

BOARD OF DIRECTORS - OPEN MEETING

Date: Monday, October 21, 2019
 Flu Vaccination: 1530 – 1600 hours available in the Centenary 2 meeting room
 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
1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, CONSENT AGENDA ITEMS & APPROVAL OF AGENDA						
1600	15 min	1.1	Call to Order, Confirmation of Quorum, Conflict of Interest Declarations	McCullough	Inform	Verbal
		1.2	Opening Value Statement: KHSC Mission, Vision & Values	McCullough	Share	Link
		1.3	Consent Agenda Items a) Approval of Board minutes August 21 & Sept 16, 2019 b) Board Education Update for 2019-20 Board Year c) 2019-20 Board & Committee Work Plans	McCullough	Decision	Briefing note
		1.4	Approval of Agenda	McCullough	Decision	Draft agenda
		1.5	Presentation by the International Brotherhood of Electrical Workers Local 115	McCullough/ Pichora Bill Pearse	Present	Verbal
2.0 PATIENT & FAMILY CENTRED CARE						
1615	10 min	2.1	Connected Care – Ontario Health Team Update	Pichora	Discuss	Briefing note
3.0 KEY DECISIONS						
1625	5 min	3.1	2019-20 OHA Board Effectiveness Survey	Hunter/Jones	Decision	Briefing note
4.0 REPORTING & PRESENTATIONS						
1635	10 min	4.1	KHSC President & CEO + External Environment Update • OHA CEO Connection – Pressing Need for a New Approach to Hospital and Health Services Funding	Pichora	Discuss	Written report + OHA update
1645	5 min	4.2	Medical Advisory Committee/Chief of Staff Report	Fitzpatrick	Discuss	Written report
1650	5 min	4.3	UHKF President & CEO Report	Zsolnay	Discuss	Written report
1655	10 min	4.4	Quarterly Performance Report: Q1 • Strategy Performance Index • Strategy Performance Indicators Report • Service Accountability Agreement Indicators Report	Pichora/Jones Committee Chairs	Discuss	Briefing note, SPI + reports Presentation @ meeting
5.0 BOARD COMMITTEE REPORTING						
1705	5 min	5.1	Patient Care & Quality Committee	McCullough	Inform	Verbal
1710	5 min	5.2	Governance Committee	Hunter	Inform	Verbal
1715	5 min	5.3	People, Finance & Audit Committee	Thesberg	Inform	Verbal

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Start	Time	Item	Topic	Lead	Purpose	Attachment
6.0 IN-CAMERA SEGMENT						
1720	5 min	6.1	Motion to Move In-Camera	McCullough	Inform	Verbal
10.0 REPORT ON IN-CAMERA MATTERS						
1825	5 min	10.1	Motion to Report on Decisions Approved In-Camera	McCullough	Inform	Verbal
		10.2	Date of Next Meeting & Termination			
11.0 OPEN FORUM						
<p>Opportunity for directors to reflect on how patients, families and the community were considered in today's discussions</p>						
12.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY						
13.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT						

BOARD OF DIRECTORS OPEN MEETING: OCTOBER 21, 2019

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held at the Hotel Dieu site on Monday, October 21, 2019 from 1600 to 1830 hours in the Henderson Board Room, Sydenham 2. The following are the open minutes.

Elected Members Present (voting): Alan Cosford, Anne Desgagnes, Brenda Hunter (phone), Michelle Lawford, Emily Leslie (phone), Sherri McCullough (Chair), David Pattenden (phone) and Axel Thesberg (phone).

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

Ex-officio Members Present (non-voting): Dr. Peggy DeJong, Mike McDonald and Dr. David Pichora.

Regrets: Dr. Michael Fitzpatrick David O'Toole, Glenn Vollebregt and Sandy Wilson.

Administrative Staff: Rhonda Abson (Recording Secretary), Amit Bansal, Elizabeth Bardon, Sandra Carlton, Brenda Carter, Troy Jones and Tom Zsolnay.

Guests: Jason Kish, President, International Brotherhood of Electrical Workers, Local 115 and Bill Pearse, Business Manager, IBEW Local 115

1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, AGENDA & MINUTES APPROVAL

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

Sherri McCullough called the meeting to order and confirmed that members joining by phone were able to hear the proceedings. The Chair recorded board member regrets for the meeting and confirmed quorum. No declarations of conflict were recorded. Attention was drawn to Notice of meeting as well as the CEO's report which outlined a number of upcoming KHSC events.

The date of the next KHSC Board meeting will be Monday, December 16, 2019 at 1600 hours at the HDH site in the Henderson Board Room.

On behalf of the KHSC Board, Sherri McCullough extended congratulations to the 4 youth and 11 adult volunteers who were recognized as recipients of the Ontario Volunteer Service Awards. She noted that the 15 volunteers being honoured have given more than 208 years of service!!!

The Chair also congratulated Sandra Carlton and her team for their efforts in coordinating this year's annual long-service dinner which was held on Thursday, October 17.

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The Canadian Medical Hall of Fame recognizes and celebrates Canadian heroes whose work has advanced health and inspires the pursuit of careers in health sciences. Earlier this month, KHSC received confirmation that the Venerable Jeanne Mance had been selected for this honour.

Tom Zsolnay, President and CEO of the University Hospitals Kingston Foundation, was formally introduced and welcomed by the KHSC Board to his new position.

1.2 Opening Value Statement: KHSC's Mission

The Chair reminded members of KHSC's Mission: *"We care for our patients, families and each other through everyday actions, significant moments and exciting breakthroughs."*

1.3 Approval of Consent Agenda Items

The Chair drew attention to the pre-circulated consent agenda and materials and reminded members that items circulated as part of consent can be moved to the open agenda.

Moved by David Pattenden, seconded by Anne Desgagnes:

THAT the following items are received and approved: minutes of the August 21, 2019 and September 16, 2019 KHSC Board; an update on the Board's annual education plan was received for the 2019-20 board year; and the 2019-20 Board and committee work plans are approved.

CARRIED

1.4 Approval of Agenda

Moved Michelle Lawford, seconded by Emily Leslie:

THAT the agenda be approved as circulated.

CARRIED

1.5 Presentation by the International Brotherhood of Electrical Workers Local 115

KHSC Board members welcomed Jason Kish, President and Bill Pearse, Business Manager, with the International Brotherhood of Electrical Workers Local 115. A cheque in the amount of \$25K was presented to the KHSC board on behalf of Local 115 of the International Brotherhood of Electrical Workers as their way of giving back to the community. Sherri McCullough asked Mr. Kish and Mr. Pearse to extend the Board's appreciation to their members for their support and dedication.

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2.0 PATIENT & FAMILY CENTRED CARE

2.1 Connected Care – Ontario Health Team Update

In advance of the meeting, a briefing on the current status of Ontario Health Teams was provided in the agenda package. The government has now delivered two additional announcements confirming the appointment of Jim Pine as a special advisor to the Minister to engage the municipal government, public health and emergency health services, in OHT work. The government has also released an advertisement on their public appointments website seeking a part-time Chair for the Patient and Family Advisory Council.

The Rural Frontenac Lennox and Addington (RFLA) Ontario Health Team continues to meet in preparation of seeking full application status as an Ontario Health Team. Based on population health data, the RFLA-OHT Steering Committee continues to discuss the key patient populations for Year 1 that will help to inform the framework for the next submission such as chronic obstructive pulmonary disease (COPD), palliative care, dementia care. Dr. David Pichora confirmed that Dr. Kim Morrison, Chief of Staff with the Lennox & Addington County General Hospital and co-lead of the RFLA-OHT Steering Committee, will join him at the invitation of the London Health Sciences Centre to visit of Blue Cross/Blue Shield in Rhode Island, where the focus will be on accountable care organizational structures.

