and Molecular Medicine) who had recently died. The contributions of both individuals were recognized and highlighted at the meeting. The report also included an update on COVID-19 and Dr. Fitzpatrick confirmed that the Medical Advisory Committee was briefed on the draft Quality Improvement Plan at their most recent meeting. The Q3 critical incident review report was presented at the recent MAC and Physician Quality Committee meetings. Dr. Fitzpatrick reported that the MAC was briefed on Ontario Health Team work and members were recently briefed on KHSC's budget position. The Physician Quality Committee is in the process of providing feedback to departments on their Quality Improvement Plans.

4.3 Board & Executive Session on KHSC's Integrated Risk Management Program – 9th Domain: Governance

Brenda Hunter, Chair of the Governance Committee, drew attention to the briefing materials circulated in advance of the meeting. Following the January 27, 2020 board and executive engagement session on KHSC's integrated risk management program, it was agreed that a ninth domain should be included in the registry relating to "governance". The committee discussed this at their February meeting and it was agreed that the focus for 2020-21 would be: board renewal/recruitment including onboarding, orientation and partnerships. In response to a question, Brenda Carter confirmed that unintentional harm would be included and discussions are already underway with program directors.

5.0 IN-CAMERA SEGMENT

5.1 Motion to Move In-Camera

The Chair invited a motion to go in-camera and for executive committee members to attend the session.

Moved by Emily Leslie, seconded by Michele Lawford:

THAT the Board move into an in-camera session.

CARRIED

8.0 REPORT ON IN-CAMERA MATTERS

8.1 Motion to Report the Decisions Approved In-Camera

The Chair reported on the following in-camera decision/discussion items: as outlined in the closed consent agenda, the board approved the in-camera board minutes from the February board meeting; the board received the final approved minutes from the November committee minutes and the draft minutes from the February committee meetings along with the financial planning package for January 2020; the board received the

quarterly Patient Safety and Quality Report and the Patient Feedback Report; the board was provided with an overview of the Professional Practice Model at KHSC; the board was briefed on the critical path to full vacant KHSC board positions; the Board endorsed three candidates to serve on the UHKF Board; the board endorsed UHKF's Amending Bylaw No. 3; the board approved changes to KHSC board policy VI-1 – Relationship with UHKF; the board received an overview of the approach to the 2019-20 CEO and COS performance review; the board approved a series of appointment and reappointments to the professional medical, dental staff and housestaff, the board approved the appointment of Ms. Lindsay MacDougall a Leader of the Midwifery Service; the board approved the recommendations presented by the Regional Hospital Project steering committee and further details will be announced by management once all regional parties have completed their due diligence; the board was provided with an additional brief on COVID pandemic planning; the Board approved the continuation of the current KHSC board officers with David O'Toole serving as Chair and Sherri McCullough and Axel Thesberg as Vice Chairs for 2020-21 along with Brenda Hunter continuing to serve as Chair of the Governance Committee, Sherri McCullough as Chair of the Patient Care and Quality Committee, and Axel Thesberg as Chair of the People, Finance and Audit Committee, to allow for stability in the current governing structure in light of the COVID pandemic.

8.2 Date of Next Meeting & Termination

The date of the next KHSC Board meeting is under survey for Wednesday, April 22, 2020 at 1600 hours and will be confirmed by the recording secretary. The meeting terminated at 1800 hours on motion of Emily Leslie.

David O'Toole
Chair



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Briefing Note

Topic of Report:	CEO REPORT	For Decision
Submitted to:	Board of Directors – March 23, 2020 Medical Advisory Committee – April 14, 2020	For Discussion X For Information
Submitted by:	Dr. David R. Pichora, President and CEO	
Date submitted:	March 12, 2020	

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 February Board and MAC meetings. As always, I welcome feedback and suggestions in terms of content and focus for these regular updates.

Current State

1. Coronavirus Preparedness at KHSC and Providence Care

Further to the update provided at the February Board meeting, stakeholders continue planning efforts to ensure that KHSC and Providence Care are prepared if a patient presents requiring Coronavirus testing. Dr. Michael Fitzpatrick and Troy Jones are participating in daily phone calls being led by Renato Discenza, Ontario Health East Lead, to ensure consistent application of protocols across the region which will provide the framework necessary to support safe care environments for staff and patients.

KFLA Public Health is working closely with local, provincial and federal partners to monitor and respond to the changing coronavirus situation. Physicians, hospitals and other health care facilities in KFL&A are required to immediately report a suspected or confirmed case of COVID-19 to the medical officer of health who will then follow up with close contacts to prevent and control further spread of the illness. As outlined in our March 16 email update to the Board, an assessment centre has been opened at the Hotel Dieu site.

