

BOARD OF DIRECTORS – OPEN MEETING

Date: Monday, April 8, 2019
 Donor Event: 1625 – W.J. Henderson Centre for Patient-Oriented Research, Connell 4,
 KGH Site – Robotics Announcement
 Meeting: 1715 – 1830 hours
 Location: KGH Site, Board Room, Dietary 3
 Dial-in: 1-855-344-7722 9740454#

Start	Time	Item	Topic	Lead	Purpose	Attachment
1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, AGENDA & MINUTES APPROVAL						
1715	5 min	1.1	Call To Order, Confirmation of Quorum & Conflict of Interest	Thesberg	Confirm	Verbal
		1.2	Opening Value Statement: Compassion	McCullough	Share	Verbal
		1.3	Approval of Agenda	Thesberg	Decision	Draft agenda
		1.4	Approval of Draft Minutes – March 11, 2019	Thesberg	Decision	Draft minutes
2.0 PATIENT & FAMILY CENTRED CARE						
3.0 KEY DECISIONS						
1720	5 min	3.1	Quality Improvement Plan 2019-20	McCullough/ Carter	Decision	Briefing note + QIP & work plan
4.0 REPORTING & PRESENTATIONS						
1725	2 min	4.1	UHKF Interim President & CEO Report	Humphreys Blake	Discuss	Written report
1727	2 min	4.2	Medical Advisory Committee/Chief of Staff Report	Fitzpatrick	Discuss	Written report
1729	2 min	4.3	Medical Staff Association Report	Jin	Discuss	Verbal
1731	9 min	4.4	KHSC President & CEO Report & External Environment	Pichora	Discuss	Written report & Presentation at meeting
5.0 BOARD COMMITTEE REPORTING						
1740	5 min	5.1	Patient Care, Quality & People Committee	McCullough	Inform	Verbal
1745	5 min	5.2	Governance Committee	Vollebregt	Inform	Verbal
1750	5 min	5.3	Finance & Audit Committee	Thesberg	Inform	Verbal
6.0 GENERATIVE DISCUSSION – OPEN FOR DISCUSSION						
7.0 IN-CAMERA SEGMENT						
1755	5 min	7.1	Motion to Move In-Camera	Thesberg	Inform	Verbal

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Start	Time	Item	Topic	Lead	Purpose	Attachment
11.0 REPORT ON IN-CAMERA MATTERS						
1825	5 min	11.1	Motion to Report on Decisions Approved In-Camera	Thesberg	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: APRIL 8, 2019

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held at the Kingston General site on Monday, April 8, 2019 from 1715 to 1830 hours in the Board Room, Dietary 3. The following are the closed minutes.

Elected Members Present (voting): Alan Cosford, Emily Leslie, Bruce Lounsbury (phone), Sherri McCullough, David Pattenden, Axel Thesberg (Chair), Glenn Vollebregt (phone) and Sandy Wilson.

Ex-officio Members Present (voting): Cheryl Doornekamp.

Ex-officio Members Present (non-voting): Dr. Michael Fitzpatrick, Dr. Al Jin, Mike McDonald and Dr. David Pichora.

Regrets: Brenda Hunter, Michele Lawford, David O'Toole and Dr. Richard Reznick.

Administrative Staff: Rhonda Abson (Recording Secretary), Amit Bansal, Elizabeth Bardon, Sandra Carlton, Brenda Carter, Karen Humphreys Blake, Troy Jones and Krista Wells Pearce.

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

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

Axel Thesberg called the meeting to order and confirmed quorum. No declarations of conflict were recorded in relation to the open agenda. The Chair confirmed that board members joining by phone were able to hear the proceedings.

In advance of the meeting, members of the Board, executive team, and KHSC staff attended a special donor event to officially launch the A. Britt Smith Q.C. Robotics Program of the Kingston Health Sciences Centre. Members of the Britton Smith Foundation, family members, and Homestead Land Holdings were on hand to participate in a demonstration of the da Vinci robot as well as participating in tours of the operating room and the MRI Suite. Mr. Smith continues to be a great supporter of the hospitals providing support for our second MRI, the Urgent Care Centre, and surgical robot.

The date of the next KHSC Board meeting is Monday, May 13, 2019 at 1600 hours at the HDH site in the Henderson Board Room.

