

BOARD OF DIRECTORS – OPEN MEETING

Date: Monday, March 11, 2019
 Meeting: 1600 – 1830 hours
 Location: HDH 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, AGENDA & MINUTES APPROVAL						
1600	5 min	1.1	Call To Order, Confirmation of Quorum & Conflict of Interest	O'Toole	Confirm	Verbal
		1.2	Approval of Agenda	O'Toole	Decision	Draft agenda
		1.3	Approval of Draft Minutes – February 11, 2019	O'Toole	Decision	Draft minutes
2.0 PATIENT & FAMILY CENTRED CARE						
1605	5 min	2.1	Community Partners Update	McCullough/ McDonald	Update	Presentation
1610	5 min	2.2	Transitional Care Unit Update	McCullough/ Crawford	Update	Presentation + Link
3.0 KEY DECISIONS						
1615	10 min	3.1	2019-20 HSAA & MSAA Agreements	O'Toole	Decision	Briefing note + agreements
4.0 REPORTING & PRESENTATIONS						
1625	10 min	4.1	KHSC President & CEO Report & External Environment	Pichora	Discuss	Written report
1635	5 min	4.2	UHKF Interim President & CEO Report	Humphreys Blake	Discuss	Written report
1640	5 min	4.3	Medical Advisory Committee/Chief of Staff Report	Fitzpatrick	Discuss	Written report
1645	5 min	4.4	Medical Staff Association Report	Jin	Discuss	Verbal
1650	15 min	4.5	Quarterly Performance Report: Q3 <ul style="list-style-type: none"> • Strategy Performance Indicators Report • Quality Improvement Plan Indicators Report • Service Accountability Agreement Indicators Report 	Pichora/Carter KHSC Board Committee Chairs	Discuss	Briefing note Presentation @ meeting
5.0 BOARD COMMITTEE REPORTING						
1705	5 min	5.1	Patient Care, Quality & People Committee	McCullough	Inform	Verbal
1710	5 min	5.2	Governance Committee	Hunter	Inform	Verbal
1715	5 min	5.3	Finance & Audit Committee	O'Toole	Inform	Verbal
6.0 GENERATIVE DISCUSSION – OPEN FOR DISCUSSION						
1720	15 min	6.1	Ontario Health Teams – Implications for KHSC	O'Toole/ Pichora	Discuss	Verbal

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7.0 IN-CAMERA SEGMENT						
1735	5 min	7.1	Motion to Move In-Camera	O'Toole	Inform	Verbal
11.0 REPORT ON IN-CAMERA MATTERS						
1825	5 min	11.1	Motion to Report on Decisions Approved In-Camera	O'Toole	Inform	Verbal
		11.2	Date of Next Meeting & Termination			
12.0 OPEN FORUM						
Opportunity for directors to reflect on how patients, families and the community were considered in today's discussions						
13.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY						
14.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT						

BOARD OF DIRECTORS OPEN MEETING: MARCH 11, 2019

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held at the Hotel Dieu site on Monday, March 11, 2019 from 1600 to 1845 hours in the Henderson Board Room, Sydenham 2. The following are the open minutes.

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

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

Ex-officio Members Present (non-voting): Silvie Crawford, Dr. Michael Fitzpatrick, Dr. Al Jin, Dr. David Pichora.

Regrets: Axel Thesberg.

Administrative Staff: Amit Bansal, Sandra Carlton, Brenda Carter, Beverley Carty (Recording Secretary), Karen Humphreys-Blake; Mike McDonald, Steve Miller, Krista Wells Pearce,

Guests: Bill Pearce, Union Local President, Electricians, IBEW
Ron Grice, Union Local President, Millwrights, Local 1410

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

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

David O'Toole introduced and welcomed Amit Bansal, as the new Chief Financial Officer for the Kingston Health Sciences Centre who joined the team on February 19, 2019.

David O'Toole called the meeting to order and confirmed quorum. No declarations of conflict were recorded in relation to the open agenda.

The date of the next KHSC Board meeting is Monday, April 8, 2019 at 1600 hours at the HDH site in the Henderson Board Room.

1.2 Approval of Agenda

Moved by Alan Cosford, seconded by Sandy Wilson:

THAT the open agenda be approved as circulated.

CARRIED

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1.4 Approval of Draft Minutes: February 11, 2019

The draft minutes of the February 11, 2019 open board meeting were circulated in advance of the meeting.

Moved by Sandy Wilson, seconded by Alan Cosford:

THAT the minutes of the KHSC Board of Directors held February 11, 2019 be approved as circulated.

CARRIED

2.0 PATIENT & FAMILY CENTRED CARE

2.1 Community Partners Update

Mike McDonald gave a presentation on *Community Partnerships* showing its alignment with KHSC Strategic Direction 3 – Improve the health of our community through partnership & innovation. Mike McDonald was asked if the 50% increase in the last five years of emergency visits for mental health and additions has increased the risk for other patients and staff? In response he indicated that having the ability to increase staff and designate Section E for such admissions has reduced this risk. It was also noted that Kingston has the highest rates of opioid related hospitalizations in Ontario. Our community partnership with Street Health Centre has been helpful as they have provided education to teach and provide expertise to KHSC front line staff in this manner.