Ontario Health is working closely with Telehealth to ensure adequate support to handle increased call volumes and, on March 17, KHSC labs can now test for COVID-19. A province-wide public education campaign will be launched by government which will include social media, print and radio ads to provide Ontarians with the information they need to protect themselves and how to access resources. Updated guidelines have been provided to long-term care homes to ensure active screening for all staff, volunteers and family members and the government will ensure that private retirement homes are also engaged.

In a recent communication with the KHSC community, our focus is to keep our workforce as safe as possible to protect our patients, families and each other. Further updates will be provided by my office leading up to the Board meeting on Monday.



2. Federal Budget

In mid-January the pre-budget consultations to inform the Federal Budget has now concluded as we await confirmation on the release date.

3. Provincial Budget

The Ontario Finance Minister has confirmed that an economic and fiscal update will now be provided on March 25. The government remains committed to investments in frontline services for health care and education and further updates will be provided to the Board and MAC as we move through the current challenges.

The OHA continues to advocate for strong and strategic investments in the hospital system for 2020 in the amount of \$922M (increase of 4.85%) to address capacity, working capital, inflation, and growth (and we will wait and see what the government signals in terms of the COVID-19 pandemic). Earlier this month, the OHA reached out again to member hospitals requesting completion of an on-line survey to gain a better understanding of our current financial pressures.

4. Order of Ontario

Earlier this month the provincial government announced the Order of Ontario appointments and our congratulations to **Brit Smith** who will be receiving this honour. The press release highlighted his *“many years sharing his good fortune with others to improve lives and open doors. Thousands have benefited from his generous philanthropy in areas including affordable housing, health care and homelessness.”*

5. MPP Ian Arthur, Kingston & The Islands

In late January I had an opportunity to meet with and tour MPP Arthur at both the HDH and KGH sites of the Kingston Health Sciences Centre. We briefed our local MPP on the programs and services provided by KHSC, Ontario Health Team work, as well as funding initiatives.

6. Research Update: Nursing Research

Research conducted by nurses is essential to advancing clinical practice, improving patient care and informing healthcare policy. The importance of this work is being highlighted globally this year, which has been declared the Year of the Nurse and the Midwife by the World Health Organization.

In addition, the Kingston Nursing Research Conference held each year celebrates the ongoing research endeavors of the local nursing community that are impacting health care delivery and policy.

“Nurses’ work is inclusive, participatory, and has depth and breadth,” says Dr. Erna Snelgrove-Clarke, Director of the Queen’s School of Nursing and a CIHR Embedded Clinical researcher. “It is not linear – it is holistic and provides context.”

Dr. Snelgrove-Clarke, who joined Queen’s from Dalhousie University and the Isaac Walton Killam Health Centre in Halifax, is a labour and delivery nurse and a prolific researcher. A champion of person-centered practice and better patient outcomes, she studies the gaps between research and care. Much of Dr. Snelgrove-Clarke’s work is focused on maternal and newborn health. She is continuing this work at KHSC, where she is studying women’s experiences of living with obesity during pregnancy, birthing, and post-partum. She is also looking at the health care provider experience of caring for women living with obesity during pregnancy, birthing and post-partum. This is an understudied area and her research is the first to look at how care is provided for this patient group and how women receive this care.

Other examples of research by nurses include the following:

Dr. Mona Sawhney, a nurse-practitioner specializing in pain management. Dr. Sawhney is investigating pain management and recovery outcomes in early discharge following hip or knee replacement surgery. The aim is to provide nurses with better treatment strategies for improving joint function, pain relief, fatigue and other symptoms following joint replacement, all leading to better care as well as more efficient use of health care resources.

Patti Staples, a nurse-practitioner in the Heart Failure Clinic at KHSC's Hotel Dieu site, is evaluating emergency room visits, hospitalizations and mortality rates of patients who are referred to and followed in the Heart Failure Clinic; compared to those who are not followed in the clinic. Her study, which uses provincial data provided by the Institute for Clinical Evaluative Sciences (ICES), will help to show whether the clinic continues to meet its founding goal of reducing emergency room visits and hospitalizations for heart failure.

Dr. Joan Tranmer, a clinical nurse and leader at KHSC's KGH site, studies the effects of the work environment on women's health, and on optimizing care and transitions for older persons living with complex health conditions such as Chronic Obstructive Pulmonary Disorder (COPD). As the site director for the Queen's satellite of the Institute of Clinical Evaluative Sciences (ICES), Dr. Tranmer also facilitates the use of a vast pool of health-related data to inform nursing practice. Joan is currently co-leading a province-wide study into opioid de-prescribing in long-term care in Ontario.

7. Mental Health and Addictions Centre of Excellence

The provincial government has also announced a new plan for mental health and addictions. This new Centre of Excellence (within Ontario Health) will serve as the coordinating, central provincial body that will drive implementation plans to improve quality, expand service, implement innovation solutions, and improve access.

