

## BOARD OF DIRECTORS - OPEN MEETING

Date: Monday, December 10, 2018  
 Meeting: 1600 – 1820 hours  
 Reception: 1830 – 1915 hours (University Club)  
 Location: KGH Site, Fenwick Conference Room  
 Dial-in: 1-855-344-7722 7673253#

Start	Time	Item	Topic	Lead	Purpose	Attachment
<b>1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, AGENDA &amp; MINUTES APPROVAL</b>						
1600	5 min	1.1	Call To Order, Confirmation of Quorum & Conflict of Interest	O'Toole	Confirm	Verbal
		1.2	Opening Value Statement: Respect	Pattenden	Inform	Verbal
		1.3	Consent Agenda Items a) Expression of Interest Form – 2019-20 KHSC Board Slate b) Critical Path for 2019-20 Board Officers Process c) Accreditation Update	O'Toole	Decision	Briefing note
		1.4	Approval of Agenda	O'Toole	Decision	Draft agenda
		1.5	Approval of Draft Minutes: November 12, 2018	O'Toole	Decision	Draft minutes
<b>2.0 PATIENT &amp; FAMILY CENTRED CARE</b>						
1605	5 min	2.1	KHSC Patient Rights and Responsibilities	Pichora/ Bardon	Inform	KHSC Article & Statement
<b>3.0 KEY DECISIONS</b>						
1610	10 min	3.1	KHSC Quality Aims	McCullough/ Pichora/Carter	Decision	Briefing note
<b>4.0 REPORTING &amp; PRESENTATIONS</b>						
1620	5 min	4.1	KHSC Chair's Report	O'Toole	Discuss	Verbal
1625	10 min	4.2	KHSC President & CEO Report & External Environment	Pichora	Discuss	Written report
1635	5 min	4.3	UHKF President and Acting CEO Report	Miller	Discuss	Written report
1640	5 min	4.4	Medical Advisory Committee/Chief of Staff Report	Fitzpatrick	Discuss	Written report
1645	5 min	4.5	Medical Staff Association Report	Jin	Discuss	Verbal
1650	10 min	4.6	Quarterly Performance Report: Q2 • Strategy Performance Indicators Report • Quality Improvement Plan Indicators Report • Service Accountability Agreement Indicators Report	Pichora/Jones KHSC Board Committee Chairs	Discuss	Briefing note Presentation @ meeting
1700	10 min	4.7	Enterprise Risk Management Concepts	Thesberg	Discuss	Verbal
<b>5.0 BOARD COMMITTEE REPORTING</b>						
1710	5 min	5.1	Patient Care, Quality & People Committee	McCullough	Inform	Verbal
1715	5 min	5.2	Governance Committee	Vollebregt	Inform	Verbal
1720	5 min	5.3	Finance & Audit Committee	Thesberg	Inform	Verbal

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Start	Time	Item	Topic	Lead	Purpose	Attachment
<b>6.0 GENERATIVE DISCUSSION – OPEN FOR DISCUSSION (deferred to January 2019 Meeting)</b>						
<b>7.0 IN-CAMERA SEGMENT</b>						
1725	5 min	7.1	Motion to Move In-Camera	O'Toole	Inform	Verbal
<b>11.0 REPORT ON IN-CAMERA MATTERS</b>						
1820	5 min	11.1	Motion to Report on Decisions Approved In-Camera	O'Toole	Inform	Verbal
		11.2	Date of Next Meeting & Termination			
<b>12.0 OPEN FORUM</b>						
Opportunity for directors to reflect on how patients, families and the community were considered in today's discussions						
<b>13.0 IN-CAMERA ELECTED MEMBERS SESSION &amp; CEO ONLY</b>						
<b>14.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT</b>						

## BOARD OF DIRECTORS OPEN MEETING: DECEMBER 10, 2018

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held at the Kingston General site on Monday, December 10, 2018 from 1600 to 1845 hours in the Fenwick Conference Room, Watkins 2. The following are the open minutes.

Elected Members Present (voting): Alan Cosford, Brenda Hunter, Michele Lawford, Bruce Lounsbury (phone), Sherri McCullough, David O'Toole (Chair), David Pattenden, Axel Thesberg, 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, and Dr. David Pichora.