2.2 Alternate Level of Care (ALC) Transitional Care Unit Update

Silvie Crawford presented an update on the current status of the ALC Transitional Care Unit. A video link was included in the Board package from Bayshore demonstrating the ultimate goal of the Transitional Care Unit which is to empower patients and their caregivers to move to the most appropriate home setting in a less stressful and more sustainable way. Silvie Crawford advised that ensuring patients have the best possible care in the right place, at the right time, now and into the future is the goal at KHSC. Numerous strategies are in place to manage flow, volume and access as KHSC continues to require more inpatient capacity. The goals of the program include improving patient flow from hospital to community, reduce ALC days, enhance bed capacity to care for the acutely ill and to restore the effects of de-conditioning for patients who have had extended stays in hospital.

3.0 KEY DECISIONS

3.1 2019-20 HSAA & MSAA Agreements

David O'Toole drew attention to the pre-distributed Briefing Note and draft agreements.

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Moved by Alan Cosford, seconded by Glenn Vollebregt:

THAT, as recommended by the Finance & Audit Committee, the Board of Directors approve both the 2019-20 Hospital Service Accountability Amending Agreement (HSAA) and the 2019-22 Multi-Sector Service Accountability Agreement (MSAA).

CARRIED

4.0 REPORTING

4.1 KHSC President & CEO Report & External Environment

The Chair advised that the report of the CEO was pre-circulated. A fulsome discussion occurred regarding the recent announcement regarding the removal of the LHIN Boards. The Ontario Health Board of Directors will be taking on a number of critical responsibilities to ensure the continuity of patient care throughout the transition process. David O'Toole listed the composition of the Ontario Board of Directors which will be forwarded to all board members post meeting.

David Pichora took this time to thank Steve Miller for his dedication to the Kingston Hospitals and his leadership to support the integration of the two hospitals. His willingness to take on additional interim leadership roles this past year for 3SO, UHKF and as Interim CFO and VP KHSC was recognized. Following his retirement on March 31, Steve Miller has accepted the role of Chief Financial and Administrative Officer at UHKF. The Board extended their congratulations on this appointment and noted how helpful he will be in building relationships between the hospitals.

Karen Humphreys Blake joined the meeting at 1615 hours.

4.2 UHKF Interim President & CEO Report

The written report of the Acting President and CEO was circulated with the agenda. Karen Humphreys Blake provided brief highlights from the report particularly noting that financial results for the current fiscal year continue to be excellent. A tour is being planned for Mr. Britton Smith, family members and members of the Homestead executive team to show appreciation for their significant gifts to the Kingston Hospitals over the years. Further details will be provided as plans are finalized.

Karen Humphreys Blake reported that the volunteers are keen to move forward with the next fundraising campaign. The final reception of the Hall of Honour Society event will be held on Sunday April 14 from 1400 to 1600 hours at Providence Care's Founders' Hall. Hospital tours are being arranged for donors from April 1 to 11.

4.3 Medical Advisory Committee/Chief of Staff Report

Dr. Michael Fitzpatrick, Vice President Medical Affairs and Chief of Staff, provided the following highlights from his written report. The Medical Advisory Committee (MAC) continues to receive regular updates on the Regional Hospital Information System (HIS). It was noted that as the time commitment for physicians to evaluate all vendors for fairness and consistency is a very time-demanding process, the HIS project directorate has been asked to consider the comments of the MAC and return for further discussion with department heads at an upcoming MAC meeting.

The MAC received information on the four key themes of the Premier's Council on improving healthcare and ending hallway medicine and further updates will be arranged as information becomes available.

A presentation was provided by Kathleen Fitzpatrick, Dr. Roumen Milev, and Dr. Simon O'Brien on Providence Care's programs, strategic plan for 2018-23, partnerships and research. Challenges, opportunities to improve access to inpatient services, and future collaboration were part of the presentation.

MAC also received information on SEAMO and its 3-year Health Human Resources Plan and the need for more additional physicians to meet patient needs in our region.

Dr. Al Jin joined the meeting at 1630 hours.

4.4 Medical Staff Association Report

Dr. Al Jin reported that the MSA and the Clinical Teachers' Association at Queen's are merging some of their activities which has resulted in excellent attendance at their most recent meeting. The SEAMO Alternative Funding Plan agreement was reviewed at that meeting.

The first meeting of the Physicians Advisory Council is being rebooked to accommodate busy physician schedules. Dr. Jin advised that, although his officer term as President of the Medical Staff Association will finish this year, he plans on continuing his philanthropy work and participating on the Physician Advisory Council and MAC Executive.