1.2 Opening Value Statement: Compassion

At the heart of our values is compassion. We care for some of the sickest and most vulnerable people in our community. Sherri McCullough described how empathy – the ability to understand the feelings of another person to alleviate pain and suffering is an act of compassion.

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1.3 Approval of Agenda

Moved by David Pattenden, seconded by Emily Leslie:

THAT the open agenda be approved as circulated.

CARRIED

1.4 Approval of Draft Minutes: March 11, 2019

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

Moved by Glenn Vollebregt, seconded by Bruce Lounsbury:

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

CARRIED

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

3.0 KEY DECISIONS

3.1 Quality Improvement Plan

Sherri McCullough, Chair of the Patient Care, Quality and People Committee, drew attention to the committee's recommendation of support for the 2019-20 QIP. In the development of the Plan, the executive team felt it was important to focus on a small number of key improvement opportunities and to identify manageable improvement targets.

The QIP Narrative speaks to KHSC's Quality Roadmap, highlights the greatest quality improvement achievement from the past year and the partnership between KHSC and Bayshore in creating the alternate level of care transitional care unit as well as KHSC's continued work in patient- and family-centred care and KHSC's commitment to workplace violence prevention.

The narrative and workplan were endorsed at the March committee meeting following consultation with subject matter experts including staff, leaders, physicians, and patient experience advisors. Brenda Carter, Chief of Quality and Clinical Transformation, confirmed that the team has incorporated the two mandatory and two custom indicators in the development of the Plan. Each indicator describes the planned improvement initiatives, implementation methods, process measures, targets, current performance metrics and targets, as well as influencers on target justifications. The Chair of the Patient Care, Quality and People Committee emphasized how big the challenges are and accomplishing all the planned improvement initiatives will result in improved patient care outcomes.

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Troy Jones joined the meeting at 1730 hours.

Moved by Sherri McCullough, seconded by Emily Leslie:

THAT, as recommended by the Patient Care, Quality and People Committee, the KHSC Board approves the 2019-20 Quality Improvement Plan Narrative and Work Plan.

CARRIED

4.0 REPORTING

4.1 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 highlighting the appointment of Steve Miller as UHKF's Chief Finance and Administrative Officer effective April 1 on a part-time basis. Financial results for the current fiscal year continue to be excellent. The CEO Search is well underway and Karen Humphreys Blake confirmed that she would continue in her current role until the UHKF Board makes the CEO announcement. The UHKF Board Retreat will take place in early May focusing on Foundation sustainability and building the philanthropic ecosystem. Vice President Planning, Krista Wells Pearce, will provide an overview of the building redevelopment projects. It will be important for KHSC and Providence Care to continue to work together to develop a project priority process for the next phase of fundraising. Karen Humphreys Blake noted that the hospital Chief Financial Officers and Steve Miller will start working through these requirements. In closing her report, the Legends of Music Benefit dinner was a great success on March 23 raising more than \$100K to support Kingston Hospitals. Board members were also reminded that nominations for the 2019 Ian Wilson and Davies awards is May 3, 2019.

Dr. David Pichora arrived at 1735 hours.

4.2 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) endorsed the Quality Improvement Plan at its March meeting. The MAC was also briefed on the recent flooding of the central processing service at the KGH site which may result in cancelling scheduled surgical cases over the next few weeks. KHSC staff have been responsive to find solutions and regional hospitals have offered to assist by taking scheduled surgeries in at their sites. Dr. Chris Simpson, Vice Dean of the Faculty of Health Sciences, provided an update at the March MAC meeting on the 3-Year Health Human Resource Plan. Dr. Fitzpatrick noted that, 12 of 14 KHSC Departments are requesting new positions for a total of 97 full-time equivalents; Dr. Pichora highlighted the significant impact this will have on hospital resources and the importance of the working with the Faculty and University in how to support increased space requirements. The Planning Office has updated space inventories across the sites and there is simply not sufficient space available.

4.3 Medical Staff Association

Dr. Al Jin reported that vote to support the Southeastern Academic Medical SEAMO Alternative Funding Plan agreement. The Medical Staff Association will be preparing to bring in a new Executive at its annual meeting in May and Dr. Peggy de Jong has agreed to take on the President role.