Regrets: Emily Leslie.

Administrative Staff: Rhonda Abson (Recording Secretary), Elizabeth Bardon, Sandra Carlton, Brenda Carter, Tory Jones, Mike McDonald 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

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, January 28, 2019 at 1730 hours at the KGH site in the Fenwick Conference Room. The main focus of the January meeting is approval of the Hospital and Community Annual Planning Submissions (HAPs / CAPs).

The Chair extended an invitation for members to attend the KHSC staff forum at the KGH site on Tuesday, November 20 starting at 1100 hours in the Burr 1 Conference Room.

#### 1.2 Opening Value Statement: Respect

*We treat each person with respect and dignity. We do this by caring for the whole person, when and where they need it most.*

David Pattenden recognized all who are involved in the delivery of care and the need to treat each person with respect and dignity.

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### 1.3 Consent Agenda Items

The Chair drew attention to the consent agenda items circulated to members in the advance of the meeting.

Moved by Brenda Hunter, seconded by Glenn Vollebregt:

THAT the following briefing notes are received: Expression of Interest Form – 2019-20 KHSC Board Slate; Critical Path for 2019-20 Board Officer Process; and Accreditation Update.

CARRIED

### 1.4 Approval of Agenda

Moved by Alan Cosford, seconded by Axel Thesberg:

THAT the open agenda be approved as circulated.

CARRIED

### 1.5 Approval of Draft Minutes: November 12, 2018

The draft minutes from the November meeting were pre-circulated.

Moved by Sandy Wilson, seconded by Sherri McCullough:

THAT the minutes from the November 12, 2018 KHSC Board of Directors' meeting be approved as circulated.

CARRIED

## 2.0 PATIENT & FAMILY CENTRED CARE

### 2.1 KHSC Patient Rights and Responsibilities

Elizabeth Bardon, Vice President Missions and Performance, drew attention to KHSC's Patients' Rights and Responsibilities Statement recently developed by a group of Patient Experience Advisors, clinical leaders and support staff. Members of KHSC's Patient and Family Council were also engaged in the review process. The statement clarifies what patients can expect from KHSC when we provide care including the right to dignity and respect, to safe care and informed treatment, to privacy and confidentiality, to have a substitute decision maker, and to have access to a feedback and complaint process. The Statement also outlines the responsibilities of the patient to participate in their care plan, to respect others, and to identify and prepare their substitute decision maker.

Discussion focused on the implications of how the Statement deliverables are applied and, more importantly, communicated to patients when KHSC is dealing with surge capacity issues and other extraordinary circumstances, particularly when there are capacity constraints. In preparing the Statement, management has ensured that KHSC's current policies and practices were taken into consideration. It was suggested that further dialogue may be required to understand the intended and potentially unintended implications for the term 'right', i.e. if applied by a patient with an expectation to participate in a clinical trial. Ensuring that staff are prepared and have an understanding that it may not be possible to satisfy all requests and ensuring that patients understand there can be many contributing factors that go into a specific care team decision are important. The Statement should also include the Psychiatric Patient Advocate Office phone number.

### 3.0 KEY DECISIONS

#### 3.1 KHSC Quality Aims

Sherri McCullough, Chair, Patient Care, Quality and People Committee, drew attention to the committee's recommendation regarding KHSC's high level Quality Aims. Implementation of KHSC's Quality Roadmap is well underway and a key element to this work is to identify a small number of "Quality Aims" to align and focus KHSC's quality improvement efforts over the next three-year period. At their recent committee meeting, Sherri McCullough confirmed that members were in support of the proposed Aims and implementation plan.

Brenda Carter, Vice President Quality, noted that the Quality Aims will serve to align and focus KHSC's quality improvement initiatives that will be proposed to the Board in the development of the 2019-20 Quality Improvement Plan. Brenda Carter also confirmed that hospitals have just received the guidelines for developing this year's QIP which is usually completed by the end of March each year.

Discussion focused briefly on the patient population highlighted in the briefing materials. Dr. Pichora explained that the team will continue to focus efforts on the patient populations that have a high relevance of readmissions, i.e. mental health and addictions, chronic obstructive pulmonary disease and chronic heart failure.