Locally, you may have seen the recent closure announcement by the Canadian Mental Health Association – Kingston Branch which is a separate and distinct entity from Addictions & Mental Health Services KFLA (AMHS-KFLA). While discussions were underway for the potential to integrate CMHA (Kingston) with AMHS-KFLA, we understand that these discussions are now discontinued. Several programs under the CMHA agency have now transferred to other community-based partners. Karen Berti continues in her role as Supervisor.

8. New Health Centre Hub

Earlier this month, the province pledged \$14M for a new Belleville/Quinte West Community Health Centre hub. The new hub will be built across from the Trenton Memorial Hospital and will include access to primary health services, physiotherapy, dietitian and nutrition counselling, mental health services, health promotion and prevention and chronic disease management.

9. New Roadmap for Accelerating Virtual Health Services in Canada

In mid-February, the Virtual Care Task Force, a collaboration of the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada, and the College of Family Physicians of Canada released its recommendations for enabling and expanding the implementation of virtual care in Canada. The report outlines 19 recommendations for creating a pan-Canadian approach to the virtualization of health services. To inform its work over the past 11 months, the task force formed four working groups –

interoperability and governance, licensure and quality of care, payment models and medical education – to explore the current barriers to using virtual care in Canada and to identify possible solutions.

Among their key recommendations, the task force calls for:

- national standards for patient health information access;
- increased support to regulatory bodies to simplify physician registration and licensure processes to allow physicians to provide virtual care across provincial and territorial boundaries;
- a framework to regulate the safety and quality of virtual care services;
- provincial and territorial governments, in collaboration with key associations, to develop new fee schedules for in-person and virtual care that are revenue neutral; and
- the establishment and incorporation of virtual care education at medical schools and continuing education for health professionals.

To view the full report: [click here](#)

10. Ontario Hospital Association

- **Board Chair 2020-21**

The OHA Board has selected Sarah Downey, President and CEO of the Michael Garron Hospital/Toronto East Health Network, as its nominee for Board Chair.

- **Call for New Board Members**

The OHA is seeking to fill six positions on the Board of Directors beginning in September 2020. Applications must be received by March 25. The OHA is looking for CEOs of northern Ontario hospitals and small hospitals as well as people with experience in multiple sectors of the health system, i.e. hospital, long-term care, community care, home care, primary care. The OHA welcomes applications from individuals with governance experience in labour relations, government relations and advocacy, enterprise risk management, and digital innovation. Inquiries can be made by email: adale@oha.com or by contacting Melinda Moore, Manager of Corporate Governance at 416-205-1330 / mmoore@oha.com.

- **OHA Specialized Health Services Working Group**

The OHA/CAHO Specialized Services Working Group was formed in response to a Ministry of Health request to create recommendations on identifying and keeping specialized health services stable through the transition to Ontario Health Teams. The Working Group met in December to create draft principles that will help guide the Ministry in identifying these services. In addition to the principles and recommendations on stabilizing services in the short term, the Working Group will also provide an overview of enablers for high-quality specialized services in an integrated health system and the long-term gaps that must be addressed.

The Working Group, co-chaired by Cameron Love, Executive Vice President and Chief Operating Officer at the Ottawa Hospital, and Dr. Dan Cass, Executive Vice President and Chief Medical Executive at Sunnybrook Health Sciences Centre, is composed of clinical leaders and hospital executives. The Canadian Institute of Health Information (CIHI) is providing analytical support to the Group. The Working Group and OHA staff will consult members through an online survey, as well as through focused consultations for members in specific areas of interest (e.g., paediatrics, mental health, etc.). This will

allow the OHA to develop a robust narrative on the current and future states of specialized services in an integrated care model.

The work is expected to be completed by June 2020, at which point the recommendations will be delivered to the Ministry in order to provide advice on how to identify specialized services (possibly differing by specialty/region), how these services could be organized regionally/provincially, and potential funding models to support these programs while keeping service provision stable.

- **OHA Series: Board Chair at the Helm – Board Terms, Rouge & Underperforming Directors**

Sherri McCullough participated in this recent OHA webinar moderated by Dr. Richard Le Blanc. During this session, participants were presented with a number of examples that describe underperforming directors: attendance issues, arriving late/leaving early for meetings, use of cell phones during meetings, being unprepared, and criticism of the CEO and senior team as well as not declaring conflicts of interest and representing stakeholder groups. Recommendation course corrections were highlighted and included ensuring that attendance records are adhered to; being candid during the recruitment / selection process of the attendance requirements as well as placing an emphasis on the fact that a strict code of conduct is expected. It is also important that reference checks are completed and it was suggested that this would also be undertaken for ex officio positions on the Board. A final outcome of the webinar noted the importance of ensuring professional development/education plan is in place for board members and that peer to peer assessments be completed before second terms are granted.