Discussion focused briefly on governance structures. David Pichora noted that Anne Corbett joined members of the RFLA-OHT Steering Committee following the KHSC Board's education session held September 16 to talk about OHT structures and governance frameworks, as well as approaches to engagement, the need to develop guiding principles to support participation and the importance of building trust. While BLG LLP has provided sound, practical advice for OHT development, there is also an appreciation that it will take time to bring in primary care providers to play a key leadership role.

3.0 KEY DECISIONS

3.1 2019-20 OHA Board Effectiveness Survey

Brenda Hunter, Chair of the Governance Committee, drew attention to the recommendation to undertake the Ontario Hospital Association's board assessment survey. Page 5 of the briefing note outlines the deliverables and timing to complete the survey. The Governance Committee discussed the merits of peer to peer assessments and members felt more time was needed before undertaking this type of assessment. The Chair noted the importance of 100% participation in the upcoming survey.

Moved by Michelle Lawford, seconded by Sandy Wilson:

THAT, as recommended by the Governance Committee, the KHSC Board of Directors supports the implementation of the OHA Board Effectiveness Survey tool to be launched in early November.

CARRIED

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4.0 REPORTING & PRESENTATIONS

4.1 KHSC President and CEO & External Environment Update

The written report of the President and CEO was circulated in advance of the meeting. Appended to the CEO report was a copy of the recent OHA CEO Connection entitled “*Pressing need for new approach to hospital and health services funding*”. Dr. David Pichora highlighted the challenges that KHSC continues to experience with high patient volumes, increased levels of acuity and complexity, and an unprecedented occupancy levels. Clinical leaders continue to monitor flow and await the arrival of the flu season. Teams were also busy dealing with an influx of patients as part of Homecoming activities and a meeting will be arranged with the Principal and Provost to discuss the impact on KHSC. Discussion focused on the need to also engage at the secondary school level in terms of communications/impact that this activity has on health care delivery and access.

Additional points highlighted by Dr. Pichora included the update on Infrastructure Ontario and the posting of the Request for Proposal to procure services of a Planning, Design, Compliance (PDC) team who are expected to start work on writing the project specific output specifications in February 2020. KHSC has also filled the necessary follow up report with Accreditation Canada. As well, the government has announced additional funding for 66 small and 23 medium sized hospitals and the Perth Smiths Falls District Hospital, Brockville General, and Quinte Health Care Corporation have all received an allocation. Appended to the CEO Report was a copy of the Q1 media report.

Axel Thesberg joined the meeting at 1645 hours by phone.

4.2 Medical Advisory Committee / Chief of Staff Report

The written report of the Chief of Staff/MAC Chair was circulated in the agenda package. No further discussion.

4.3 UHKF President and CEO Report

Tom Zsolnay thanked members for the great welcome to Kingston and drew attention to his written report with a note of thanks to Karen Humphreys Blake, former CEO, who prepared much of the report. The Foundation has had a successful first quarter. Research work continues to identify new major donor prospects that will play a key role in supporting redevelopment projects in the next phase of the campaign. The next McCoy Passport to Health Tour will take place on November 12 and KHSC board members interested in participating should connect with the CEO's office.

4.4 Quarterly Performance Report: Q1

The Q1 briefing package included the Strategy Performance Index, Strategy Indicators Report, and the Service Accountability Agreement Indicators Report. Troy Jones, Chief Operating Officer, delivered the Q1 presentation to the Board. The Fiscal 2019-20 Strategy Performance Report now includes the Quality Improvement Plan indicators as well as the approved KHSC strategic plan. Board members were reminded of the Accreditation Standard requiring the governing body to receive reports about the organization's performance and quality of services; to ensure that a structure is in place to report quarterly performance publicly following board review; to demonstrate accountability for the quality of care while ensuring alignment with strategic goals and objectives; and to create a structure that embeds accountability for performance. As well, the Corporate Bylaws and Board policy ensures that performance metrics are established and monitored. For Q1, 13 of 15 or 87% of KHSC's strategy targets are on track and 3 of 4 or 75% of the quality improvement plan targets are on track.

At the September People, Finance & Audit Committee, management reported that 5 of the 6 (83%) strategy targets are on track for the ones the committee has oversight responsibility for. On behalf of Axel Thesberg, Committee Chair, Troy Jones provided an overview of the big win deliverables for the quarter as well as areas for monitoring including Fiscal 2020-21 budget planning in terms of cost and activity pressures as well as Ministry funding that remains unknown. Discussions also continue with Infrastructure Ontario regarding the redevelopment project and preparation of the final draft Memorandum of Understanding. Troy Jones confirmed that the Hospital Information System Request for Proposal selection process is still underway and work is now underway to complete the pricing evaluation. A regional HIS all-day retreat will take place on November 29 in preparation of materials for hospital to consider at upcoming board meetings. The Committee was also briefed on the recent staff and physician engagement survey results and Sandra Carlton, Joint Vice President and Chief Human Resource Officer, is working closely with Dr. Mike Fitzpatrick to roll the results out across the organization and prepare action plans to address concerns raised.

At the September Patient Care and Quality Committee, management reported 4 of 5 (80%) strategy targets are on track and, as noted earlier, 3 of 4 (75%) of the quality improvement plan targets are on track. Troy Jones provided an overview of the big win deliverables for the quarter noting that the main area for concern for the committee relates to emergency department wait times mainly attributed to high activity levels, admissions and alternate level of care patient flow challenges. On the learning side, a survey has been developed to support the KHSC education strategy.

At the September Governance Committee, management confirmed that 3 of 3 targets are on track. KHSC continues to participate on and work with partners in support of Ontario Health Team work; integration of the KGH and HDH legacy research institutes is underway; and engagement of physician leadership in philanthropy continues to move forward. Brenda Hunter, Chair of the Governance Committee, noted that OHT deliverables will take time appreciating the complexity.

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5.0 BOARD COMMITTEE REPORTING

5.1 Patient Care & Quality Committee

The Chair noted that two of the committee reports would be provided as part of the in-camera segment.

5.2 Governance Committee

Brenda Hunter confirmed that the Governance Committee update would be provided as part of the in-camera segment.

5.3 People, Finance & Audit Committee

Axel Thesberg confirmed that the draft September minutes were provided with the in-camera agenda including a recommendation for changes to the KHSC signing authority and banking resolution guidelines.

6.0 IN-CAMERA SEGMENT

6.1 Motion to Move In-Camera

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

Moved by Alan Cosford, seconded by Michelle Lawford:

THAT the Board move into an in-camera session.