Moved by Sherri McCullough, seconded by Axel Thesberg:

THAT, as recommended by the Patient Care, Quality and People Committee, the KHSC Board of Directors endorses the proposed high-level Quality Aims for the Kingston Health Sciences Centre as outlined in the briefing note discussed at the December 10, 2018 meeting and appended to these minutes.

CARRIED

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## 4.0 REPORTING

### 4.1 KHSC Chair's Report

The Board Chair thanked Vice Chair Sherri McCullough in representing the KHSC Board at the annual HDH Tree Lighting Ceremony and staff tea and also Vice Chair Axel Thesberg for agreeing to serve on the Chief Financial Officer Selection Committee.

On Wednesday, December 19, representatives of the KHSC Board and RHSJ Hotel Dieu Board, along with members of the HDH site Mission & Values Coordinating Committee will be meeting with Archbishop O'Brien to provide an update on integration activities.

The Chair invited two members to serve on the selection committee for this year's KHSC Team Awards and Healer Awards. On Monday, January 28, 2019, at 0900 hours, Board members are invited to attend a special event to recognize all who have been nominated. Further details will follow from the CEO Office.

As outlined in the Board's master meeting schedule, individual board member meetings with the Chair are slated for February 7 and 8. Due to calendar conflicts, the recording secretary will be reaching out to all KHSC Board members to establish these 1:1 meetings on February 14 and February 15.

This year's UHKF annual benefit dinner will take place on Saturday, March 23, at Ban Righ Hall. Tickets are available at the UHKF website (\$175.00 each or \$350.00 per couple).

### 4.2 KHSC President and CEO Report / External Environment

A written report of the President and CEO was circulated to members in advance of the meeting. Updates included information on the recent Code Silver at the KGH site, the KHSC Team Awards and Exceptional Healer Awards, the recent meeting with representatives of the City of Kingston relating to the August KGH and HDH site floods, highlights from the 2018 Ontario Auditor General Report, as well as information on the provincial budget were provided. The report also focused on the latest CIHI "Your Health System Web Tool", Health Quality Ontario's annual report, and Health Canada's "Framework on Palliative Care in Canada" were noted. The report also recognized the contributions of Vice President and Chief Financial Officer, J'Neene Coghlan, who will be retiring from KHSC on December 31, 2018.

In addition to the written report, Dr. Pichora provided members with an update on KHSC's capacity in terms of patient flow. The KGH site continues to experience record inpatient volumes. While KHSC has received additional funding to support the Bayshore initiative, expansion of and/or similar opportunities will need to be explored. Of concern to clinical team leaders is the fact that the flu has not arrived but care teams are seeing increased cases of pneumonia, particularly in the pediatric area. Alternative Level of Care numbers continue an upward trend with the KGH site seeing 95 ALCs on average. The need to move patients to long-term care, rehabilitation, retirement home setting, continues to be a challenge and the

recent closure of two nursing homes in the Kingston area has resulted in resident movements to other beds in the community that may have been available for patients discharged from the KGH site. Movement of patients to the most appropriate level of care/facility allows KHSC to fulfill its mandate in tertiary care. Discussions are ongoing with the SE LHIN and a task force is in place to address some of the barriers in terms of the number and access to retirement and long-term care beds; the types and availability of community supports so that patients care be discharged home; where opportunities exist to support patients requiring more complex medical/rehabilitation. Discussion focused on how services could be reconfigured across the sites and community. Dr. Pichora confirmed that there may also be options with Queen's. Mike McDonald, Executive Vice President Patient Care and Community Partnerships, confirmed that the team has analyzed and confirmed that expanding the HDH site Urgent Care Centre hours would not address the patient flow issues that the KGH site is experiencing. Dr. Mike Fitzpatrick, Chief of Staff, added that KHSC now has an arrangement with Providence Care to expand the availability of geriatric psychiatry services which will help patient flow.

Dr. Pichora commended all staff involved in the Code Silver incident at the KGH Site. Security protection staff with G4S Canada were commended and several of their staff members were recently recognized for their work that evening as recipients of the G4S Canada Humanitarian award. Following the incident, Kingston Police noted that KHSC staff carried out their roles admirably. Dr. Pichora confirmed that he has met with Scott Harris, Regional Director for Correctional Services Canada, and that tours of both the KGH and HDH sites had been arranged and arrangements are being finalized for a meeting with Correctional Services Commissioner, Anne Kelly.