- **OHA Spring Learning Programs Postponed**

Several members of the Board have enquired about upcoming OHA sessions. On March 12 we received confirmation that the OHA has decided to postpone March, April and May education sessions. As soon as we received confirmation that the sessions are back on, we will let you know.

11. Legislative & Regulatory Update

New mandatory reporting, as directed by Health Canada to monitor unsafe health products, is now in place at the Kingston Health Sciences Centre. Effective December 16, 2019, the **Protecting Canadians from Unsafe Drugs Act** (known as Vanessa's Law) made it mandatory for Canadian hospitals to report serious adverse drug reactions and medical device incidents within 30 calendar days of the first documentation of such an event. It is important to note Vanessa's Law reporting differs from SAFE reporting at KHSC. SAFE is focused on recording and tracking incidents that occur in the hospital that have safety or risk concerns and result (or could result) in injury or could affect property, facility operations, etc.

On February 25, the government introduced Bill 175, the **“Connecting People to Home and Community Care Act, 2020”** – if passed, the Bill will allow Ontario Health Teams to deliver more innovative models of home and community care as well as being able to match individual care needs with various home and community partners within the OHT.

Bill 175 proposes a wide range of amendments to the *Connecting Care Act, 2019* (CCA) as part of a reform of home and community care service delivery in Ontario. Among other things, the proposed legislative changes include the following:

- Replacing all references to “Integrated Care Delivery Systems” with “Ontario Health Teams”;
- Authorizing Ontario Health to provide funding to a health service provider or OHT, which in turn may provide funding to or on behalf of an individual to purchase home and community care services;
- Expanding the definition of “health service provider” to include a local health integration network (LHIN) funded by Ontario Health;
- Expanding investigative powers that were introduced in the CCA, along with a new proposed enforcement and penalty provisions applicable to all health service providers and OHTs; and
- Requiring health service providers and OHTs that provide “home and community care services” to establish a process for reviewing complaints regarding their services under a new Part V.2 in the CCA.

On March 9 the provincial government announced a new proposed regulation affecting the **Connecting Care, 2019 Act** relating to French language health planning entities. The proposed regulation could include:

- Establish the criteria that must be met for an organization to be specified as a French language health planning entity;
- The conditions under which the minister may revoke the specification of an entity; and
- The obligations of Ontario Health for the purposes of Section 44 of the CCA with respect to engaging and collaborating with French language planning entities.

The new regulation will also require that Ontario Health engage and collaborate with each French language health planning entity in identifying the health needs and priorities of the Francophone community, the health services available, and the strategies to improve access to, accessibility of and integration of French language health services in the health system.

KHSC has prepared the necessary filings for comply with the **Public Sector Salary Disclosure Act** requiring all organizations that receive funding from the Government of Ontario to disclose the names, positions, salaries and taxable benefits of employees who are paid \$100K or more in the calendar year. If required, David O’Toole will serve as spokesperson and Sandra Carlton and her team are preparing key messages.

12. Upcoming Events, Conferences & Calendar Dates

In my last update you will recall that the **UHKF benefit dinner**, presented by BMO, was scheduled to take place on Saturday, March 28, 2020 at Ban Righ Hall and there is agreement amongst the partners that we need to look at different options – **the dinner has been postponed.** For Board and MAC members who have purchased tickets, UHKF will be in touch.

At the time of preparing the report, we await further information from the organizers regarding the **Winemarker’s Benefit Dinner** scheduled for Friday, April 24. Further updates will follow.

13. Q3 Media Report

The Q3 media report for KHSC is appended to my report.

In closing off this month's update, I want to take an opportunity to recognize and thank KHSC staff, physicians, volunteers for all that they do each and every day. They continue to deliver the best care possible in an ever-changing environment. Another group that I wish to say thank you to are the medical residents – February 10 to 14 being National Resident Awareness Week. THANK YOU.