CARRIED

10.0 REPORT ON IN-CAMERA MATTERS

The Chair reported on the following in-camera decision/discussion items: the board approved the in-camera board minutes from the August and September board meetings; the board received the final approved minutes from May and August committee meetings and the draft September committee minutes along with the financial planning package for August 2019; the board reaffirmed the KHSC signing authority and banking resolution; the board endorsed the appointment of Anne Desgagnes to the Patient Care and Quality Committee; the CEO provided further updates on the KHSC KGH redevelopment project; patient flow/occupancy level challenges; one-time funding for the KHSC@Home program; the financial implications relating to the Canadian Armed Forces reimbursement fee structure; consolidation opportunities for breast assessment screening and diagnostic services; information on emission tomography-computed tomography (PET/CT); updates on the Vice President/Vice Dean Research search and Department of Surgery Headship search were provided; partner updates included the South East Local Health Integration Network, Hospice

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Kingston, and Bayshore Health Care. The board approved a number of appointments and reappointments to the medical staff as well as a number of housestaff appointments and the board approved bylaw amendments and a board policy relating to the immediate past chair role. Brenda Hunter briefed the board on the work of the Governance Chairs at Providence Care and the University Hospitals Kingston Foundation regarding cross appointments; the approach to upcoming board tours was also provided; and the committee is actively searching for a community member with a chartered accountant designation to fill the current KHSC board vacancy.

The date of the next KHSC Board will be Monday, December 16, 2019 starting at 1600 hours at the HDH site in the Henderson Board Room. The meeting terminated 1825 hours on motion of Michele Lawford.

11.0 OPEN FORUM

The Chair invited members to reflect on how patients, families and the community were considered during today's deliberations – the quarterly report on patient feedback and the information provided as part of the patient safety and quality report. A number of topics outlined in both the CEO and COS reports.

12.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY

A brief session was held.

13.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT

No session was held.

Sherri McCullough
Chair

Briefing Note

Topic of Report:	CEO REPORT	For Decision
Submitted to:	Board of Directors – October 21, 2019 Medical Advisory Committee – November 12, 2019	For Discussion X For Information
Submitted by:	Dr. David R. Pichora, President and CEO	
Date submitted:	October 18, 2019	

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

Current State

1. Redevelopment Update

Infrastructure Ontario posted the Request for Proposal to procure services of a Planning, Design, Compliance (PDC) team on September 26th. We anticipate having the PDC team on board by the end of January 2020 and the process to begin writing the Project Specific Output Specifications (PSOS) will begin in February.

2. SMILE Cookie Day

Thanks to all who participated in this year's Smile Cookie Day! While the numbers are not finalized yet, it sounds like it has been another very successful fundraising event. UHKF will be sharing further information and a public announcement will be made next month. For the benefit of new Board members, during the week of September 16, all of the Kingston area Tim Horton stores direct proceeds from the sale of \$1 cookies to KHSC's neonatal intensive care unit.

3. Be the Change BBQ at KHSC

This year, KHSC held its first "Be the Change BBQ" at the HDH site on September 4 honouring Sister Evelyn Leonard who took a lead role in establishing the Partners in Mission Food Bank in 1984. Sister Leonard and her fellow Sisters rolled up their sleeves—and prompted churches, individuals and groups to do likewise—to organize a food collection at four city parishes in June 1984 and to set up a temporary food bank at the Sisters' Provincial House in Amherstview. In 1986, they collected close to 17,000 food items in their first annual food blitz, and Sister Leonard was named Citizen of the Year by the Kingston Chamber of Commerce. Traditionally, this mission-focused BBQ has been held in early September and the focus in future will be to celebrate the Sisters' legacy by profiling their many

contributions and social justice activities. This will help to foster our connection with the RHSJ in future. To learn more about the Foodbank visit: <https://www.kingstonfoodbank.ca/>

4. Canadian Patient Safety Week at KHSC – This Year’s Theme “#Conquer Silence”

Patient safety is a top priority for Kingston Health Sciences Centre (KHSC), and each person in our organization plays a key role in fostering and strengthening our culture of safety. A series of informative webinars and presentations were available to all who work at KHSC during Canadian Patient Safety Week (October 28 to November 1). A series of webinars are available to leaders focusing on the three types of silence in healthcare: organizational silence, patient-related silence, and provider to provider silence; as well as a webinar on creating a safe space which will include the launch of a toolkit for peer-to-peer support programs in healthcare. On Wednesday, October 30, a physician quality workshop and showcase will be held and includes a workshop on how to write and publish an academic quality improvement paper as well as a panel discussion with experts from Queen’s Health Quality Program. On Friday, November 1, a webinar will focus on adverse drug reactions and medical device incidents.

5. KHSC’s United Way Workplace Campaign

This year’s campaign goal for the KFL&A United Way is \$3.551M and the campaign chair is Scott Harris, Regional Deputy Commissioner with Correctional Service Canada. Over 53,000 members of our community are supported by the United Way through 42 agencies providing 64 programs. For KHSC, I want to recognize and thank Stacey Wolfrom, Operational Director of Women and Children’s Programs; Nicolas Axas, Program Manager, Mental Health and Addictions Services, Telemedicine Services and Social Work; and Kim Miller, Administrative Assistant/Mental Health Services, as KHSC’s United Way Workplace Campaign Chairs. Elizabeth Bardon continues to serve on the United Way’s Campaign Cabinet representing the health sector and Mike McDonald continues to keep the Executive team up-to-date and focused on our \$100K workplace goal! The United Way is one of KHSC’s two priority charities, the other being support for UHKF. KHSC partners with several organizations that are supported by the United Way; supporting this important cause is an indirect benefit to KHSC too.

6. Long Service Dinner Celebration

On October 17, Board Chair David O’Toole and Vice Chair Sherri McCullough will join me at this year’s annual long service dinner. Nearly 70 recipients will be in attendance marking 25 – 45 years of service and I, along with members of the Executive, look forward to celebrating with each and every member in attendance!

7. Patient Ombudsman Visit to KHSC

On September 5, Craig Thompson, Executive Director of Patient Ombudsman Office of Ontario, gave a presentation to a group of KHSC staff and Patient Experience Advisors to share more about their role in facilitating resolutions, investigating complaints and influencing system change. During his presentation, Mr. Thompson outlined some of the common themes of public hospital-based complaints and shared interesting statistics about the number of complaints resolved throughout the province.

Meghan McCourt, the Professional Practice leader in Social Work for KHSC, attended the presentation and was impressed with how Patient Ombudsman uses data to improve our care system. During the presentation it was noted that the role of the Ombudsman is not as a direct patient level advocate but

rather that they utilize their authority and reporting to advocate for change at a systems level which is critically important to advocacy-tackling improvements.

8. LifeSpeak Platform Launched ... KHSC's new Well-being Platform

At the end of last month, we launched a new well-being platform for all at KHSC. Staff, volunteers, physicians and their family members can access expert information on a wide range of topics, completely confidentially, on a 24x7 basis. It's a new way to keep all of us healthy, engaged and inspired! On November 20, staff can join in a session "Ask the Expert" which will focus on diabetes prevention and nutrition. Current topics/videos/podcasts available on the platform:

- Understanding Mental Illness in the Workplace
- Building Resilience
- Addiction: Understanding myths, intervention and beyond
- Put your self-care first
- What is anxiety disorder and when does it become a disorder?

9. SEAMO presents Dr. Liselotte Dyrbye, Director of the Physician Well-Being Program at the Mayo Clinic

On November 21, 2019, SEAMO will welcome Dr. Liselotte Dyrbye an internationally recognized expert in the field of physician, resident and medical student wellness. Dr. Dyrbye studies the prevalence, drivers and consequences of burnout as well as mitigating strategies. She co-developed the **Physician Well Being Index**, a brief self-assessment tool designed to identify the subset of health care workers in severe distress and most likely in need of individual interventions. I look forward to learning more about her important research.