#### 4.3 UHKF President & CEO Report

The written report prepared by Steve Miller, Acting President and CEO of UHKF, was circulated in advance of the meeting. Dr. Pichora confirmed that a brief update will be provided to the Board as part of the in-camera report.

#### 4.4 Medical Advisory Committee/Chief of Staff Report

Dr. Michael Fitzpatrick drew attention to his pre-distributed Chief of Staff report. The report provided an update on the recent presentation by Anca Anghel, Engagement Lead with the Ontario Telehealth Network. In Canada, fewer than 1% of health visits are virtual; for the Kaiser Permanente organization in the United States, over 52% of visits are completed through telehealth. OTN has been engaging organizations across the province to grow virtual visits. Discussion focused on how the Queen's e-consult program, which provides primary care providers to send patient-specific questions to specialists using a secure web-based platform, has improved wait times for patients.

The MAC was briefed at its November meeting on the regional hospital information system. Engagement of physicians both at KHSC and across the region has been excellent with more than 70 physicians being involved in the development of the HIS program.

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Melissa Farrell, Assistant Deputy Ministry for Acute Care and Emergency Services, also attended the November MAC meeting and provided an update on some of the Ministry initiatives. The government remains focused and committed to ending hallway medicine; addressing capacity challenges in long-term care; and improving the care provided to the addictions and mental health patient population.

4.5 Medical Staff Association Report – see page 7.

It was agreed that Dr. Jin would be invited to provide his update on arrival to the meeting.

4.6 Quarterly Performance Report: Q2

For Fiscal 2018-19, KHSC is monitoring the performance of 93 indicators, targets, and corridors of performance. In advance of the meeting, Board members received a copy of the Strategy Performance Report, Quality Improvement Plan Report, and the Service Accountability Agreement Report. In alignment with the concept of creating a two-year KHSC 2019 strategic framework and strategic directions, the integrated annual corporate plan builds on plans that started in 2017-18 and have progressed to indicators in 2018-19. Each board committee recently reviewed the performance metrics in detail at November committee meetings.

Overall progress at Q2 shows 12 of 14 (86%) strategy targets are on track; 8 of 8 (100%) quality improvement plan targets are on track; and 48 of 69 (70%) of the service accountability agreement targets are on track.

Axel Thesberg, Chair of the Finance and Audit Committee, reported that technology projects are tracking positively. While overall facilities projects are tracking favourably and KHSC continues to maintain a positive financial position. The Committee remains concerned about Phase 2 redevelopment project approval; Dr. David Pichora added that recent conversations with government are positive and supportive of this project.

Sherri McCullough, Chair of the Patient Care, Quality and People Committee, reported that quality improvement plan targets are tracking positively. MRI volumes have been sustained during construction of the second MRI at the KGH site. The Committee is also seeing improvements related to wait times and in certain quality based procedures. An area of concern that the Committee continues to monitor closely relates to improving performance in diagnostic imaging and surgery without negatively impacting other indicators.

Brenda Hunter, Chair of the Governance Committee, reported that KHSC's integration savings continues to track favourably and that a further update will be provided to the Board during the in-camera segment on the Queen's Health Partners Research Institute. No areas of concern have been identified by the committee during their Q2 review.



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Dr. Al Jin arrived at 1730 hours.

#### 4.5 Medical Staff Association Report

Dr. Jin noted that the Medical Staff Association received a great presentation from the University Hospitals Kingston Foundation at its last meeting. This provided members of the former Physician's Advisory Council with an opportunity to share their views on how UHKF can connect with physicians to support their fundraising efforts. In the coming months, the MSA hopes that the Physician's Advisory Council can be revived and start working on engagement plans.

As well, the MSA is hoping to arrange for a joint meeting with the Clinical Teachers' Association at Queen's. The next meeting is slated for February.

Dr. Fitzpatrick recognized Dr. Jin's efforts in support of fundraising as well as acknowledging the support provided by Steve Miller and Nicole Pierce at the recent MSA meeting.