4.5 Quarterly Performance Report: Q3

Brenda Carter presented the KHSC Performance Report for Q3 on behalf of Troy Jones. A briefing note, the Strategy Performance Index, Strategy Report, Quality Improvement Plan Performance Report accompanied an additional update on the Service Accountability Agreement indicators report.

Brenda Carter advised that the Governance Committee has oversight of three key indicators: all required resources are in place at KHSC to support the multisource feedback component of Competency Based Medical Education. All legal and operational documents are in place to support QHPRI when the partners

are ready to move forward. KHSC achieves \$1.25M of integration related savings. At its February meeting, Governance Committee members endorsed that all three indicators are tracking favourably. Management will be confirming with the LHIN whether quarterly reporting will still be required now that KHSC has achieved the originally proposed savings.

Discussion focused on access challenges with admitted patients at the KGH site at 535 which is in excess of KHSC's funded beds. Both the Finance and Audit and Patient Care Committees will continue to monitor and discuss this issue.

Discussions are underway with Roger Deeley in terms of next steps in bringing the KGHRI and HDHKRI organizations together and to discuss the what/how of developing a collaborative governance structure with Queen's Faculty of Health Sciences.

5.0 BOARD COMMITTEE REPORTING

5.1 Patient Care, Quality & People (PCQP) Committee

Sherri McCullough, Chair of the Patient Care, Quality and People Committee, reminded members that the committee's draft February minutes are provided as part of the in-camera consent agenda. At its last meeting, the committee received and reviewed the following reports and updates: Quarterly Performance Report; Q3 Patient Safety and Quality Report; an update on recruitment and retention; an update on attendance management, disability management and employee wellness; an update on community partners initiatives; a report on French language services initiatives; and an update on the transitional care unit.

Committee discussions continue on patient access and flow, readmission rates, and patient transfer challenges. Dr. Jin and Dr. Fitzpatrick were invited to share their stories regarding struggles some patients experience in affording medications or being able to provide life's necessities such as food and heat. It was noted that the City of Kingston has become more involved in the mental health issues, housing challenges, and social policy topics which should result in ways for our community to help and support those in need.

5.2 Governance Committee

Brenda Hunter, Chair of the Governance Committee, presented highlights from the last meeting indicating that a discussion was held on the frequency and structure of Board and Board Committees and the merit and disadvantages of such changes. Further discussion will be on the agenda for the next committee meeting. The final draft board and committee schedule will come forward to the Board once management has mapped out work plan deliverables.

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5.3 Finance & Audit Committee

David O'Toole reported on behalf of Axel Thesberg, Chair of the Finance & Audit Committee. The Committee reviewed the indicators of the HSAA and MSAA. The Committee also received a verbal update from Steve Miller on the Fiscal 2019 interim audit plan advising the Board that KPMG has indicated that there are no issues to cause a deviation from the initial audit plan previously provided to the Finance and Audit Committee. The Committee also received updates on the redevelopment phase 2 project, facilities capital, IT Projects update, and discussed the strategy performance report.

6.0 GENERATIVE DISCUSSION

6.1 Ontario Health Teams –Implications for KHSC

A backgrounder from the Ontario Hospital Association regarding Bill 74: *The People's Health Care Act, 2019* was circulated in advance of the meeting. As the Ontario Health Teams have been decreed and its Board has been named, a fulsome discussion was held recognizing that the LHIN Boards have been disbanded. Chair David O'Toole noted that many changes are expected as the Government is looking at the creation of opportunities for delivery of care with new, creative and innovative approaches and to recognize social circumstances. Dr. Richard Reznick provided a status update on the Premier's Council on Improving Healthcare and Ending Hallway Medicine. Eight focus engagement sessions will be held across the Province with one being planned for Kingston on March 27 at Providence Care.

7.0 IN-CAMERA SEGMENT

7.1 Motion to Move In-camera

Bill Pearce, Union Local President – Electricians, IBEW, and Ron Grice, Union Local President, Millwrights, Local 1410 departed the meeting.

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

Moved by David Pattenden, seconded by Sherri McCullough:

THAT the Board move into an in-camera session.

CARRIED

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11.0 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 February meeting; the board received the final approved minutes from January committee meetings and the draft February committee minutes along with the financial planning package for January 2019; briefing notes were provided on recruitment and retention; attendance management, disability management and employee wellness; and KHSC's stakeholder engagement plan; a number of medical staff appointments and reappointments were approved as well as a housestaff appointment; the board received a presentation on KHSC's master plan; the board discussed the government's new Ontario Health Teams; the CEO briefed the board on the recent flooding in the central processing services area as well as updates on mitral valve clips, ongoing discussions with Queen's, Providence Care and the Ministry to support additional beds for ALC patients; and increased costs for the regional hospital information systems.

The date of the next KHSC Board will be Monday, April 8, 2019 starting at 1600 hours at the HDH site in the Henderson Board Room.

The meeting terminated 1910 hours on motion of Emily Leslie.

13.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY

A brief session was held.

14.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT

No session was held.