10. Research Update – October 2019

The Gastrointestinal Diseases Research Unit

Research into the complex community of microbes in the gut (also known as "the microbiome") is showing that its influence on human health and disease is broader and more profound than previously thought. Researchers in KHSC's Gastrointestinal Diseases Research Unit (GIDRU) are expanding these frontiers in gut health with new funding, new research projects, and exciting developments in laboratory capability.

Newly funded research: Dr. Alan Lomax has been awarded \$800,000 from the Canadian Institutes of Health Research (CIHR) to study how the gut's own microbes could be used to treat the pain caused by inflammatory bowel disease (IBD). This five-year research project builds on his group's discovery in 2017 of a specific pain-relieving bacterium in the healthy bowel. Their aim is to develop more effective non-drug alternatives for managing the pain associated with IBD.

IBD pain is also the focus of a new research project by **Dr. Stephen Vanner**, Director of GIDRU. Crohn's and Colitis Canada awarded **Dr. Vanner** and collaborator **Dr. Nigel Bunnnett** at Columbia University \$375,000 to investigate the effectiveness of newly developed opioid compounds with minimal side effects to target specific pain-sensing nerves in IBD.

Ongoing research: Dr. Vanner and a number of GIDRU researchers are playing a significant role in the CIHR-funded IMAGINE project, Canada’s largest-ever study of bowel disease. They are looking at the connections between diet and the bacteria found in the gut. To date their study has recruited more than 400 local patients diagnosed with irritable bowel syndrome, Crohn’s disease and ulcerative colitis, as well as healthy volunteers. Ultimately they hope to track up to 700 individuals for five years, with an aim of developing better treatments for these diseases.

Future directions: The phenomenon of soldiers returning from deployments abroad with bowel problems is well known, but has not been systematically studied. **Dr. Vanner** and colleague **Dr. David Reed** are in discussions with the Canadian Armed Forces to establish a research program that would give them access to this large cohort of individuals to better understand the causes and mechanisms of these conditions. **Drs. Vanner, Reed, Lomax** and **Michael Blennerhassett** are also in discussions with a Canadian company around a cannabinoid-opioid research program.

New lab capability: Recent installation of mass spectrometry equipment has transformed the GIDRU lab in the W.J. Henderson Centre for Patient-Oriented Research (KGH site) into a state-of-the-art metabolomics facility. Research Associate **Dr. Martin Kaufman**, mass spectrometry specialist, will be working with postdoctoral fellow **Dr. Sean Bennet**, who is doing leading-edge research into the biomarkers and metabolites produced by gut bacteria, leading to better understanding of the mechanisms that cause bowel disease.

11. Principal’s Advisory Committee – Dean Search Update

The first meeting of the Principal’s Advisory Committee for the selection of the next Dean of the Faculty of Health Sciences was held at the end of July. As many Board members know, the Dean also serves as the CEO of the Southeastern Ontario Academic Medicine Organization. As such, serving as co-chairs of the Advisory Committee are Tom Harris, Queen’s Interim Provost and Vice Principal (Academic) and George Thomson, Board Chair of the Southeastern Ontario Academic Medical Organization – to learn more about SEAMO go to: www.seamo.ca.

12. KHSC’s Live Kidney Program

In 2017, the Live Kidney Donor Program was introduced at KHSC – a first of its kind for our region. As reported last May, there are around ten thousand patients in the province of Ontario who receive some form of dialysis and, in Kingston; 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. As of this past May, over 15 individuals have donated a kidney through our live donor program.

This past week, the Live Kidney Donor Program completed its first official ‘accreditation’ by Health Canada and received an overall rating of “C” ... for compliant! The report from Health Canada confirmed no critical risks and did identify areas that the team should focus on going forward. The KHSC team will submit a report addressing the areas identified by November 8, 2019. Congratulations to Lori Van Manen, Program Operational Director Renal Services and Palliative Care and Dr. Khaled Shamseddin, Director of the Kidney Transplant Program, and team members on this accomplishment – well done.

13. School Based Rehabilitation Services Program

On January 1, 2019, the responsibility for the existing school based rehabilitation program was transferred from South East Local Health Integration to Kingston Health Sciences Centre – KidsInclusive as part of Ontario's multi-step process to create a more seamless experience for children with special needs. Many of the Children's Treatment Centres in the province are moving toward a delivery approach that focuses on providing a more centralized and seamless experience as children transition to school and between services providers as well as ensure greater consistency of the service delivery approach appreciating that some organizations may have multi-agreements with a variety of providers.

Two agencies agreements were transferred from the LHIN to KHSC - Kaymar Rehabilitation and Communicare. KHSC leaders feel that KidsInclusive is well positioned to take the next step towards greater integration of rehabilitation services for children and youth and take on oversight accountability for these services. KHSC has corresponded with the two providers noted above confirming that, effective December 31, 2019, KHSC-KidsInclusive will be bringing these services in-house.

14. City of Kingston – Parking Adjustments

Overflow parking options are changing effective November 2019. Existing overflow parking at Waterfront lots and Richardson Beach lots will continue with added overflow parking permitted on Barrie Street and King Street. However, the City of Kingston has notified KHSC that, effective mid-November, overflow parking will no longer be available in City Park. As a reminder, for patients of the Cancer Centre, parking spaces on lower George Street are reserved from Monday to Friday at a cost of \$1.00 per hour or \$5.00 per day and a valid Cancer Centre patient permit must be displayed.

15. KHSC Website Integration Team Update

The Strategy Management and Communications office is in the process of connecting with various leaders and content coordinators who are responsible for the various sections of information contained on our legacy websites (www.hoteldieu.com and www.kgh.on.ca) to review and discuss further consolidation of information and to confirm information that will appear on the integrated site that is most relevant and up-to-date for our target audience – patients and family members. The Website Integration Team met with KHSC Patient and Family Advisory Council and our approach and engagement process was endorsed and support. KHSC's Patient Experience Advisors play a key role by ensuring that department/program information is patient-centred. Work on the new site is nearing completion and we will send the link along to the KHSC Board in the very near future.

16. Know the KHSC Codes

Important for all who work and volunteer at KHSC to be familiar with the various overhead codes you may hear at either our HDH or KGH sites. In the event of a major emergency, an information line for the public is established at 613-549-6666, Ext. 8134. The line is designed to provide patients, families and members of the community with accurate and timely updates. At the same time, this line also provides KHSC staff with a quick and easy means of responding to requests for information from patients and their families by transferring the call to the extension and allows staff to focus on the emergency event. As well, the CEO's office will normally provide KHSC board members with an email update at the first available opportunity.

Code 11 - Inmate Escape	Code Red - Fire
Code 99 - Medical Emergency	Code White - Violent / Behavioural Situation
Code Amber - Missing Abducted Child Infant	Code Yellow - Missing Person
Code Black - Bomb Threat - Suspicious Package	Flood Contingency Plan
Code Blue - Adult Cardiac Arrest	Loss of Communications
Code Brown - Hazardous Spill	Loss of Heat & Steam
Code Green - Evacuation	Loss of Information Technology
Code Grey - External Air Exclusion & Severe Weather	Loss of Potable Water
Code Orange - External Disaster	Loss of Power
Code Pink - Pediatric Cardiac Arrest	Loss of Medical Gases
Code Purple - Hostage Situation	
Code Silver Lockdown - Active Shooter/Dangerous Weapon Situation	

17. OHA Health Care Leadership Summit – September 4-6, 2019

Board Chair David O'Toole and I attended this year's session in Toronto. This year's theme "Thinking the unthinkable" focused on the importance of collaboration, leading transformation and putting patients at the centre of our system. Over 150 hospital CEOs and Board Chairs were in attendance to explore opportunities for innovation and trust. Opening this year's Summit was The Honourable Christine Elliott, Deputy Premier and Minister of Health. Participants also had an opportunity to chat with The Honourable Rod Phillips, Minister of Finance, as well as Deputy Minister Helen Angus. The message was clear – building strong working relationships with providers across the continuum of care has never been more important.