4.4 KHSC President & CEO Report & External Environment

The written report of the President and CEO was distributed in advance of the meeting. Dr. Pichora confirmed that the team continues to wait for funding announcements from the government which could result in the Board having to revisit KHSC's Hospital Annual Planning Submission. The magnet has arrived and is being installed for KHSC's second MRI. The CEO report included a high level overview of the federal budget with investing being made in Canada's national pharmacare program; plans to provide the Public Health Agency of Canada an infusion of cash over five years to support Canada's first National Dementia Strategy. The federal government is also investing in a pan-Canadian suicide prevention service and well as allocating funds to combat Canada's opioid crisis. There are also includes funding support for Indigenous Canadians to improve health, social services and infrastructure.

Regarding provincial government's budget, recent announcements have focused on the creation of 15 Consumption and Treatment Services sites in communities struggling with drug addiction treatment and rehabilitation – for Kingston, the government has confirmed that the Kingston Community Health Centre will receive support for mental health and addiction services.

Dr. David Pichora delivered a slide deck (attached) on the steps involved in preparing the readiness assessment to become an Ontario Health Team. The presentation focused on the government's expectations of OHT's, the four step path to becoming an OHT by completing the self assessment form, the validation process, how to become an OHT "candidate", and then becoming a designed OHT as well as key delivery dates. On March 1, KHSC participated with other health care and social service providers in the community and region to start discussions on how to move forward and create a consensus group to move forward with an Ontario Health Team application. The government released the guidelines for completion of the initial assessment stage of the submission. Health care providers are clearly engaged and input following the March 1 session has been excellent. Discussions have focused on a three cluster approach in the southeast and the key role of primary care teams. It will take time and there are clearly groups that will look to make their own submissions and not participate with the southeast group. It will be important for an Ontario Health Team to be large enough to absorb the associated risks. CEO SE LHIN Paul Huras and members have his team have been instrumental in providing support and advice in bringing groups together.

5.0 BOARD COMMITTEE REPORTING

5.1 Patient Care, Quality & People (PCQP) Committee

Sherri McCullough, Chair of the Patient Care, Quality and People Committee, reported that the committee's main focus at the March meeting was to review and endorse the draft Quality Improvement Plan narrative and work plan. The Chief Nursing Executive annual report was also discussed at the meeting and members welcome Leanne Wakelin, Director of Professional Practice, highlighted elements of the CNE report as it relates to professional practice. The committee also received an update on patient confidentiality and privacy and a copy of the presentation is appended to the draft committee minutes. Sherri McCullough confirmed that the committee continues to closely monitor access and flow and regular updates are provided at every meeting.

5.2 Governance Committee

On behalf of Brenda Hunter, Chair of the Governance, Committee member Glenn Vollebregt provided an overview of their March meeting. He drew attention to an update on board recruitment and the advertisement that will be appearing in the local media. The draft minutes outline the approach that the committee will be recommending in terms of the 2019-20 Board and committee schedule. Governance members were briefed on partner relationships and members received an update on the public sector salary disclosure for 2018. Discussion focused on the proposed amendments to the terms of reference of the Patient Care, Quality and People Committee and the Finance and Audit Committee. Glenn Vollebregt confirmed that David O'Toole will be speaking with committee chairs in advance of the proposed amendments being presented at April committee meetings.

5.3 Finance & Audit Committee

Axel Thesberg, Chair of the Finance and Audit Committee, provided a brief update on the committee's work at their March meeting. The annual report on KHSC's insurance claims was presented. The Committee also discussed the draft Quality Improvement Plan materials. An update on KHSC's legislative compliance review was delivered at the March meeting and, following the presentation, committee members discussed whether a compliance attestation was required. It was determined that, based on the information presented, the CEO would not be required to complete this.

Axel Thesberg highlighted the presentation delivered by Brenda Carter and Krista Wells Pearce on KHSC's 10-year Infrastructure Plan. Two components of the report include major maintenance/life cycle replacement and capital development. Most of the projects associated with maintenance/life cycle have been funded through the government's Hospital Infrastructure Renewal Fund with capital project being funded mainly by UHKF and Ministry capital grants. The update on the capital need across the two hospital sites is significant. The Committee will be bringing forward a more fulsome report to the Board on capital/infrastructure investments including information technology and diagnostic imaging equipment in the

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near future. The generative discussion at the last committee meeting looked at ways to address shortfalls in funding and there may be a need to update/revise KHSC's Hospital Annual Planning Submission as noted by Dr. Pichora earlier in the meeting.