#### 4.7 Enterprise Risk Management Concepts

At the request of the Governance Committee and Board Chair, Axel Thesberg agreed to present high level concepts to support a framework for enterprise risk management. The presentation provided members with an understanding ERM's relationship to strategic planning and performance management/ measurement process. Developing an annual business plan ensures the organization's activities support the implementation of key targets and indicators associated with the strategic plan. Equally important is the overall management structure to ensure appropriate resources/people are in place to support implementation of the various strategic priorities. Understanding and monitoring budget allocations to enable implementation of these priorities is equally important. Establishing internal control framework/policies to ensure goals are accomplished along with performance measures and reporting to measure progress. Ensuring KHSC has an ERM framework will consider what might go wrong and how we manage/mitigate the associated risks, i.e. risk register. Often organizations develop frameworks and processes in isolation. It is recognized that developing these frameworks and processes take time and confirming an organization's approach (top down versus bottom up) as well as how far one goes, i.e. enterprise level, business unit/department level, and individual level needs to be considered. As a new organization, KHSC has an opportunity develop integrated frameworks and processes to keep things simple and minimize duplication of effort.

David O'Toole thanked Axel Thesberg for his informative presentation and highlighted the fact that overseeing these activities is a key Board activity. As an important next step, confirming Board committee oversight for the development of an ERM framework will be an important next step in the process as well as figuring out how to allocate specific oversight to each of the Board committees. Brenda Carter and her team will be providing a further update at the March KHSC Board meeting.

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## 5.0 BOARD COMMITTEE REPORTING

### 5.1 Patient Care, Quality & People

Prior to the November Patient Care, Quality and People Committee, members were invited to tour information technology and members now have a greater appreciation and understanding of how technology supports the enterprise. Sherri McCullough recognized the compassionate and professional manner KHSC staff handled and responded to the recent Code Silver.

### 5.2 Governance Committee

Brenda Hunter reported on the November Governance Committee meeting. Several items will be handled during the Board's in-camera segment. In the early part of January, elected board members will be receiving an Expression of Interest Forum for completion in advance of the January Governance Committee meeting. The critical path to support the Board Officer selection process was circulated.

### 5.3 Finance & Audit Committee

Axel Thesberg noted that the draft minutes of the November Finance and Audit Committee were circulated as part of the in-camera agenda package for reference. Prior to the start of the November meeting, committee members participated in a tour of the KGH facilities. At the November committee meeting, Steve Miller led a discussion on the alignment of UHKF with fundraising priorities. Committee members reflected on the importance of planning together and the need to confirm UHKF's multi-year priorities.

## 6.0 GENERATIVE DISCUSSION –OPEN FOR DISCUSSION

Due to time constraints, the generative roundtable discussion will be deferred until early in the new year.

## 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 Sherri McCullough, seconded by David Pattenden:

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 November meeting; the board received the final October 2018 and draft November 2018 committee minutes; the board approved a number of appointments and reappointments to the medical and housestaff; the received a report on health human resources; the board was briefed on the Queen's Health Partners Research Institute; the board received an update on KHSC's Phase 2 redevelopment project; the board recognized the significant contributions of all who deliver and support care across the sites of KHSC and appreciate their efforts during the recent Code Silver; the board was briefed on activities with the University Hospitals Kingston Foundation; and a brief update on partner relations was provided.

The date of the next KHSC Board will be Monday, January 28, 2019 starting at 1600 hours at the KGH site in the Fenwick Conference Room.

The meeting terminated 1845 hours on motion of Sandy Wilson.

## 13.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY

No session held.

## 14.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT

No session held.

David O'Toole  
Chair

# Briefing Note

<b>Topic of Report:</b>	<b>CEO REPORT</b>	For Decision
<b>Submitted to:</b>	Board of Directors – December 10, 2018 Medical Advisory Committee – December 11, 2018	For Discussion      X For Information
<b>Submitted by:</b>	Dr. David R. Pichora, President and CEO	
<b>Date submitted:</b>	December 7, 2018	

## Background

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

## Current State

### 1. Code Silver Update

As an update to our email to KHSC Board members following the November 19 Code Silver, KHSC continues to work through a recovery phase that includes providing crisis management support for staff, incident debriefings and walkabouts by leaders and managers, all designed to help us handle an event that left us shaken yet committed more than ever to ensuring a safe environment for patients and families, and a safe workplace for all caregivers.