David O'Toole
Chair



76 Stuart Street
 Kingston, ON Canada K7L 2V7
 Tel: 613.549.6666
 www.kgh.on.ca www.hoteldieu.com

Briefing Note

Topic of Report:	CEO REPORT	For Decision
Submitted to:	Board of Directors – March 11, 2019 Medical Advisory Committee – March 12, 2019	For Discussion X For Information
Submitted by:	Dr. David R. Pichora, President and CEO	
Date submitted:	March 8, 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 February meetings. As always, I welcome feedback and suggestions in terms of content and focus for these regular updates.

Current State

1. Declaration of Patient Values

On March 8, 2019, Deputy Premier and Health Minister Christine Elliott and Julie Drury, Chair of the Minister's Patient and Family Advisory Council, released the government's *Patient Declaration of Values for Ontario*. The Declaration of Values provides guidelines for developing programs and services that support patients as being partners in their care across the health system.

In a statement, the Health Minister stated *"Our government is creating a connected health care system that puts the needs of patients first, and that starts by setting and acknowledging clear expectations for those receiving and providing care across the province. As we move forward with modernizing and improving health care, the Patient Declaration of Values will help us in building the foundation of a patient-centred public health care system."*

The Declaration was created by the Minister's Patient and Family Advisory Council in consultation with health system leaders and patient advisors through the **ministry's virtual pool of patient advisors** across Ontario. The core elements of the Patient Declaration of Values for Ontario are:

- Respect and dignity
- Empathy and compassion
- Accountability
- Transparency
- Equity and engagement



2. Patient-Based Funding Update

The OHA has been collaborating with the Ministry of Health and Long-Term Care (Ministry) through the Patient-Based Funding (formerly Health System Funding Reform - HSFR) Governance Structure to improve the predictability of funding allocations and support hospitals in better forecasting their 2019-20 funding. In the fall of 2017, the Ministry consulted with hospital leaders on the evolution of HSFR. One notable area of concern identified as part of the gap analysis was that redistribution of funding within the fixed envelope of \$5B+ year over year and complex allocation adjustments resulted in funding allocations that:

- Elicited many complaints from hospitals;
- Reduced transparency; and
- Did not always align incentives with a hospital's performance.

Given these challenges, the Hospital Advisory Committee (HAC) made a recommendation in the spring of 2018 to remove the redistributive impact of the Health-Based Allocation Model (HBAM) for 2019-20.

With the methodology for 2019-20 hospital funding not yet confirmed, the OHA will not be releasing a Forecasting Tool for 2019-20 to hospitals. The OHA does, however, continue to work with the Ministry to release information to member hospitals relating to the impact of Quality Based Procedures (QBPs) by hospital as well as preliminary 2017-18 HBAM results. By providing this data, hospitals will be able to flag any data quality issues.

The preliminary 2017-18 HBAM Results have now posted on the OHA website. The purpose of releasing HBAM Results on a preliminary basis is to allow hospitals the opportunity to validate the data and identify any data quality issues before the HBAM results are finalized. As noted above, the HAC made a recommendation to remove the redistributive impact of HBAM for 2019-20.

To date, the Ministry has not made a final decision on the removal of the redistribution.

Work is already underway to review the data results and an update will be provided at the next Finance & Audit Committee meeting.

3. Ontario's Finances

On February 13, the Finance Minister and Treasury Board President released the third quarter results which reveal, according to a government press release, a \$1B reduction in the Province's deficit largely driven by increased economic activity from consumers and businesses. The deficit is now projected to be \$13.5B in 2018-19.

On March 7, the Provincial government confirmed the release of the budget on April 11.

4. Caring for Patients with Addictions – Why Harm Reduction Matters

Ethics-wise, patients living with addictions can press a lot of buttons in health care, particularly for nursing or medical staff who can sometimes wonder why they're helping people who seem uninterested in helping themselves or why they're supporting habits that could destroy someone's life. Those kinds of questions—and the moral distress that comes with them—are addressed by the harm reduction approach to addiction, strategies such as needle exchange programs and safe injection sites that aim to minimize the harmful effects of substance abuse versus trying to "cure" the user.

David Campbell, Ethicist and co-chair of the KHSC Addictions Task Force will be tackling this topic as part of the series Trauma-Informed Care Information Sessions on March 5 and March 20 at the KGH site and later this spring at the HDH site.

KHSC is seeing more and more patients being admitted with clinical issues resulting from substance use disorders. Because of these addictions, history of trauma and complex social backgrounds KHSC's patients can bring behaviours that raise big ethical challenges for the people working hard to provide them with high quality, safe care.

The harm reduction approach helps to reduce distress and looks at addiction head-on, fully recognizing the reality of substance use and that substance users are free to make their own decisions. With harm reduction, health care providers focus on patient need, not moral worth, and respect the individual's right to make bad decisions regarding their health.