18. Weeneebayko Area Health Authority (WAHA)

The Weeneebayko Area Health Authority provides supports several communities in the eastern James Bay and Hudson Bay regions of the North providing a number of inpatient and outpatient programs and services by several care providers that make up this Health Authority - the Attawapiskat Hospital, Peawanuk Nursing Station, Fort Albany Hospital, Weeneebayko General Hospital, Kashechwan Nursing Station, and Moosonee Health Centre. WAHA is affiliated with Queen's University, the University of Toronto, and McMaster University.

Initiated in 1965, the Queen's Weeneebayko Program brings clinicians to the Mushkegowuk Territory and, in serious cases, patients are flown to the Kingston Health Sciences Centre for care. A number of physicians, surgeons, and anesthesiologists are based at the Weeneebayko General Hospital at Moose Factory and the program provides numerous visiting specialists in areas such as obstetrics, gynaecology, paediatrics, orthopaedics, internal medicine, ENT, urology, ophthalmology, neurology, nephrology, rheumatology, audiology, and radiology. Electives are offered through this program to third and fourth-year medical students and family medicine residents, and placements for nurses and nurse

practitioners can be arranged. Placements for students from other universities across Canada are co-ordinated with this program.

At the recent OHA Leadership Summit, David O'Toole and I had a chance to spend time with WAHA CEO Lynne Innes and Board Chair Ed Sackaney. KHSC has made a commitment to spend time with this health care partner in January 2020.

19. OHA Series: Board Chair at the Helm

At the OHA Leadership Summit, a new program was highlighted “Board Chair at the Helm” which will provide volunteer board chairs across the province with an opportunity to connect, share and learn about best governance practices and challenges. As the transformation of Ontario’s health system continues to unfold, hospital governance mandates and priorities are evolving. This new collaborative learning network provides for a series of themed peer collaborative networks currently focused in the following areas:

- Having the right CEO at all times
- Strengthening board composition because every board seat counts
- Exploring collaborative governance to support health system integration

At this time, the OHA is promoting “Every Seat Counts – Strengthening Board Recruitment, Composition and Culture” which includes six modules focused on assessing board and director performance (October 24); influencing and shaping board culture (November 28); patient representation and clinical representation on the board (January 23); board terms, rogue directors and underperforming directors (February 27); deliberate strategies for board recruitment (March 26); and owning board development and sharpening retreat agendas (April 23). Each “virtual conversation” runs from 0830 to 0915 hours.

The final session in this series will focus on integration: “Health System Integration: Toward Collaborative Governance” and the following virtual conversations will take place from 1600 – 1715 hours and focus on: governance approaches and processes for integration (October 28); the pivotal role of primary care physicians in integration (November 18); building the capacity to collaborate with trust (December 11); exploring governance models (January 27); and financial implications of health system integration (February 10).

Both of the above noted streams are available to Board Chairs and Vice Chairs.

20. New College of Physician and Surgeons of Ontario Policies on Continuity of Care

After a six-month consultation period, the CPSO recently released four inter-related policies on continuity of care covering four areas: care availability and coverage; managing test results; managing transitions in care; and walk-in clinics. The CPSO has also released a companion document “Advice to the Profession, Continuity of Care” that helps physicians understand and apply the CPSO’s expectations on continuity of care.

The CPSO has implemented a formal transition period to allow physicians to align with any new expectations that were not previously set out in policy or where there has been a substantial change in the expectation (transition period will end on October 20, 2019). The Ontario Medical Association (OMA) has also developed resources to help physicians understand and implement the new policies.

21. Co-Designing Solutions to Long-term Challenges

In the OHA's recent "CEO Connection", CEO Anthony Dale highlights the need for providers to focus on systemic issues that must be addressed in terms of patient flow. The OHA has embarked on a process to develop ideas that could inform the design of a new model for the administration and delivery of home and community care in a post-LHIN era. By providing more direct relationships between hospitals and home and community providers, the OHA is confident that this will provide for a more patient-centred, innovative, flexible and efficient care delivery system. The project that is currently underway will provide government with suggestions for reform while remaining flexible enough to adapt to the changing environment, particularly in relation to Ontario Health Teams. The Advisory Group has set an ambitious target to develop the proposed new model by the end of the current year.

22. Learning About Accountable Care Organizations

Dr. Kim Morrison, COS from the Lennox and Addington County General Hospital will be joining me on a trip to Providence, Rhode Island next week, along with London Health Sciences Centre CEO, Dr. Paul Woods, and others healthcare leaders from the London/Windsor corridor, to learn more about accountable care organizations. We have a full day with the **Blue Cross/Blue Shield** organization and I look forward to reporting back to the Board on return.

23. Ministry of Health Reorganization

In early September, the Ministry of Health announced a series of changes to its organizational structure. A series of divisional changes to support this realignment are as follows:

- Capacity Planning and Capital is now Capital Planning and Analytics – ADM Michael Hillmer
- Digital Health Secretariat now Digital Health – ADM Greg Hein
- Strategic Implementation now Health Transformation – ADM Sean Court
- Hospital and Emergency Services now Hospitals and Capital – ADM Mike Heenan
- Strategic Policy and Planning now Strategic Policy, Planning and French Language Services – ADM Patrick Dicerni
- Two new divisions announced: Mental Health and Addictions – ADM Karen Glass and Ontario Health Teams ADM Phil Graham

A copy of the updated organizational chart: [click here](#)

24. Health Minister Hires Special Advisor to Work with Communities

On October 10, Ontario Health Minister Christine Elliott announced the appointment of Jim Pine, CAO for the County of Hastings, to engage with communities across the province about the plans to merge the province's public health units. The original plans were to amalgamate the province's 35 health units into 10 larger agencies by 2020-21 to save back office costs and duplication. This past August, Premier Ford announced a phased-in approach in the funding model for public health that would see municipalities cover 30% of public health costs.

25. Department of National Defence – Global News

Earlier this month, Global News ran a story relating to the federal government's changes to the fee structure for reimbursement of medical services to hospitals for military members. Under the Canada

Health Act and provincial health acts, military members are not eligible for public health coverage under provincial plans. Instead, the federal government is responsible for providing comparable medical care to all members. KHSC continues to work with the Ontario Hospital Association and government regarding this file.

26. Consultations Underway – New Public Sector Benefits Pooling Model

On October 9, the government has announced that consultations are underway on a new benefits pooling model for the broader public sector. The OHA advised member hospitals that it was not consulted prior to the announcement by Treasury Board and there have been no details communicated about government's proposed benefits model or the consultation process at this time.

In May 2019 the OHA released its Benefits Best Practices Study, the result of work initiated by the OHA Board of Directors in September 2018 to address member concerns around the sustainability of hospital employee group benefits delivery. Since the release of the Study, the OHA has consulted with CEOs as well as HR and Finance leaders to obtain direct feedback and identify potential future directions. The OHA is in the midst of developing recommendations for the OHA Board in order to develop a hospital-driven solution that is tailored to the needs of our sector. The OHA will monitor any developments related to the government's announcement.