Respectfully submitted



David R. Pichora

President and Chief Executive Officer

fiscal
2019-2020 **Q3**
Third quarter ended Dec. 31, 2019

KHSC **this** quarter



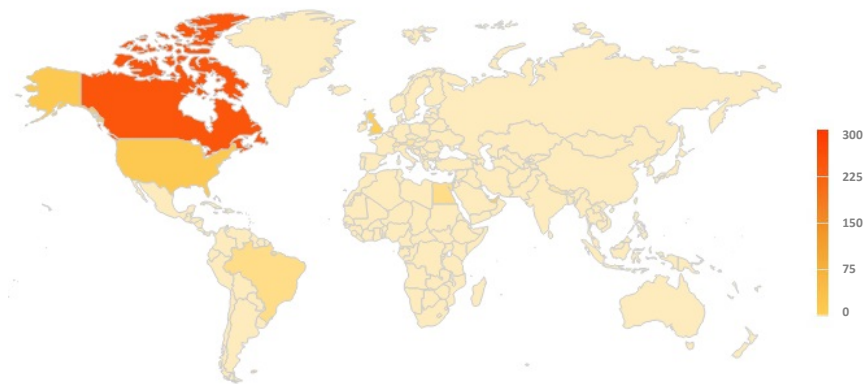
Media Report

MEDIA OVERVIEW

The data compiled for this report was collected between **October 1, 2019 and December 31, 2019**. During Q3, **KHSC was mentioned in 278 stories** that were tracked across local, provincial and national media. This is slightly above our average of 225 media stories per-quarter for the past several years.

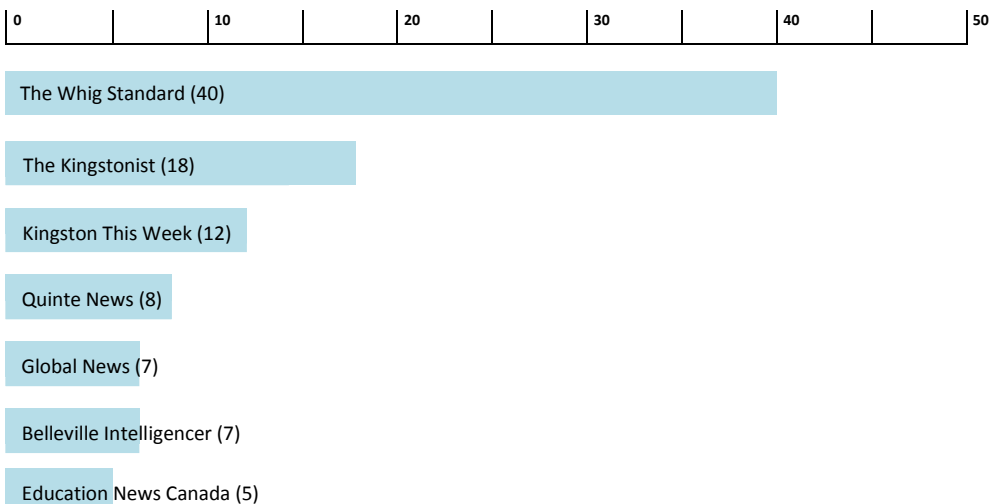
Breadth of news coverage

News outlets around the world mentioned KHSC in Q3. While most of our media mentions originate from Canadian news outlets (**93%**), we also appeared 12 times in stories published by **United States** news outlets, three times in the **United Kingdom** and two times by news outlets in **Brazil**.



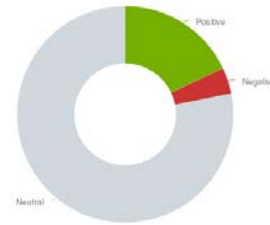
Top news sources

While international media coverage is valuable, our efforts continue to focus on news coverage from our local media outlets. These local news organizations serve as an important link with the communities we serve. As you can see below, our top news sources this quarter, as determined by the total number of KHSC-specific stories they produced, include our local media partners – The Whig Standard, the Kingstonist, Kingston this Week and Global News (CKWS).



Tone of news coverage

Of the approximately 278 stories that appeared in the media this quarter, **96 per cent were positive or neutral** in tone, and **4 per cent were negative**. The negative coverage was from eleven news stories in which hospital unions, OCHU/CUPE, refer to KHSC operating consistently at full or overcapacity, and warn that by 2023 provincial funding cuts will climb to \$66.9 million for KHSC.



Value of news coverage

According to our media-monitoring platform, Meltwater, KHSC's traditional media efforts in Q3 are estimated to be worth over **\$1.9 million**. Generally, this value is calculated using an algorithm created by our media monitoring software, which considers the total number of individuals who were exposed to our news coverage. Considering that 18 per cent of our media coverage this quarter was positive in tone, our traditional media activities generated **\$348,376 worth of positive profile** for KHSC in Q3.

There are a number of media highlights to share this quarter. They have been broken down into three categories – earned media (below), contentious issues management (pg.4), and other mentions in the media (pg.4).

EARNED MEDIA

Earned media refers to publicity gained through deliberate efforts by KHSC's department of Strategy Management and Communications (SMC). Earned media may be garnered through such venues as media releases, social media posts, information bulletins, media advisories or media events. Highlights of our stories this quarter include:

Hospitals in Kingston, Napanee share \$6.7 million for repairs

The SMC team worked with Hastings-Lennox and Addington MPP Daryl Kramp's office to organize a media event on Dec. 19, at KHSC's HDH site. The event publicized the news about KHSC receiving \$5.7 million for much needed repairs and upgrades at both hospital sites through the Health Infrastructure Renewal Fund. In addition to MPP Kramp, Troy Jones and Krista Wells Pearce spoke at the event. The story appeared in the Whig Standard, the Napanee Beaver, and on MSN.com and Global News.