Ethically, harm reduction ticks all the right boxes: it limits harm, saves lives, respects individual autonomy, promotes compassionate care and makes better use of limited resources. Until a patient with substance use issues can or wants to recover, it's the most sensible policy. We need to provide care for patients where they are in their lives, not where we want them to be or think they should be.

5. KHSC & Limestone District School Board – LINKS program

Every year, up to 20 secondary-school students from the Limestone District School Board enroll in the LINKS program, an alternative classroom designed to help youth who are unable to attend school due, in large part, to the complex mental health issues they experience. The program is attended four half-days a week, and is supported by a multidisciplinary team. At the heart of the team is a teacher, who works collaboratively with consulting partners, including a psychologist and a child-and-youth psychiatrist to re-engage students in educational and social activities. Students who attend the LINKS program experience a learning environment that helps them further develop the coping strategies needed to integrate back into their regular classroom.

In addition to offering an inclusive, calm classroom that is favorable to learning, students in the LINKS program are also given an opportunity to interact with mental health care professionals who can help them learn coping skills to manage their feelings of worry, sadness and anger. Thanks to a recent \$14,800 grant from the [Community Foundation for Kingston & Area](#) (CFKA), the LINKS program is set to expand on the current opportunities it offers youth to help them grow through real-life experiences, such as riding the bus, engaging in low-impact activities like walking, and field trips to public places like a grocery store.

The CFKA community grant will be used to ready the classroom and its participants for additional skills development, including learning to cook simple meals, searching for a job, preparing a resume and developing interview skills.

6. Angel Donor

The University Hospitals Kingston Foundation (UHKF) is pleased to announce an extraordinary gift opportunity in support of Kingston Health Sciences Centre (KHSC) and Providence Care. From now until the end of March, an Angel Donor has chosen to rally the community around healthcare through a matching gift challenge of up to \$100,000.

All donations will align with the donor's wishes and be shared between KHSC and Providence Care, supporting four key areas: Emergency Department, Surgical Suites, Seniors Mental Health and the redevelopment of the Providence Manor long-term care home. A statement from the donor, who prefers to remain anonymous, has this to say of the man whose bequest inspired this community call to action:

"Like many depression-era children, he remembered a time when there was no healthcare. He was grateful for the changes that had come and never hesitated to challenge others to be grateful, too. Having lived and worked in Kingston for over 60 years, he had a great love for all of our healthcare facilities and personnel. When he was 21 he nearly died but benefited from a life-saving surgery. From that time on, though, he needed healthcare. By the end of his life, he had been a patient at every hospital in this community. In spite of his suffering, he always trusted our hospitals. He knew the needs, too, and never backed away from a challenge. If there was a cause to support he'd say 'We can do it. We're the community! It's up to us. It's our responsibility.' This one gift—that will hopefully result in many more gifts—honours the boundless spirit of compassion with which he lived his life."

Anyone wishing to make a donation to UHKF's Community Matching Challenge is invited to visit uhkf.ca. Any gifts received by March 31st will be doubled in value. UHKF is grateful to our Angel Donor and to the many thousands of healthcare supporters in our community and surrounding area who have chosen to be part of the bold vision for the next stage of healthcare transformation in Kingston.

7. 2019 Ian Wilson and Davies Awards – Deadline May 3, 2019

The prestigious **Davies Awards for Philanthropic Leadership** are awarded annually by University Hospitals Kingston Foundation. Nominations will be accepted from any member of the healthcare community, including staff, board and board committee members, patients, clients, residents, volunteers and donors. Award recipients are individuals, organizations and community groups who have demonstrated outstanding philanthropic leadership benefiting Kingston's healthcare facilities and the provision of healthcare for the people of Kingston and southeastern Ontario. Previous recipients of the award are eligible to be nominated again and can be selected for a second time if he/she is the best nominee for the award.

Nominations should be accompanied by a brief submission that answers the following questions:

1. How has this donor demonstrated philanthropic leadership to benefit Kingston's healthcare facilities?
2. Why are you nominating this donor?
3. What makes this donor stand out compared to others?

The ninth annual **Ian Wilson Award for Volunteerism in Fundraising** will be presented on June 12, 2019. The award is granted annually by University Hospitals Kingston Foundation to an individual who has demonstrated outstanding volunteer efforts in the solicitation of donations benefitting Kingston's hospitals through an event, organized campaign or informal activity. Last year's recipient was Susan Creasy.

The award honours Ian Wilson, a former hospital board Chair, Chair of the *Together We Can* campaign for Kingston's hospitals and tireless volunteer with a wide range of community and health-related organizations. Any volunteer, hospital staff member, hospital board or committee member, or third party event organizer may be nominated. Nominations will be accepted from anyone within the hospital community.