6.0 GENERATIVE DISCUSSION – no discussion.

7.0 IN-CAMERA SEGMENT

7.1 Motion to Move In-camera

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

Moved by Alan Cosford, seconded by Emily Leslie:

THAT the Board move into an in-camera session.

CARRIED

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 March meeting; the board received the final approved minutes from February committee meetings and the draft March committee minutes along with the financial planning package for February 2019; briefing notes were provided on CNE/Professional Practice Update and Patient Confidentiality and Privacy Update as well as the 2019-20 Board Selection Process. The CEO briefed the Board on access and flow challenges, the recent spill in central processing, as well as an update on KidsInclusive. Board members were briefed on financial challenges and impact of potential funding shortfalls as well as an update on the recent CAHO meeting in Toronto.

The date of the next KHSC Board will be Monday, May 13, 2019 starting at 1600 hours at the HDH site in the Henderson Board Room. The meeting terminated 1830 hours on motion of Sandy Wilson.

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.

Axel Thesberg
Chair

Briefing Note

Topic of Report:	CEO REPORT	For Decision
Submitted to:	Board of Directors – April 8, 2019 Medical Advisory Committee – April 9, 2019	For Discussion X For Information
Submitted by:	Dr. David R. Pichora, President and CEO	
Date submitted:	April 5, 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 March meetings. As always, I welcome feedback and suggestions in terms of content and focus for these regular updates.

Current State

1. Federal Budget

On March 19, Canada's Finance Minister, the Honourable Bill Morneau, released the federal government's final budget of its mandate prior to this fall's federal election. The budget projects an economic rebound in late 2019 and continued growth in years to come. While the budget remains in deficit, government revenues are higher than previously forecast. The budget did not include a plan to get back to balance and introduced \$22.8 billion in new spending over the next five years. 2018-19 deficit projection: \$14.9 billion, down slightly from the fall; 2019-20 deficit projection: \$19.8 billion, with \$3 billion risk adjustment. Total debt is pegged at \$685.6 billion, projected to rise to \$761.7B by 2023-24 and debt-to-GDP ratio: Projected to be 30.8 per cent, falling to 28.6 per cent by 2023-24

A number of investments in health care were announced including:

- A commitment to move forward with implementing national pharmacare, through the creation of the Canadian Drug Agency.
- Plans to provide the Public Health Agency of Canada with \$50 million over five years, starting in 2019-20, to support the implementation of Canada's first National Dementia Strategy, which is expected to be publicly released this spring.
- \$25 million over five years, starting in 2019–20, to support a pan-Canadian suicide prevention service.
- \$30.5 million over five years to combat the opioid crisis, with support for targeted measures to address persistent gaps in harm reduction and treatment.

The budget also includes investments in Indigenous Canadians with the largest new funding envelopes going to Indigenous communities to improve health, social services, and infrastructure.



2. Provincial Budget

The provincial budget will be tabled on April 11 and details will be provided to the Board and MAC when it becomes available. The OHA is hosting a members' budget debrief on April 12 and KHSC will be represented during this teleconference.

3. Connected Mental Health and Addictions Treatment System

Last week the provincial government announced 15 Consumption and Treatment Services sites in communities with high need to support those struggling with drug addiction treatment and rehabilitation services. For Kingston, the government announced the **Kingston Community Health Centres** (Barrack Street) site to support the need for increased mental health and addiction services and supports.

4. Government Announces Additional Long-term Care Projects

Last month the government also announced 16 additional long-term care projects that will add 1,157 new beds in facilities across Ontario. As part of the government's commitment of adding 15,000 long-term care beds in five-years to bring the total number of allocated beds to 7,232, the following projects which includes an additional 132 beds for our catchment area (Maple View Lodge in Athens).