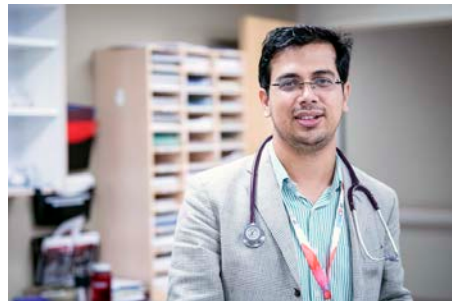
Patients experience improved access to health care with online visits

The Ontario Hospital Association's Hospital System News published the KHSC story from late October about a pilot project led by Dr. Ramana Appireddy to test virtual follow-up visits for stroke care, which showed reduced wait times and high satisfaction among KHSC patients and families. This news was also published on the Ontario Telemedicine Network's website in a section for providers and Ontario Health Teams. The project was among four examples of 'Virtual Care at Work in Ontario.'



Dr Bishal Gyawali awarded Global Oncology Young Investigator Award

myRepublica, a Nepali online media outlet, picked up the Cancer Centre of Southeastern Ontario's news about Dr. Bishal Gyawali being the first-ever recipient of the American Society of Clinical Oncology Global Oncology Young Investigator Award in Implementation Science. As part of his successful proposal Dr. Gyawali will be looking to implement an education model focused on training primary care providers in low-income countries on the basics of chemotherapy.



Other stories shared with the community in Q3 that gained coverage:

- **Operation HO HO HO lands at KGH site**
- **KGH Auxiliary Launches Annual Teddy Bear Campaign**
- **Mobile cervical cancer screening clinics available for women with no family doctor**
- **BMO Financial Group pledges \$1 Million to Kingston health care**

ISSUES AND REACTIVE MEDIA

A key function of the Strategy Management and Communications Department, issues management is the practice of monitoring the reputation of the hospital, addressing concerns and providing strategic advice for contentious stories that may appear in the media.

Code Orange

On the afternoon of December 12, KHSC entered stage 1 of its external disaster plan, known as Code Orange, in response to a multi-vehicle collision on Hwy 401. The SMC team prepared and disseminated a statement to media that communicated about the preliminary stage of Code Orange, the number of people received at the KGH site, the general condition of those who came to the emergency department, and the time when the code was removed.

Over 40 news stories about the crash were published across Canada, and in the U.S. Canadian Press, CTV Ottawa, Global Toronto and Global Kingston, and CBC Toronto were the outlets that took a statement from KHSC.

The SMC team posted information about the Code Orange to KHSC's social media channels. The Facebook post reached 17.5K unique online users.

OTHER MEDIA OF NOTE

KHSC was mentioned in the following highlighted stories in Q3. While these were not initiated through specific earned media activities, the SMC team usually provides support to the development of these stories.

New lab offers look at human skeleton in motion

On October 24, the KGH Research Institute (RI) and Queen's University announced the completion of a \$2.5 million facility KHSC's HDH site that offers unique, "X-ray vision" insights into the biomechanics of nearly any joint in the human body. Kingston This Week, the Whig Standard, the Gananoque Reporter and Education News Canada reported the news. The SMC team took photos for the KGH RI.



A cuddle from mum instead of morphine: How rooming-in helps opioid-dependent newborns combat withdrawal

Dr. Brian Goldman, the host of CBC Radio's White Coat, Black Art visited the KGH site to talk to Dr. Adam Newman, a family physician who specializes in pregnancy and opioid addiction and who brought the rooming-in program to the KGH site. The program allows mothers and babies to stay together in a private room and bond through skin-to-skin contact and breastfeeding. A growing body of evidence is showing it can be as effective as drugs in combating infants' withdrawal symptoms. The SMC team assisted with this interview.

The little things in life: Inside KGH's neonatal ICU

The September/October issue of Kingston Life features a three-and-a-half page story on the NICU; the story is also the cover photo. The SMC team facilitated the photography for the feature and the interviews with Dr. Robert Connelly, charge nurse Susan Merkley, and Stacey Wolfrom, program operational director.

KHSC COMMUNICATION CHANNELS

Unlike our traditional media efforts, which require the SMC team to work with news outlets to share our stories, our communication channels present KHSC with a space to interact directly with our community.