27. CIHI Release: Hospital Harm Results

On October 24, 2019, CIHI will be publicly releasing the 2018-19 Hospital Harm results which will include only aggregated national-level results. The overall rate of hospital harm, and the distribution of harmful events across the four categories of harm and the 31 clinical groups will be published in data tables on CIHI's Hospital Harm website.

28. Legislative & Regulatory Update

- On August 22, 2019, the provincial government filed amendments to **Regulation 965** (Hospital Management) under the **Public Hospitals Act** which will take effect October 1, 2019. The amendments are aimed at eliminating duplicative pre-operative history, physical and assessment by family physicians, as medically unnecessary based on the provincial Appropriateness Working Group's (AWG) recommendations. The AWG was established as part of the February 2019 Kaplan Board of Arbitration Award between the government and the Ontario Medical Association (OMA). Among the 11 recommended updates to tests and procedures, the regulatory amendments are being made in conjunction with the delisting of A903 and A904 (Pre-Operative General Assessments) from the OHIP Schedule of Benefits. The OHA has recommended that hospitals review existing policies related to pre-operative assessments to ensure consistency with the amended Regulation and the revised OHIP Schedule of Benefits.
- On September 18, 2019, the Honourable Christine Elliott issued an Order under the **Health Protection and Promotion Act**, requiring public hospitals to provide the Chief Medical Officer of Health with any statistical, non-identifying information related to incidences of vaping-related severe pulmonary disease. The government has noted that this information, not previously available to the Ministry of Health, will be used to engage with experts to identify evidence-based solutions to protect youth from the potential dangers of vaping. The Ministry of Health issued a memo and the

signed Order to hospitals providing additional details following this recent announcement, including an effective date of September 23, 2019.

- New regulations requiring hospitals to report serious adverse drug reactions (ADRs) and medical device incidents (MDIs) to Health Canada will come into force on December 16, 2019. Under the regulations, all hospitals are required to report serious ADRs and MDIs to Health Canada. The section C.01.020(4) of the **Food and Drug Regulations** and section 61(4) of the **Medical Devices Regulations** define a hospital as a facility that:
 - is licensed, approved or designated as a hospital by a province or territory, in accordance with the laws of the province or territory, to provide care or treatment to persons suffering from any form of disease or illness; or
 - is operated by the Government of Canada and provides health services to in-patients.Hospitals are to develop and maintain internal policies and procedures and provide staff training in order to comply with the mandatory reporting requirement. The procedures should provide for a standard process to identify reportable events in a timely fashion and be effective in compiling the information necessary for a complete report. Incorporating how follow-up requests from Health Canada will be addressed would also be included in the process.
- Recent amendments to regulations under the federal **Cannabis Act** have set out the rules for the legal production and sale of new cannabis products – edible cannabis, cannabis extracts and cannabis topicals. This regulatory change is in keeping with the federal government’s ongoing work around the legalization of recreational cannabis use. The amendments are aimed at reducing the health-related risks of new cannabis products while also ensuring access to a broad diversity of these products to help displace to the illegal market. The government has developed rules to regulate various elements of these products, including the THC1 limit, added ingredients (for example, nicotine or caffeine), packaging, labelling and marketing processes. The amended regulations will come into effect on October 17, 2019, with a 60-day notice to Health Canada required of all federal licence holders who intend to make these new products available for sale. As such, it is anticipated that a selection of new cannabis products will appear in physical and online stores no earlier than mid-December 2019. The OHA has encouraged member hospitals to review current workplace policies and procedures to ensure that the changes noted above have been considered.

29. Mission Moments

2019 Hotel Dieu Mission Awards - The Jeanne Mance Award (individual achievement) and Jerome Le Royer Award (team achievement) honour those who are considered exemplary in living the HDH Mission and Values in their work at our HDH site. The awards continue a respected tradition in the culture of the HDH site, while also providing an opportunity for members of the larger KHSC family to be recognized in a very meaningful way. Nominations closed earlier this month and now we have the difficult task of selecting recipients for this year’s recognition (to take place on November 6 at 1400 hours at KHSC’s annual Mission Awards event).

Canadian Medical Hall of Fame - six Canadian medical heroes are inducted annually to the Canadian Medical Hall of Fame. Individuals are selected based on a single meritorious contribution or a lifetime of superior accomplishments. Pioneers in their field, they are role models of excellence in health in

Canada and the world. Earlier this month, the Canadian Medical Association announced the 2020 Inductees and I am pleased to report that the Venerable Jeanne Mance is one of this year's recipients. Recognition will take place at this year's event in Vancouver on April 17, 2020.

Annual Coat Drive - donations of warm coats, socks, mitts, hats and blankets – you can drop items during regular business hours during the week at the bin located at the Sydenham Street entrance of the HDH site and at the Information Desk in the main lobby at the KGH site.

Mission Moment: KHSC Staff Member Marcel Cernik ... Thank you

On May 30th, I experienced a very stressful day at work. To top things off I went to my car with a flat tire and had arrangements to meet my mom who is 92.

Marcel came to my rescue. He changed my tire ensured I was okay. My day went much better and I was able to meet my mom, thanks to Marcel.

I would like Marcel to know how grateful that I am for everything he done. He made it possible for me to meet my mom in a timely fashion and was enable to make it to work the next day with no hassle.

Marcel deserves a special thank you.

Irene Hepburn

30. Upcoming Events, Conferences & Calendar Dates

- **Catholic Healthcare: Living our Mission – CHAO 2019 Convention & AGM** - joining me at this year's Catholic Healthcare Association of Ontario annual conference are HDH Board Chair Caroline Manley, KHSC Vice Chair Axel Thesberg, and VP Missions, Strategy and Support Services, Elizabeth Bardon. This year's theme is "Building and Sustaining a Value Based Culture" and will take place in Toronto on October 24 and 25.
- **Skeletal Observation Lab Official Opening – Lecture – on Wednesday, October 23**, at 1200 noon in the Human Mobility Research Centre at HDH Site. Board members interested in attending, please meet at the volunteer desk at the main entrance.
- **KHSC Volunteer Services to HDH Site fundraiser at the Domino Theatre on Wednesday, October 30**, doors open at 1830 hours/curtain time at 1930 hours. Tickets available for purchase in the HDH main lobby from 1100 to 1300 hours at a cost of \$25.00 each. All proceeds go to the KHSC Volunteer Services to Hotel Dieu site to help purchase hospital equipment.
- **BMO Announcement in Support of Redevelopment** – join us on **Thursday, October 31** at 1030 hours in the Watkins 2 Lobby at the KGH Site.
- **McCoy Passport to Healthcare Tour** – the next one will leave Providence Care Hospital at 1500 hours on **Tuesday, November 12**. Further details will be provided to your calendars closer to the date in terms of locations for this tour.
- **KHSC Teddy Bear Launch** – will take place on **Wednesday, November 13**, in the Watkins 2 lobby at the KGH site at 1100 hours. Proceeds to benefit the KGH Auxiliary who hope to raise \$25K to purchase end tidal CO2 monitors.

- On **Friday, November 15**, representatives from **Scotiabank** will be making an announcement at the KGH Site, Kidd 5 Sunroom, to support of the NICU at 1000 hours.
- **KGH Auxiliary Christmas Bazaar 2019** – will be held on **Wednesday, November 27**, from 0930 to 1330 hours in the Environmental Exposure Unit on Connell 3.

31. Q1 Media Report

The Q1 KHSC Media Report has been appended to my report.