The recipient will be selected based on their demonstrated alignment with the following qualities, as characterized by Ian Wilson throughout his volunteer tenure with the hospitals:

- Unwavering positive attitude
- Exemplary financial support within personal means
- Clear commitment to supporting the hospitals in our community
- Obvious enthusiasm for hospital fundraising
- Tangible positive results of volunteer efforts
- Good humored determination
- Ability to convey empathy and compassion for patients and their families
- Shameless ability to ask
- Above and beyond attitude and commitment

The nominee's tenure of involvement will also be taken into account in selecting recipients. Previous recipients of the award are not eligible to be nominated again. Nominations should be accompanied by a brief statement that answers the following questions:

1. What is this volunteer's history of involvement and support of the Kingston hospitals?
2. How has this volunteer demonstrated the qualities above through their volunteer fundraising effort on behalf of the Kingston hospitals?
3. What makes this volunteer stand out compared to others?

8. Research Update – The Integrated Research Continuum

With its integrated hospitals and tightly knit university-hospitals campus, health care in Kingston offers a unique ecosystem where patients can take part in research in the same places where they receive care. For clinician-scientists, recruiting patients, doing research paperwork, and conducting their studies are all made easier because of this integrated, streamlined environment.

At KHSC, award-winning work in allergy and blood disorders are just two examples of how this integrated approach is benefiting research that leads to better patient care. Thanks to their visits to the allergy clinic, headed by Dr. Anne Ellis at KHSC's Hotel Dieu site, many of Kingston's allergy sufferers are also volunteers in her research, helping her to find new and better treatments for these sensitivities. Dr. Ellis, who recently won the F. Estelle Simons research award from the Canadian Society of Allergy and Clinical Immunology, works with pharmaceutical companies around the world, doing clinical trials of novel therapies for allergy, including one the most common, grass allergies.

Key to her work is her specialized research space within the KGH site, the Environmental Exposure Unit. Capable of testing up to 120 study volunteers at a time, this controlled-atmosphere facility is considered the gold standard for testing airborne allergens, and is the only academic research facility of its kind in North America. Dr. Ellis also credits the new W.H. Henderson Centre for Patient-Oriented Research, just two floors above the EEU, for making the rigorous process of screening and monitoring the large numbers of patients needed for these studies both more efficient and more patient-friendly. "We want to involve patients more in the planning of our research studies," she says, "and the centre gives us, for the first time, the space to have those discussions with them, and to take part in some of the early trials of new and promising treatments that are not yet generally available to the public."

Dr. Paula James, one of Canada's pre-eminent blood disease specialists, heads the hematology clinic at KHSC's Hotel Dieu site, where she treats patients with bleeding disorders, primarily hemophilia and Von Willebrand disease. Her research looks at many aspects of these diseases, including new treatments, better diagnosis, the effects of these diseases on quality of life, and novel tools for self-assessing abnormal bleeding symptoms. In 2017 her significant contributions to her field were recognized with the Canadian Hemophilia Society's Cecil Harris Award.

Patient involvement is integral to Dr. James's research. "Our interactions with our patients help us make decisions about what kind of research to do," she says. "We hear what their struggles are and take that to heart in terms of what grants we write and what research projects we do, so that we can turn around and help them." Patient research requires a lot of different resources, and the WJ Henderson Centre gives her everything she needs to work with these research volunteers, in one place, minutes away from her research lab in nearby Etherington Hall. "We screen patients, we do their study documents, we administer the study medication, we take their blood, we monitor them after they've had the medication, we process the samples," she says. "It really is a fabulous one-stop shop for somebody like me who is doing bench research on patients."

9. Meeting with the Ministry of Health and Long Term Care

On February 27, 2019, Providence Care and KHSC CEOs participated in a meeting with Ministry staff to discuss capacity planning. A number of options were explored and the Ministry was supportive of our options. Further updates will be provided during the in-camera segment of the March 11 Board meeting.

10. Ontario Hospital Association – Integrated Care & Health System Change Session

On February 6, I participated in a CEO forum at the Ontario Hospital Association focused on the OHA's advocacy efforts to improve capacity for care integration. Local and international experts were on hand to share their integration experience with system change.

11. Canadian Institute for Health Information and Canadian Patient Safety Institute

In 2016, CIHI and CPSI released the report: *Measuring Patient Harm in Canadian Hospitals*. Appended to my report is a copy of the executive summary and the hospital harm measure will become available within CIHI's YHS Insight tool in March 2019. The hospital harm measure allows authorized users to drill down into the results to support quality improvement initiatives. In April, CIHI will also be releasing three years of updated pan-Canada hospital harm data. Members of the KHSC safety, quality and risk team will review the results as the information is made available.

12. Canadian Health Association of Ontario Update

On February 27, I was invited to participate in CHAO's "Essentials Elements for Catholic Healthcare for Continuity of Mission in an Integrated System. This provided a great opportunity to spend time with other CEOs from across the province to discuss partnering and models of integration, emerging issues, and to develop perspectives on how CHAO will advance elements of Catholic health care. Caroline Manley, RHSJ HDH Board Chair, also participated in the session in Toronto.