5. Annual Report of the Chief Medical Officer – Connected Communities – Healthier Together

In February the Chief Medical Officer of Health of Ontario released its 2017 annual report to the Legislative Assembly of Ontario. The Report was released in accordance with section 81.4 of the *Health Protection and Promotion Act*. Dr. Williams report highlights the importance of being socially connected to family, friends and within our communities – the need and desire to have a sense of belonging. The report notes that people who are connected are happier and enjoy better health and use fewer health services. Members of community are more resilient in the face of adversity and they, in fact, can live longer. Three key recommendations outlined in the executive summary of the report:

1. **Invest in Community:** Governments should shine a spotlight on the critical importance of connected communities by investing in collecting data on social connection and sense of community, assessing all government policies for their impact on community, creating built environments that make it easier for people to engage in their communities, and tackling the broader social and economic drivers of social isolation.
2. **Enable Community:** Public health units — uniquely positioned between communities and different levels of government — should play a lead role in enabling community. Public health units can make people aware of the benefit of social connections, use data to develop targeted community-building programs, encourage organizations to partner to address systemic issues that drive social isolation, and champion effective frameworks for community development.
3. **Be Community-Centred and Community-Driven:** We should challenge ourselves and each other to make community health and well-being a priority.

6. Innovation Partnership – New Technology Brings Life Changing Care Closer to Home

A new piece of portable technology, which has been designed to help locate brain injuries, is being called a 'game-changer' for patients who live in rural communities. It uses infrared light to scan a patient's head following a fall, or some other type of accident, and in the span of about three minutes it can tell a health care provider if there is bleeding in the patient's brain. The device is called NIRD-HD

(Hematoma Detector) and is the result of a partnership between KHSC Neurosurgeon Dr. DJ Cook and Kingston based technology company ArcheOptix. Its main purpose is to help confirm if the patient needs to be taken to a hospital with a CT scanner and/or neurosurgeon for further testing.

The device is one of 11 projects that have received funding from Ontario's Health Technologies Fund (HTF). The fund is administered by Ontario Centres of Excellence (OCE) on behalf of the Ministry of Health and Long-Term Care's Health Innovation and Strategies Branch and on Wednesday, March 6, KHSC welcomed OCE and Ministry staff to an event to profile the technology firsthand with Dr. DJ Cook.

7. Innovation Partnership – COPD Project Update

Since project kick-off in February 2018, the Innovation Partnership – COPD Project has successfully completed a comprehensive market analysis engaging stakeholders both internal and external to the Kingston Health Sciences Centre.

The request for solution (RFS) was developed by the Innovation Partnership – COPD Steering Committee in collaboration with KHSC clinical & IT experts. The RFS was posted on November 12, 2018, accepting vendor proposal submissions until January 3, 2019. In total, there were 14 vendor proposal submissions received. Between January 4 and March 12, 2019, the following has been completed:

- The evaluation team who helped build the evaluation criteria and requirements also reviewed and scored all 14 vendor proposal submissions.
- The top three proponents were selected and confirmed.
- The top three proponents were invited to come to KHSC, each to do a half day design presentation session.
- Further evaluation, risk mitigation consideration, and pricing scoring were completed by the evaluation team.
- The top proponent was selected. A reference check was done prior to the evaluation team's confirmation of the selected proponent.
- The Steering Committee met to confirm the selected proponent and give approval to move forward with contract negotiation.

NOTE: A Fairness Commissioner was engaged in the whole process of finalizing the RFS up until confirming the selected proponent. This is to guarantee that the integrity of the process is intact all throughout.

Summary of work to be completed in the coming months:

- The project is currently at contract negotiation stage with the selected proponent. Contract requirements were built in consultation with the evaluation team and the Steering Committee executive leads. The aim is to have the contract signed by early May 2019.
- Once the contract gets signed, solution development/customization will immediately follow. Most proponents, especially the selected proponent, have a technological solution that addresses most, if not all, of the requirements indicated in KHSC's RFS. The next step is for the selected proponent to have further consultations with KHSC and customize based on specific requirements with consideration on the needs of the patients with COPD who will be recruited into the 9-month pilot project.

- The 9-month pilot project is anticipated to start in mid-June 2019. The trial will compare COPD post-discharge care delivery with and without a technological solution. And for COPD post-discharge care delivery with a technological solution, it will compare care delivery with and without vital signs and oxygen level monitoring. A Research Ethics Board application has been initiated. A separate trial that will use a full chronic disease platform is also being considered to further test the scalability of the solution.
- In parallel, KHSC has partnered with Queen's University OPDES (Office of Professional Development & Educational Scholarship) in developing an Innovation Procurement Course Module. This sub-initiative is divided into three phases: (1) needs assessment, (2) educational development, and (3) program evaluation. A Program Planning Committee has been formed to finalize the course structure and plan for course delivery. Target timing for course delivery is mid-September 2019.