We have and will continue to encourage staff to reach out to our Employee/Family Assistance Provider crisis support line, to engage with their manager, or to seek one-on-one support through our Occupational Health nurses. Understandably, staff are approached by community members asking about the incident.

The Regional Commissioner and Corrections, Scott Harris, has been in regular contact with my office and I will be meeting with Mr. Harris on Friday, December 7, to spend time at both our sites and discuss ways that we can work together to serve our patients.

To help guide staff in this communication, we have posted the following information:

**Can I talk directly with ED staff about what happened that night?** - The ED is very appreciative of the support and concern that all areas have shown since this incident. Please understand, however, that ED staff are coping in their own individual ways and that they need time and space to process what has happened and how it affects them. Please avoid asking specific questions about the incident. Should an individual wish to discuss the incident, let that person initiate the conversation and listen in a supportive manner.

**What do I say if patients and families ask about the incident?** - It's okay to acknowledge that the event was a shock for ED staff and for the entire KHSC community. You can also explain that this event was a rare incident, that our hospitals are safe and that our Protection Services teams are highly

trained and capable should another incident ever take place. Please always remember that we continue to have a duty to protect both the privacy of our patients and that of our staff.

**Can't individuals in custody go elsewhere for care?** - As the regional provider of specialized health care, there's often no other option for people who need the types of care we provide. Whether they're correction offenders, individuals in the custody of police or other marginalized people such as those with mental health and addictions issues, we're an environment for healing and will offer compassionate care to everyone.

**How does KHSC handle mixing patients in custody with other patient populations?** - KHSC regularly has Corrections Canada staff and Police at our two hospital sites as they accompany individuals in their custody who require care. We actively participate in security discussions with Corrections Canada staff and/or the Police about security requirements so we can be prepared. The recent Code Silver has prompted additional discussions about how best to safeguard people within our sites.

**Why don't we have separate care spaces for individuals in custody?** - Our HDH site does have a separate holding area for outpatient appointments when the patient's medical risk is not moderate to high. Otherwise, our facilities are not set up in a way that would allow complete separation of the general patient population from those under the custody of Corrections. Plans for our Phase 2 redevelopment project include an area in our ED that would allow us to sequester high-risk individuals. However, there will always be instances where these individuals would require highly-specialized care that might not be able to be delivered in a separate area. We are exploring options for how to manage pending the Phase 2 redevelopment of our KGH site.

**What is KHSC doing next to help prevent a similar incident in the future?** - We're undertaking a number of responses to this event, including continuing to support those patients, physicians, learners, families and staff who were in our ED at the time. We are conducting a full review of this incident with the aim of learning from it. Both Kingston Police and Corrections Canada are part of this review process. Together with Corrections we are considering protocol changes pertaining to the management of patients who arrive from Corrections facilities for emergency care.

**How can I best prepare myself for a similar incident?** - The best preparation is to stay current with your Code Silver training, which sets out KHSC's plan for ensuring everyone's safety when an individual is in possession of a weapon and an enhanced police response is required. All KHSC employees are assigned this learning module annually in KHSC KnowledgeNow; you can also review it at any time. Managers can also contact Brenda Conway in Protection Services about additional Active Shooter education sessions with Kingston Police.

Appended to my update is a copy of recent correspondence from Dr. Robert Stewart, President and CEO of Catholic Health International, recognizing the contributions of staff.

## 2. KHSC Team Awards 2018

Over the years the Team Awards have become part of a cultural fabric that celebrates people dedicated to transforming the patient and family experience through innovative and collaborative approaches to care, knowledge, and leadership. Last year's Team Award winners included: The Admission Transit Unit (Care), Heads Up! Early Psychosis Intervention Program (Knowledge), Live Transplant Program (Leadership).

Eligibility - the KHSC Team Awards honour teams from across KHSC that have achieved outcomes that advance our aim of transforming care and excellence. All teams that work together, or collaborate on a project, program or service for the organization are eligible.