Respectfully submitted



Dr. David R. Pichora
President and Chief Executive Officer

fiscal
2019-2020 **Q1**
First quarter ended June 30, 2019

KHSC **this** quarter



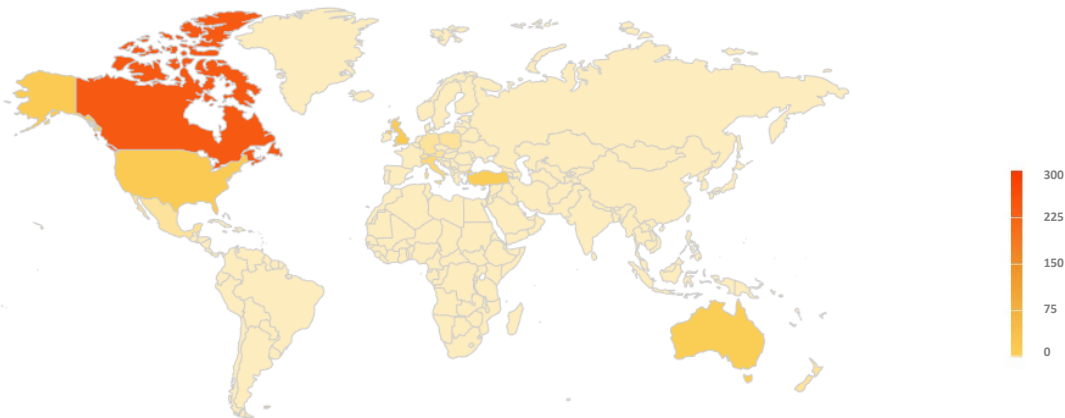
Media Report

MEDIA OVERVIEW

The data compiled for this report was collected between **April 1, 2019 and June 30, 2019**. During Q1, **KHSC was mentioned in 277 stories** that were tracked across local, provincial and national media. This is a 29 per cent increase over the previous quarter, and above our average of 225 media stories per-quarter for the past several years. Sustaining and increasing the amount of media coverage we receive is important as we grow the brand and reputation of Kingston Health Sciences Centre.

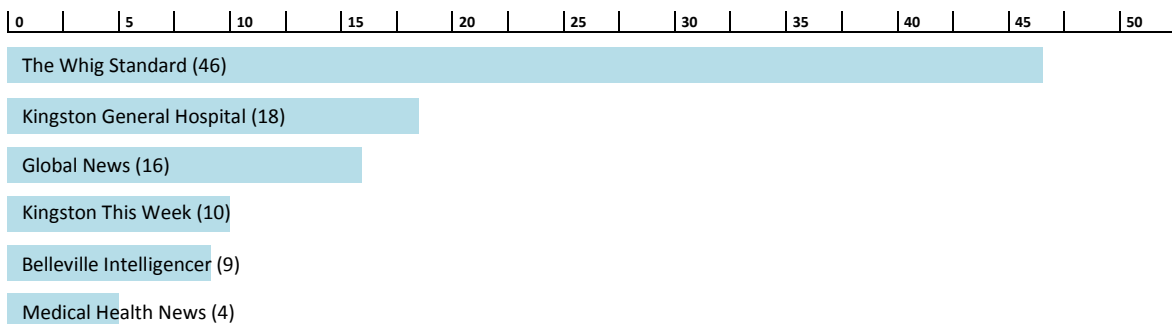
Breadth of news coverage

News outlets around the world mentioned KHSC in Q1. While most of our media mentions originate from Canadian news outlets (**80%**), we also appeared five times in stories published by **United States** news outlets, seven times in the **United Kingdom** and four times by news outlets in **Turkey**. Stories appeared also in **Australia, Germany, Italy, Mexico** and **New Zealand** this quarter.



Top news sources

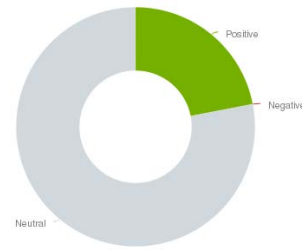
While international media coverage is valuable, our efforts continue to focus on news coverage from our local media outlets. These local news organizations serve as an important link with the community we serve. As you can see below, our top news sources this quarter, as determined by the total number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



Please note: Kingston General Hospital refers to the news that is produced by the Strategy Management and Communications (SMC) team and posted to our corporate website. Medical Health News is a health news aggregator from Amsterdam, Netherlands.

Tone of news coverage

Of the approximately 277 stories that appeared in the media this quarter, **22 per cent were positive** in tone, **78 per cent were neutral** in tone, and **none were negative**. Our Q1 results remain well in line with the trends we have seen over the course of the last several years with KHSC receiving very little negative media coverage.



Value of news coverage

According to our Meltwater media monitoring platform, KHSC's traditional media efforts in Q1 are estimated to be worth nearly **\$1.12 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 22 per cent of our media coverage this quarter was positive in tone, our traditional media activities generated **\$246,641 worth of positive profile** for KHSC in Q1.

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. Some highlights of our biggest stories this quarter include:

Mental Health program wellness activities

In response to a KHSC story posted to our external website and social media channels in June, the Whig Standard published its own story about the new therapeutic programming being offered to patients in the Mental Health program. Programming by dietitians, spiritual care workers, and community partners such as Peer Support South East Ontario are helping people prevent associated illness, and develop coping strategies that support their individual journeys to recovery. Dr. Adriana Carvalhal, James Graham and Melanie Darling were interviewed.



Superheroes day

In what's become an annual tradition at KHSC, superheroes from Elite Windows swung by to bring smiles to the faces of our pediatric patients on June 27. The window washing crew dressed up as some of our favourite superheroes while they cleaned the windows of our KGH site's Kidd wing. Once again the SMC team facilitated media access for reporters with stories appearing in the Whig-Standard, Global TV and the Kingstonist.



Indigenous art installation

Media were invited in June to the Cancer Centre of Southeastern Ontario's unveiling of a new Indigenous art installation and a giant dream catcher. Ashley Hendry was interviewed by Global TV and spoke about the installation's aim to help further create a culturally safe space for Indigenous patients. Carol Anne Maracle, a former patient and now the centre's patient experience advisor, was also interviewed about her experience with the project.



KHSC launches new robot-assisted surgical program

The Whig Standard and Global covered the announcement in April about the official launch, last November, of the A. Britton Smith Q.C. Robotics Program, which at the time of the announcement had performed more than 20 robotic-assisted colon and prostate cancer, and general surgeries. Dr. Rob Siemens and patient David Bailey were interviewed about the benefits of minimally invasive surgeries i.e. smaller incisions and quicker recovery.



Other stories proactively shared with the community in Q1 that gained media coverage:

- **Celebrating 25 years of midwifery**
- **Kingston's living kidney donors celebrated at awards ceremony**
- **KHSC officially opens second MRI**
- **The magic of simulation: World-first collaboration rewards patients, clinical teams alike**
- **Unique glaucoma guidelines take straight aim at the "silent thief"**
- **A successful 'KidsInclusive' event raises over \$50,000**

ISSUES MANAGEMENT

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.

Transitional Care Unit

On June 14, the Whig-Standard published an article about Bayshore HealthCare's plans to cancel its Alternate Level of Care Transitional Care Unit partnership with Kingston Health Sciences Centre (KHSC), effective August 9, 2019, due to "lack of ongoing program funding." On June 7, KHSC received Bayshore's formal notice of the program's cancelation. The article quotes a Bayshore personal support worker, and was based on an email sent to employees June 13. SMC worked with KHSC's Director of Integrated Care to develop an Issue Note on the topic that consolidated key facts and identified key messages that could be used internally, and externally, should KHSC receive a media request.