The OCE-REACH Project end date is September 7, 2019. A request to extend the project to November 7, 2019 has been submitted to OCE. The two-month extension will give the project team enough time to follow the patients for at least 3 months into the pilot project and complete the user acceptance testing before finalizing the reports to OCE.

8. Longwoods Healthcare Rounds – Integrated Care Solutions for Ontario Health Teams

On March 26, I participated in a panel discussion along with Jill Tettman, CEO, North Simco Muskoka LHIN, Anita Fitches, Director of Integrated Care Solutions with Bayshore Healthcare, Lydia Lee, National Digital Health Lead, IT Advisory, KPMG, and event moderator Karyn Popovich, Executive VP for Clinical Services and CNE with North York General, to reflect on the KHSC and Bayshore partnership to deliver innovative health care solutions. The keynote speaker for the event was Janet Davidson, Chair of CIHI's Board of Directors. Over 200 health care leaders were in attendance at this session where KHSC and Bayshore were recognized as innovative leaders recognizing our success with our transitional care unit.

9. McMaster Health Forum

On April 11, I have been invited to participate on a panel discussion as part of the McMaster Health Forum to discuss and shape research and policy in the area of perioperative medicine. The session will focus on what is needed to support rapid learning and improvement in the domains of "achieving worry-free surgery". I will provide the Board with an update at our May meeting following the session.

10. Update on KHSC Organizational Changes

A number of executive portfolio changes have occurred over the winter, including the departure of Silvie Crawford. In summary:

- Troy Jones has accepted the role as Chief Operating Officer (COO). Our new Chief Financial Officer (CFO) Amit Bansal and our VP Planning, Krista Wells Pearce, both report in to Troy.
- Brenda Carter has accepted the role as Chief of Quality and Clinical Transformation. On an interim basis, Brenda will also oversee the Cardiac, Women's and Children's (including Kids Inclusive), and Intensive Care Programs.
- Mike McDonald has accepted the role as Chief Nursing Executive, which includes professional practice and flow. On an interim basis, Mike will also oversee the Peri-Operative Program.
- Elizabeth Bardon has agreed to take responsibility for Protection Services, Food and Nutrition Services and Facilities.

- Steve Miller retired from KHSC on March 31st. He has accepted a half-time term position with UHKF as their CFO.

The Search Committee for the Vice President Health Sciences Research at KHSC and Vice Dean, Research for the Queen's Faculty of Health Sciences, is well underway. I also understand that the search for the next CEO of the University Hospitals Kingston Foundation is moving along.

11. Update on the Surgical Program

As reported at the last Board meeting, three big sterilizers in Central Processing Services at the KGH were taken off-line last month due to a flood and remain off-line to allow for clean up in the affected area. First and foremost, to all staff involved in this recent incident – thank you to staff at both the HDH and KGH sites who responded and retooled processes to get ORs back up and running. We were fortunate that the ORs were down at the HDH site for a scheduled installation of OR chillers which allowed for the HDH central sterilization to function 24x7 to meet the needs at the KGH site.

As well, a mobile sterile processing unit from Steris, a U.S. company, brought in a portable decontamination and sterilizer system to provide service. We are expecting the CPS at the KGH site to be fully functional again on April 13.

12. MRI Construction Project Update

The magnet has arrived and on Wednesday, April 3, it will be dropped into the new MRI suite located off King Street near the loading docks at the KGH site!

13. Patient-Partnered Scheduling for System Partners

In the SE LHIN there is a shortage of available personal support workers. The LHIN is working with partners to find new ways to meet the needs of our patients and their caregivers during this time while also attracting more personal support workers to the southeast region. The LHIN has moved to a "Patient-Partnered Scheduling Model" to ensure that more patients and caregivers receive the personal support services they need. The new system increases flexibility in scheduling home care workers throughout the week so that more patients receive this valuable care at home when they need it as well as avoiding setting up expectations that will limit the ability to secure a provider.

Working in partnership, KHSC staff will not suggest a particular day or time for PSWs when making referrals for home and community care services. KHSC staff will encourage patients and their caregivers to be flexible with their service provider agency when they call to schedule care visits. The SE LHIN assesses patients to develop a service plan that may include contracting a provider to help with personal care. Service provider agencies will call patients/caregivers directly to discuss and confirm the first visit along with the date/time of other visits considering care needs and personal support worker availability. This will create more flexibility in the system and allow for the most hours of care for all patients.