Nomination Criteria - nominations must include a description of what the nominated team has accomplished and what the impact has been in one of the following three categories:

**Care:** Through a deep commitment to patient and family centered care, teams actively demonstrate bringing about changes in the practice of caregiving, patient outcomes, processes or improvements to the patient and caregiver experience. This is achieved alongside a relentless focus on improving the quality of care, safety, and/or services for patients and families.

**Knowledge:** Teams have actively demonstrated through research, learning, or education, outcomes and evidence of new knowledge. This team also share with others in ways that support our organizational goals.

**Leadership:** Teams have taken a lead role through collaboration toward establishing a better process, method, program or standard as a model for others through a shared vision which creates transformational change that contributes and has a profound and positive impact on the broader health care system.

We are seeking two members of the KHSC Board to join the Executive team to review the nominations received. Towards the end of December, you will receive a nominations package. Members will be asked to review and rank each of the submissions and return the information to the People Services group. A meeting to identify and confirm this year's recipients will be held on Wednesday, January 9 from 1300 to 1400 hours. A special event will be held on Monday, January 28 at 0900 hours to recognize the 2018 recipients. Please let Rhonda know if you are available to join us in this year's selections.

### 3. KHSC Exceptional Healer Awards

In recognition of the primary importance of patient- and family-centred care to the mission of Kingston Health Sciences Centre, the Exceptional Healer Awards are given to a physician and nurse who demonstrate the following: dignity, respect, information sharing, participation and collaboration. Last year, 21 physicians were nominated and Dr. Shawna Johnston was selected for this award.

Patients and family members can nominate a KHSC physician and/or nurse who have provided care to them in the last two years. The criteria for nomination – the individual creates an excellent patient care experience over and above the norm by exhibiting some or all of the following behaviours:

- Demonstrates compassion as a skillful clinician by displaying person qualities such as approachability, flexibility and empathy;
- Uses novel or innovative methods in attempting to deliver compassionate care;
- Demonstrates a pattern of listening to and respecting patient and family perspectives and choices;
- Exhibits a value of integrating patients and families into the clinical care model to ensure they are equal, informed participants in their health care;



- Honours the uniqueness of patients and families by incorporating their knowledge, values, beliefs and cultural backgrounds into the planning and delivery of care.

The nominator is required to complete a brief nomination form and short explanation of the candidate's special qualifications for the award based on the criteria above. Deadline for nominations is Friday, December 14, 2018.

#### 4. City of Kingston – KHSC Meeting

In response to the significant flood that occurred at both KHSC sites in August 2018, officials from KHSC Facilities Department met with senior representatives from the City of Kingston and Utilities Kingston on December 3. The focus of the meeting was to discuss actions needed to prevent future floods at the KGH site, in particular in the Cancer Centre.

An engineering study, undertaken by KHSC in 2017 that examined the city infrastructure surrounding KGH site, was discussed as a means to determining where work would be needed to address storm water and sanitary drainage that could be the potential cause of future flood events. The City indicated that, as part of a 4 year infrastructure plan that is before Council for approval, a major project on King Street at Portsmouth Village should drive improvements in storm water and sanitary drainage management around the KGH site. There are no City infrastructure upgrade plans for work at Lower University in the foreseeable future. The City will provide KHSC with a letter regarding approved projects and their timing assuming Council approves the budget for the work. KHSC agreed to study our internal drainage layouts to determine if there are any storm sewers that are draining into the sanitary system on the KGH site that could be compounding impacts due to design limits within the city's infrastructure.

#### 5. 2018 Ontario Auditor General Report

The main theme in this Auditor General Report revolved around cost-effective achievements for government investments in programs. The Auditor General emphasized that many of these investments did not deliver desired results, with a particular focus on programs like Ontario Works and Waterfront Toronto, as well as transportation infrastructure projects led by Metrolinx. Also of note was the finding that Ministries make extensive use of external consultants, especially in IT, without knowing if it would be more cost-effective in some cases to hire permanent or short-term employees to do the same work.