Ontario Budget

On April 15, KHSC received a media request from Global to comment on how the provincial budget may impact KHSC's redevelopment project. As the Ontario budget was only released a few days prior, KHSC was still awaiting more detailed information from the Province. As a result, we declined an on-camera interview, and did not provide an official statement. SMC worked with the VP of Planning to develop an Issue Note that consolidated key facts about redevelopment and identified key messages that could be used when more budget details were known.

Gun Laws

Queen's Faculty of Health Sciences alerted SMC to a 'Day of Action' event that took place across Canada on April 3, and was planned by an organization called Canadian Doctors for Protection from Guns (CDPG). Kingston activities, led by Dr. Chris Evans, started in the atrium at Queen's School of Medicine and ended with the group of supporters 'marching' over to KGH to put a letter to the Prime Minister, in support of the swift passing of Bill C-71, in the mailbox at the Stuart St. main entrance. While KHSC did not expect to proactively speak on the issue, SMC developed an Issue Note that consolidated key facts about the event and identified key messages that could be used to draft a statement, if asked for one.

OTHER MEDIA OF NOTE

KHSC was mentioned in the following stories in Q1. They were not, however, initiated through specific earned media activities.

Patient with rare disease pleads for life-saving drug funding

In June, Dr. Anne Ellis was interviewed by CBC News' Amanda Pfeffer about her involvement in one of her patient's pleas for drug funding to treat his rare autoimmune disease. Dr. Ellis commented on applying to the Ontario government to have her patient covered, appealing its decision not to cover, and then successfully getting the drug manufacturer to pay for one year of treatment on humanitarian grounds. The SMC team facilitated the interview and subsequent fact-checking.



'This is on a scale that's never been attempted before'

Dr. Stephen Vanner, Director of KHSC's Gastrointestinal Diseases Research Unit was interviewed by the Whig-Standard in June about his part in "a national study that is one of the largest studies, if not the largest, in the world that is geared towards understanding the relationship between our diet, the microbiome, and how they interact and can signal to the brain to influence symptoms that we have related not only to gut dysfunction, pain, and altered bowel habit, but also to impact our overall sense of well-being, including feelings of anxiety and depression."

Study of teens with eating disorders compares substance users and non-users

Numerous international medical journals ran this story in May about a paper co-authored by associate professor of psychiatry Sarosh Khalid-Khan and her team at Queen's University and Hotel Dieu Hospital at the Kingston Health Sciences Centre that found that those who use substances are more likely to have bulimia nervosa or anorexia nervosa binge/purge subtype.

The gender sleep gap: New survey reveals why women can't sleep

Dr. Helen Driver, who leads KHSC's Sleep Lab, was quoted in an article that appeared in April in The Sunday Times' Style section about a survey it commissioned of 1162 women that revealed that more than half (52%) of women rate their sleep quality as bad or very bad.

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 Q1

In Q1, 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 developing content with which our followers connect, this strategy has the goal of building relationships and increasing engagement. Industry best practices 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.



This quarter, our Facebook posts received on average a 14.3% engagement rate, and our Twitter posts had an average engagement rate of 1.3%.

In addition to focussing on engagement, impressions and reach are helping KHSC increase its brand awareness.

FACEBOOK

During Q1, our KHSC page saw steady growth and engagement and added **328** new followers in Q1 for a total of **5,954** followers. Our posts this quarter had a total reach of approximately **134,378**. The post with the most impressions, 18.2K, was the one about Ambulance Communications Officers.



Top 5 Facebook posts by engagement

1.	Impressions	Engagements	Engagement Rate
	4,635	2,466	53%
 <p>Album: KHSC Operating Room Nurses A warm welcome to Nicole Madden, Colleen Marcotte, Katherine Dowker and Lisa Peters, who started in the ORs at the beginning of #NursingWeek2019, May 6.</p>			
2.	Impressions	Engagements	Engagement Rate
	18,195	7,900	43%
 <p>Over the phone an Ambulance Communications Officer can talk you through delivering a baby, performing CPR or preventing someone from choking to death. ACOs are unseen heroes in health care and this National Public Safety Telecommunicators Week we celebrate the 30 ACOs of KHSC's Kingston Central Ambulance Communications Centre. When we need it most, you are the skilled, calm and compassionate presence at the end of line. Thank you. READ MORE: https://bit.ly/2GhcMFB</p>			
3.	Post: Superheroes		
	Impressions	Engagements	Engagement Rate
4.	Post: Lab Week		
	Impressions	Engagements	Engagement Rate
5.	Post: Strawberry Social		
	Impressions	Engagements	Engagement Rate

TWITTER

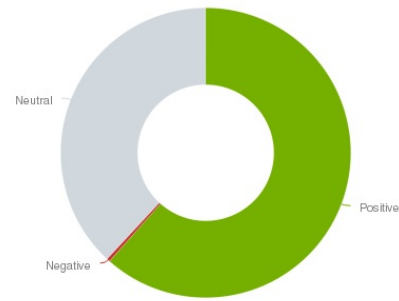
The @KingstonHSC twitter account earned **140,200** total impressions this quarter. The post with the most impressions, 14.4K, was the one about superhero window washers. Total impressions are measured by the number of times a tweet or piece of content appears in one of our users' timelines. This account also added approximately **82** new followers in Q1 for a total of close to **5,189** followers.

Top 5 Twitter posts by engagement

1.	Impressions	Engagements	Engagement Rate	
	1,452	150	10.3%	
		Changing lives for the better, one waggy-tail and slurpy-kiss at a time. "Paws" a minute this week to thank the Therapy Dogs at #yghHSC in #ygh! #NationalVolunteerWeek #NVW2019		
2.	Impressions	Engagements	Engagement Rate	
	3,117	241	7.7%	
		To all the #yghHSC #nurses , have a great #NursingWeek , and thank you for all you do to provide our patients with the best care. In celebration of #NationalNursingWeek , here's a story about @KingstonHSC 's first on-site Operating Room nurse training: http://www.kgh.on.ca/kghconnect/news/full-site-nurse-training-first-khsc...		
3.	Post: Lab Week			
	Impressions	Engagements	Engagement Rate	
		2,102	140	6.7%
4.	Post: Superheroes			
	Impressions	Engagements	Engagement Rate	
		14,391	936	6.5%
5.	Post: Robotics-assisted Surgical Program			
	Impressions	Engagements	Engagement Rate	
		3,587	235	6.5%

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, we receive a very small number of negative comments (0.38 per cent this quarter). The majority of our mentions, 62 per cent, were positive in tone while 38 per cent were neutral. This is the seventh consecutive quarter in which we have seen a significant percentage of our mentions be positive 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 our Instagram, YouTube and LinkedIn channels, with all showing modest growth in Q1. 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 Q1

KGH website

During Q1, the KGH corporate external website had over **77,300 visitors** who generated almost **275,200 total page views**. Of those, just over **63,880 viewed the home page**, with the next most popular pages being in the **“Working and Volunteering”** section of the site at approximately **31,000 page views**. In the fourth overall spot for page views was the **“Hospital Contact Information”** with just over **6,600 page views**. The news homepage had **1,425 page views**.

HDH website

During Q1, the HDH website had over **33,410 visitors** who generated **93,485 total page views**. Of those, **12,623 viewed the home page**, with the next most popular pages being in the **employees, programs and departments** sections of the site.