14. New Security Measures Introduced at KGH Site – March 11

New measures are now in place to ensure Kingston Health Sciences Centre can identify those who have authorized versus non-authorized access during the overnight hours at the KGH site. All entrances at the site are now locked to the public between 10 p.m. and 6 a.m. with the exception of the Emergency Department and the Davies 1 main entrance.

Family members and guests entering through Davies 1 are required to obtain temporary photo identification at the Security Control Centre in the main lobby. In addition, Security will call ahead to the destination unit to notify staff that a patient's family member is on site. Also worth noting: the new ID badge includes a self-expiry feature—a "STOP" symbol that appears within 12 hours of the ID being issued, flagging that it's no longer current. Captured in our recently revised [Family Presence policy](#), the new measures are aimed at promoting a safer, more secure care and work environment for patients, families, guests and staff at the KGH site.

15. National Day of Action – Canadian Doctors for Protection from Guns

Doctors and health care professionals are coming together to call for a public health focus to the debate around guns and a comprehensive public policy response to this crisis in a number of our communities. A national day of action will take place on April 3rd to urge the federal government to pass Bill C-71, An Act to Amend Certain Acts and Regulations in relation to Firearms. Kingston's rally took place at 1200 noon with an information session and march starting at the Queen's Medical School Atrium and ending at the Canada Post box outside the KGH site's main entrance.

16. Ethics Blog: Matters that Matter: Taking an ethical approach to human participation in research

This month's instalment of Matters that Matter focuses on research ethics at KHSC. As we continue to scope out the four domains of ethics within the KHSC Ethics Framework, we turn our attention to research ethics, with help from Jennifer Couture, Manager of Research Ethics Compliance at Queen's University:

From an ethical perspective, how do we protect people who participate in research studies?

The first protections to human research participants were implemented in response to the unethical human experiments conducted during World War II. The first principle of the [Nuremberg Code](#) stipulates that the voluntary consent of the human participant is absolutely essential.

Unfortunately, this did not stop human participant research from being 'unethical,' as shown by the [Tuskegee Syphilis Study](#), which ran for an astonishing 40 years, from 1932 to 1972. This study involved the enrollment of 600 African-American men, 399 with syphilis and 201 free of the disease. These men were offered free medical exams, free meals and burial insurance for their participation. The participants were only told they had "bad blood" and were not offered treatment with penicillin, even after it was proven to treat syphilis in 1947.

This led to the development of the [Belmont report](#) in 1979 and the implementation of the [Office for Human Protections \(OHRP\)](#) in the U.S. The OHRP implemented federal laws and [regulations](#) mandating that Research Ethics Boards (REBs) must review and approve all human participant research. Canadian REBs abide by the latest edition of the [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans \(TCPS 2 2014\)](#) as a minimum standard for reviewing human participant research. The core principles of this policy are "Respect for Persons, Welfare and Justice."

How do we oversee research ethics at KHSC and Queen's University?

We have two research Ethics Boards at Queen's University. The *General Research Ethics Board (GREB)* reviews Social Science, Humanities and Engineering research. The *Queen's University Health Sciences and Affiliated Hospitals Research Ethics Board (HSREB)* conducts health-related ethics reviews for Queen's University and its affiliated teaching hospitals, Kingston Health Sciences Centre (KGH & HDH sites) and Providence Care Centre.

How can I learn more about research ethics at Queen's?

Tools for Research at Queen's (TRAQ) is collaborating with the *Office of Research Ethics* to run monthly workshops for human participant researchers. These workshops help researchers learn to navigate TRAQ, provide an overview of the ethics application forms and answer questions related to research ethics and TRAQ.

17. Legislative & Regulatory Updates

As highlighted at last month's board meeting, the provincial government introduced **Bill 74, *The People's Health Care Act, 2019***, which proposes a series of amendments to several pieces of legislation as part of the provincial government's efforts to end hallway medicine. Key highlights of the proposed legislation may result in significant structural reforms for Ontario hospitals and health service providers.