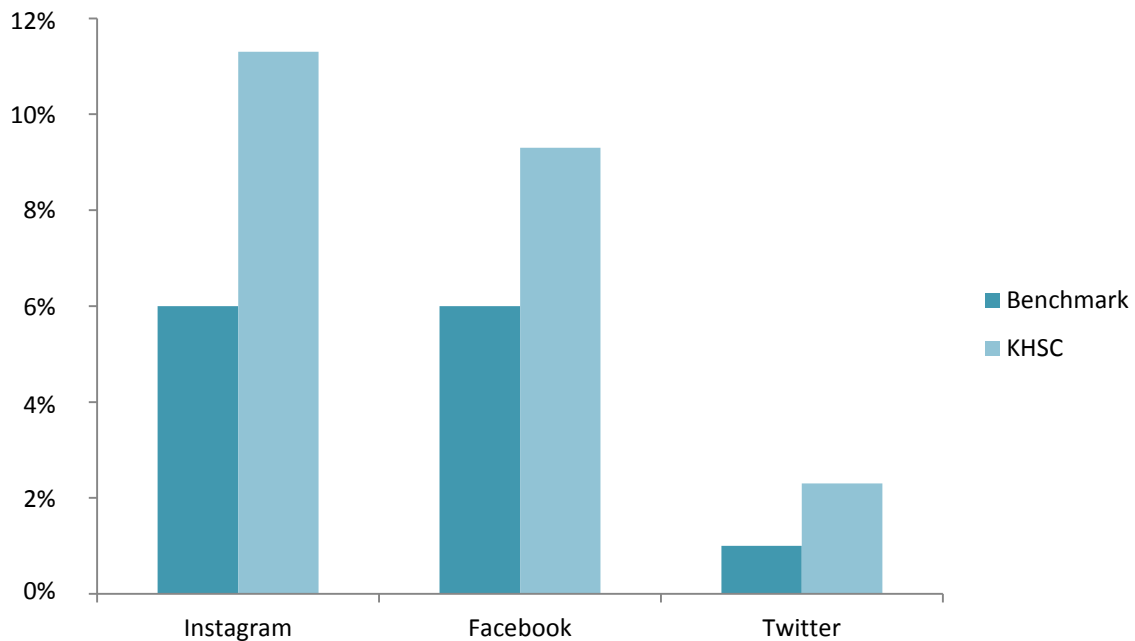
Social Media Performance in Q3

In Q3, Strategy Management and Communications continued its concerted effort to move toward providing a more visually engaging storytelling experience for KHSC’s social media audiences by being more people-focussed and creating a human connection between the organization and the communities it serves.

By developing content with which our followers connect, such as photo essays, this strategy has the goal of building relationships and increasing engagement. It is also in line with how audiences today prefer to consume information. In addition to focussing on engagement, impressions and reach are helping KHSC increase its brand awareness.

Industry professionals suggest that less than 1% = low engagement rate. Between 1% and 3.5% = average/good engagement rate. Between 3.5% and 6% = high engagement rate.¹ However, Twitter typically has a lower engagement rate with 1% considered high or very high engagement (this could be because it uses impressions, not reach, to measure engagement).

This quarter, our Facebook posts received on average a 9.3% engagement rate, our Twitter posts had an average engagement rate of 2.3%, and our Instagram posts saw an 11.3% engagement rate.



¹ <https://www.scrunch.com/blog/what-is-a-good-engagement-rate-on-instagram>

FACEBOOK

During Q3, our KHSC account saw steady growth and engagement, and added **271** new followers in Q3 for a total of **6,716** followers. Our posts this quarter had a reach of over **205,000**. Reach is measured by the number of 'unique' people who have seen a post. The post with the highest reach, 17.5K, was the one about the Code Orange. The post with the most engagements, 3,347, was the Halloween photo gallery.

Top 5 Facebook posts by engagement

1. Post: **Photo album of KHSC staff dressed up on Halloween**

Reach	Engagements	Engagement Rate
7,508	3,347	44.6%

2. Post: **Photo Essay: Meet the RACE team**

Reach	Engagements	Engagement Rate
4,046	1,725	42.6%



Photo Essay: Meet the RACE team
Meet the Rapid Assessment of Critical Event team – otherwise known as the RACE team: a mobile group of critical care professionals whose mandate it is to help any person, anytime, anywhere within the walls of KHSC's Kingston General Hospital (KGH) site in need of medical attention.

3. Post: **Photo Essay: New name, same big hearts**

Reach	Engagements	Engagement Rate
5,323	2,135	40%



Photo Essay: New name, same big hearts
The inter-professional care team on Connell 3, now called the Transitional Support Unit, worked with patients and families to name the unit, where care and support is provided for people who will transition from hospital to living environments that best meet their needs.