13. Advisory Council on the Implementation of National Pharmacare

The Federal Health and Finance Ministers have received Dr. Eric Hoskins interim report on Pharmacare. The report identifies three initial recommendations for the implementation:

- Creating a national drug agency to oversee national pharmacare;
- Developing a comprehensive, evidence based list of prescribed drugs – a national formulary to harmonize coverage across Canada; and
- Investing in data on prescription drugs and information technology systems.

The Government of Canada will consider Council's initial recommendations while it awaits the final report expected sometime this spring.

14. Registered Nurses' Association of Ontario

Dr. Doris Grinspun, RNAO's CEO spoke at this year's annual nursing research conference at St. Lawrence College followed by KGH site visit on Thursday, March 7. While at KGH site Dr. Grinspun toured clinical areas to engage with teams and spoke with clinicians and leaders regarding KHSC's candidacy for designation as an RNAO Best Practice Spotlight Organization which includes the implementation of several evidence based guidelines. While at KHSC Dr. Grinspun also presented "Leading Clinical Practice with Values, Evidence and Courage: Staff Nurses at the Helm!"

15. Ontario Medical Association – Arbitration Board releases Decision in Ontario Government & OMA Dispute

Last month, a three-member board of arbitration, chaired by William Kaplan, released its decision in the negotiations for a new Physician Services Agreement between the Ontario Government and the Ontario Medical Association (OMA). Highlights from the arbitration award include:

- A new four-year physician services agreement, which is partially retroactive, running from April 1, 2017 to March 30, 2021;
- No cap on how much doctors can be paid;
- The establishment of an "appropriateness working group" to eliminate or restrict inappropriate or overused physician services.
- The arbitration decision also eliminates most of the fee cuts imposed by the province in recent years, and awards physicians with increases of 0.75 per cent for 2017; 1.25 per cent for 2018; 1 per cent for 2019; and 1 per cent for 2020.

The release of this decision marks the completion of phase 1 of the arbitration process. Phase 2 will look at how the physicians' services budget is to be divided up among different specialty groups, a process known as "relativity."

16. Council of Canada Academies – Report on Medical Assistance in Dying

The Council has released three reports on requests for medical assistance in dying, the result of an independent Expert Panel review conducted at the request of the federal government. The reports examines three complex types of requests: 1) requests made by minors; 2) advanced requests; 3) requests where a mental disorder is the sole underlying medical condition. The Expert Panel's final reports outline a range of knowledge, experience, and perspectives from relevant healthcare professions, diverse academic disciplines, advocacy groups, and jurisdictions where medical assistance in dying is permitted.

As the Expert Panel's mandate explicitly stated that recommendations are not to be made, it remains to be seen how these reports will be utilized by the federal government to introduce or amend the current legislation.

17. Legislative & Regulatory Updates

Last month, the Federal Minister of Health tabled the 2017-18 [Canada Health Act Annual Report](#). The report provides Canadians with an update on federal administration of the Act, and a clear picture of how public health care insurance plans across the country operate. It has been developed by the federal government in collaboration with the provincial and territorial governments, and provides information on the extent to which provincial and territorial health care insurance plans have fulfilled the requirements of the Act.

These requirements include comprehensiveness, reasonable access to insured services without patient charges, portability of benefits, public administration of health care insurance plans on a non-profit basis, and universality, meaning, in effect, that all insured residents are entitled to health care insurance coverage on uniform terms and conditions.

On February 19, the provincial government announced a public consultation process to seek feedback on proposed reporting requirements and other obligations under the **Pay Transparency Act, 2018**. The new requirements would include, among other things:

- Compensation history: employers would not be allowed to seek compensation history information about a job applicants by any means, whether personally or through an agent;
- Compensation range information: employers would be required to include the expected compensation for a position, or the range of expected compensation, in all publicly advertised job postings; and
- Pay transparency reports: employers with 100 or more employees would be required to submit and post a pay transparency report annually, that contains information about the employer's workforce and differences in compensation between men and women.

The Ministry is seeking feedback to the Ministry of Labour by April 5, 2019.

18. HSC Mission Moments

Staff Central is that handy spot on our KHSC Now intranet where any of our staff can contribute information—from classified ads to wiki pages to photo galleries. And it's where we can publicly acknowledge our co-workers in an Employee Recognition category that lets us send out kudos for everything from giving back to our community to life milestones to research successes.

"KHSC Mission Moments" is a new category in Employee Recognition. When staff see someone living our missions—whether our new KHSC mission or the legacy missions of our HDH and KGH sites—they can give that person or team a shout-out through a KHSC Mission Moment. Large or small, every mission moment counts. Woven together, they make up the culture of KHSC.

19. Ethics Blog: Matters that Matter: The Ethics of Working Together Effectively

In this latest blog in our series about the KHSC Ethics Framework we turn to organizational ethics, the newer kid on the block in the landscape of health ethics. Organizational ethics begins to dawn on us

when we see repeated patterns in clinical ethics and when values-based conflicts impede decisions, relationships and processes that enable KHSC to function effectively.