Schedule 1 of the proposed legislation establishes Ontario Health which will authorize the creation of integrated care delivery systems. Schedule 2 to the Act will amend the *Ministry of Health and Long-term Care Act* to provide for an Indigenous health council and a French language health services advisory council to provide advice to the Minister. Schedule 3 provides for amendment and repeal of specific pieces of legislation to facilitate implementation. The Bill was referred to the Standing Committee on Social Policy and, on March 27, the Committee confirmed that it intends to hold public hearings in Toronto on April 1 and April 2.

When passed, the Bill will affect a significant number of Acts:

Anti-Racism Act, 2017
Broader Public Sector Accountability Act, 2010
Cancer Act
Commitment to the Future of Medicare Act, 2004
Connecting Care Act, 2019
Crown Foundations Act, 1996
Cutting Unnecessary Red Tape Act, 2017
Employment Standards Act, 2000
Excellent Care for All Act, 2010
Gift of Life Act
Health Facilities Special Orders Act
Health Protection and Promotion Act
Home Care and Community Services Act, 1994
Local Health System Integration Act, 2006
Long-Term Care Homes Act, 2007
Lung Health Act, 2017
Ministry of Health and Long-Term Care Act

Not-for-Profit Corporations Act, 2010
Oversight of Health Facilities and Devices Act, 2017
Patients First Act, 2016
Pay Equity Act
Pension Benefits Act
People's Health Care Act, 2019
Personal Health Information Protection Act, 2004
Private Hospitals Act
Public Hospitals Act
Public Sector Labour Relations Transition Act, 1997
Retirement Homes Act, 2010
Smoke-Free Ontario Act, 2017
Strengthening Quality and Accountability for Patients Act, 2017
Substitute Decisions Act, 1992
Tobacco Damages and Health Care Costs Recovery Act, 2009
Trillium Gift of Life Network Act

18. Upcoming Events

On **Sunday, April 7**, runners and walkers of all ages will lace up their sneakers and hit the streets to raise funds for the Kingston Health Sciences Centre's **23rd Annual KidsInclusive Run/Walk**. The family-friendly fundraising event, which encourages adults and kids alike to create super hero themed costumes, is attended by hundreds. Event proceeds support the clients and families of KHSC's KidsInclusive with funds being used to purchase equipment, support specialized education and training, and to assist families with exceptional costs associated with raising a child with special needs. Registration required at the www.uhkf.ca starting at 10:00 am from the Queen's University Athletics and Recreation Centre.

April is **Be a Donor Month** and the Kingston Health Sciences Centre is encouraging all staff to learn about the options available to become a donor and help pass the gift of life. Being a donor can take on many forms. You can register to become an organ and/or tissue donor or you can explore the opportunity to become a living donor. A multi-faith event is being planned on **Monday, April 8** at Queen's University on the topic of organ and tissue donation. The event runs from 1830 to 2000 hours at the School of Kinesiology and Health Studies, 28 Division Street. To learn more about becoming an donor: www.beadonor.ca.

Everyone is invited to hop on down to the **annual Easter Bake Sale** in the main lobby of our HDH site on **Friday, April 12, 9:00 – 1:00 pm**. Feast on an amazingly delicious assortment of cupcakes, breads, cakes and other goodies. Come early for the best selection! Hosted by the KHSC Volunteer Services to the Hotel Dieu Site, Inc. All proceeds support our HDH site.

On **Saturday, May 4** the 2019 **KHSC Food Blitz** for the **Partners in Mission Food Bank** will take place. The Food Blitz has been an important historical mission activity for the HDH site, and we're happy to see it become an annual tradition KHSC-wide. Please consider making a donation of non-perishable food items to help support the Food Bank and those in need in our community. Stay tuned for more information about drop-off locations. If you're interested in being part of the KHSC Food Blitz team on May 4, please send your name along to Anne Rutherford, anne.rutherford@kingstonhsc.ca.

In closing, I want to recognize all of KHSC's Volunteers ... this year's theme for National Volunteer Week – April 7-13 – is "**The Volunteer Factor – Lifting Communities**" – thank you to all volunteers at the KGH and HDH sites who contribute in excess of 90,000 hours a year in 80 programs, services, departments and units to help raise close to \$750K annually toward the purchase of equipment and patient comfort items. Our volunteer teams include high-school, post-secondary and grad students, adults and therapy dogs. We couldn't do all that we do without you!

Respectfully submitted



Dr. David R. Pichora
President and Chief Executive Officer