4. Post: **Santa Visit**



Reach	Engagements	Engagement Rate
5,605	1,887	33.8%

5.	Reach	Engagements	Engagement Rate
	2,373	668	27.9%
 <p>Photo Essay: One year, one hundred lives later Since its launch in November 2018, the A. Britton Smith QC Robotics program at Kingston Health Sciences Centre has changed the lives of more than one hundred patients in southeastern Ontario.</p>			

TWITTER

The posts on the @KingstonHSC Twitter account earned **180,595** total impressions this quarter. The post with the most impressions and engagements is also the post with the highest engagement rate below. Total impressions are measured by the number of times a tweet appears in users' timelines. This account also added approximately **147** new followers in Q3 for a total of **5,383** followers.

Top 5 Twitter posts by engagement

1.	Impressions	Engagements	Engagement Rate
	27,742	2,390	8.6%
 <p>Dr. Bishal Gyawali, clinical fellow at the Cancer Centre in #YGK & assistant prof. @queensu has been awarded the first-ever ASCO Global Oncology Young Investigator Award https://bit.ly/2EklhOu @oncology_bg @CancerCare_SE @ASCO</p>			
2.	Impressions	Engagements	Engagement Rate
	2,370	169	7.1%
 <p>Smiles are a sure sign of #puppy love, and these @Kingston4Paws #puppies were dishing it out to our hard-working resident #doctors yesterday during a #wellness event organized to spread some affection and comfort. #mykhsc #ygc</p>			

3. Post: Central Ambulance Communications Centre - Tetris Challenge

Impressions	Engagements	Engagement Rate
2,671	183	6.9%

4. Post: Toiletries Drive

Impressions	Engagements	Engagement Rate
1,913	124	6.5%

5. Post: Teddy Bear Campaign

Impressions	Engagements	Engagement Rate
1,744	105	6%

INSTAGRAM

This quarter, we began using our Instagram account to feature our People of KHSC profiles that celebrate individuals across KHSC who capture the spirit of caring deeply for patients, families and each other. During this time, our followers increased by **157** for a total of **1,226** followers. Our posts in Q3 had a reach of approximately **13,298**. The post with the highest reach, 2,155, and the most engagements, 268, is the People of KHSC profile of Sarah Hillcoat.

Top 5 Instagram posts by engagement

1.	Reach	Engagements	Engagement Rate
	1,000	184	18.4%



With the help of his friends in the Royal Canadian Air Force, Santa Claus paid an early visit to KHSC's KGH site to deliver some Christmas cheer as part of Operation Ho Ho Ho.

2.	Reach	Engagements	Engagement Rate
	767	118	15.3%



Dr. Damon Dagnone, an emergency department physician at KHSC was a People of KHSC profile, in which he communicated the value of a 'thank you' from patients.

3. Post: **Transitional Support Unit**

Reach	Engagements	Engagement Rate
707	108	15.2%

4. Post: **People of KHSC: Andre Roy**

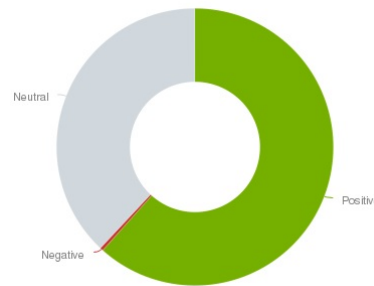
Reach	Engagements	Engagement Rate
728	97	13.3%

5. Post: **People of KHSC: Tony Correia**

Reach	Engagements	Engagement Rate
1,744	105	6%

Tone of Social Media Mentions

When monitoring the tone of the conversations that mention KHSC on social media, we also see that like our traditional media analysis this quarter, we received a very small number of negative comments (0.4 per cent). The majority of our mentions, 61.6 per cent, were positive in tone while 38 per cent were neutral. This is the ninth consecutive quarter in which we have seen a significant percentage of our mentions be either positive or neutral in nature. This is a considerable achievement and is an informal indication of a positive reputation the organization has amongst the communities we serve.



OTHER SOCIAL MEDIA ACCOUNTS

KHSC continues to see regular use of YouTube and LinkedIn channels, with all showing modest growth in Q3. Our following on LinkedIn has grown to approximately **8,000**. LinkedIn also continues to allow us to connect with a unique audience of talented individuals who may be interested in working at KHSC.

Corporate Websites Performance in Q3

KGH website

During Q3, the KGH corporate external website had almost **127,630 visitors** who generated almost **248,110 total page views**. Of those, just over **70,000 viewed the home page**, with the next most popular page being in the **External Job Opportunities landing page at approximately 15,750 page views**. In the fourth overall spot for page views was the **“Hospital Contact Information”** with just over **5,000 page views**. The news item that received the most number of page views at **367 views** was the story about the **2019 Exceptional Healer Award Nominations**.

HDH website

During Q3, the HDH website had **over 26,735 visitors** who generated **75,063 total page views**. Of those, **10,079 viewed the home page**, with the next most popular pages being in the **employees, programs and departments** sections of the site.

This will be the last report to include information for two external websites, as the integrated Kingstonsk.ca website launched Dec. 11, 2019.