When a clinical ethics dilemma keeps coming up, we need to turn our attention to organizational processes, policies or structures that may be contributing to these dilemmas. For example, health care providers are repeatedly confronted with pressures to make care decisions without being able to know the expressed wishes of the patient because he/she is unable to give or refuse consent and a Substitute Decision Maker is unavailable. This raises an organizational ethics issue about whether KHSC effectively engages in Advance Care Planning (ACP) conversations and documents the outcomes.

In this instance, the good news is that KHSC is working with Patient Experience Advisors and partners in the continuum of care to ensure that conversations about expressed wishes for future treatment options are discussed, documented and shared with patients. Towards that end, the KHSC ACP Steering Committee has been created to help resolve the conditions that can lead to recurring clinical ethics dilemmas.

Where else can you run into organizational ethics issues?

Think about decisions related to resource allocation, just culture and fair human resource processes, quality improvement practices, ability (or lack thereof) of programs to work collaboratively and effectively together and difficult patient transfers or discharges. I'm sure you can add to this list! If your team or program is facing difficult decisions in which values, tensions or conflicts are having an immobilizing effect, then please call David Campbell (at KGH) or me (at HDH) for an organizational ethics consultation. You may need to adjust procedures in your program or the larger system.

Next month we'll be looking at another health ethics domain: research ethics. Our good colleagues at the KGH Research Institute will be our guests. Check in with Matters that Matters to read the great insights they can provide!

Neil Elford, HDH Ethicist

Ethics Blog: Matters that Matter – What's involved in a Clinical Ethics Consult?

Welcome to a series focusing on the KHSC Ethics Framework and the KHSC Ethical Decision-Making Tool. The KHSC Ethics Framework identifies the four domains of ethics that form the basis of healthcare ethics at KHSC: clinical, organizational, research and governance. This month I'm focusing on the clinical domain, which represents most of the ethics work at KHSC.

Clinical ethics refers to ethical issues that directly relate to patient care and involve specific patients and specific issues. It's fairly common that clinical ethics is the main focus for hospital-based ethicists. That's why many of them are called clinical ethicists. In my previous experience in hospitals in California and Alberta, clinical ethics consults, debriefs, and education occupied the vast majority of my time and effort. This is also the case at KHSC.

What's involved in a clinical ethics consult?

Clinical ethics consults can vary in length and complexity. For instance, a consult can be a quick phone call from a member of the care team asking about consent or how to share sensitive information with a patient's family. In these quick informal consults, often called ethical coaching, requestors are looking

for specific information or a second option to bounce ideas on to make sure that they're on the right track. In a formal ethics consult request, the ethicist will review the patient's chart; speak with the requestor, members of the care team and the patient and/or family; participate in family meetings; and, after analyzing the issue, offer recommendations in the chart. In complex cases with evolving issues and challenges, there might be several follow-up meetings, discussions and new recommendations.

What are the common issues in clinical ethics?

Common issues include substitute decision-making, challenging patients or their families, difficult discharges, consent and capacity, end-of-life issues, ambiguous or conflicting goals of care, professionalism and professional boundaries, truth telling, and patient advocacy. And complex clinical ethics consults often involve several of these issues.

If you're struggling with a clinical ethics issue, or are unsure whether it's actually an ethical dilemma, please don't hesitate to contact David Campbell at KGH or Neil Elford at HDH. Next month, my colleague Neil Elford will discuss the second domain of the KHSC Ethics Framework; organizational ethics. Stay tuned ethics fans!

David Campbell, KGH Ethicist

20. Upcoming Events

Mass will be celebrated by Archbishop O'Brien on **Tuesday, March 12** at the Chapel located at the HDH site. A reception will follow and all are invited to attend.

KHSC continues the tradition at the HDH site to celebrate **St. Joseph's Feast Day** on **March 19**. KHSC Board members are welcome to drop by the staff lounge between 9:30 and 11:30 am to share in delicious breads, jams and spreads.

UHKF Benefit Dinner on **Saturday, March 23** at Ban Righ Hall starting at 1730 hours. Tickets can be purchased at the UHKF website: www.uhkf.ca and please let Bev know in my office if you are planning on attending – Bev.Carty@kingstonhsc.ca – and we will finalize the table arrangements!

In closing this month's report, I want to take this opportunity to recognize and thank **Steve Miller** after 12 years of dedicated service to Hotel Dieu and the Kingston Health Sciences Centre, Steve has made the decision to retire effective April 1, 2019. The success of our integration is truly a testament to Steve's leadership, his collaborative style, and dedication. Each and every time I have asked Steve to help guide a project or to take on additional responsibilities, the answer was always yes. He has been an integral part of the team, a trusted advisor, and a great support. It has been my absolute pleasure to work with Steve over the years and I know you will join me in wishing him the very best for a well-deserved retirement.

The Q3 KHSC media report is appended.

Respectfully submitted



Dr. David R. Pichora
President and Chief Executive Officer