Most health care programs reviewed were seen as generally successful, with the caveat that a stronger mandate for HQO and a more work to address capacity challenges for MRI and CT scanning would further improve performance. Below are summaries of the Health Care related audits:

**Health Quality Ontario-** HQO has had difficulty assessing and demonstrating its impact on the quality of health care in Ontario. HQO could strengthen its efforts by monitoring the adoption rate of its standards and measuring impact of its work on the overall quality of healthcare. Both the Ministry and the LHINs are not ensuring that HQO's recommendations and advice are acted on and therefore, the Ministry should clarify roles and responsibilities with respect to requiring the adoption of recommendations made by HQO. Additionally, to support HQO in using its resources efficiently, the Auditor General recommends the Ministry to assess whether the agency's growth in expenditures and staff size is reasonable in relation to its current mandate.

**MRI and CT Scanning Services-** Ontario has the lowest wait times for magnetic resonance imaging (MRI) and computed tomography (CT) scans of the six provinces that measure them. However, while most Ontario patients assessed as emergency or urgent cases got scans within provincial target times, lower-priority cases waited longer than Ontario's own target. The audit found that there are several opportunities to increase efficiency and better use resources that could help reduce wait times for MRI and CT scans. The Auditor General also recommended that the MoHLTC work with CCO to assess whether unused capacity at hospitals can be used to address backlogs for MRI and Scan services, and then further prepare an action plan.

**Inter Provincial and International Health Services-** Ontarians travelling outside the province without private medical insurance often get as little as five cents on the dollar from the Province for medical costs they incur. At the same time, Ontario hospitals are providing some services to out-of-province patients at costs in excess of the amounts that they can bill back to the other provinces and territories, ultimately subsidizing their care.

**Assistive Device Programs-** The Program enhanced service delivery since the last audit in 2009, however, efforts to improve oversight by identifying ineligible claims remain inadequate. Also, efforts to ensure that vendors are only being paid reasonable prices for devices remain inadequate.

## 6. Ontario's Fall Economic Statement

The provincial Finance Minister announced Ontario's Fall Economic Statement on November 15, 2018. Highlights include:

- Ontario is projecting a 2018-19 deficit of \$14.5 billion — \$0.5 billion less than the \$15 billion deficit inherited from the previous government as reported by the Independent Financial Commission of Inquiry.
- The government will continue to aggressively pursue opportunities to find new efficiencies and savings. The Province has saved \$3.2 billion, or about two per cent, in program expenses by reducing spending while not reducing front-line services. The government has confirmed that it will not proceed with the previous government's \$308 million in planned tax increases. Finally, the cap-and-trade carbon tax will not be implemented in order to strengthen Ontario's economy. It is expected that these measures could potentially save \$2.7 billion.
- The government will repeal components of the Fair Workplaces, Better Jobs Act, 2017 (Bill 148) and keep the minimum wage at \$14 per hour. This will reduce employer costs by \$1.4 billion in 2019. The government is also taking steps to cut red tape by 25 per cent by 2022. The Province also plans to reverse the previous government's announced changes to Ontario's small business deduction that would have raised taxes by up to \$40,000 per year for about 7,900 companies, and increase the amount of payroll that is exempt from the Employer Health Tax for eligible Ontario employers.
- A number of tax changes planned by the previous government will be cancelled. This includes previously-planned adjustments to income tax rates, brackets, surtax and credits. Additionally, the government will roll back planned changes to the Employer Health Tax exemption as well as to tax credits related to innovation and R&D.

## 7. Provincial Budget 2019

The provincial government has launched budget consultations and seeking input from Ontarians on innovative and cost-effective ideas that will generate savings and improve the delivery of programs and services. The



consultation website will be open until February 8, 2019: [click here](#)

## 8. College of Physicians and Surgeons of Ontario

The College is inviting comment from the public, patients, caregivers and health care stakeholders to complete a brief 10-minute survey ([click here](#)) to help guide important decisions about what the CPSO should focus on in the coming years. The College is currently developing a new strategic plan that will set a direction for the future and lay out their core priorities and activities. Through this survey, participants can provide their opinions on the College and its role in health care. Deadline for completion is December 7.

## 9. CIHI Updated Data – Your Health System Web Tool

A number of indicators in Your Health System web tool have been updated to reflect the most recent year of data available. Emergency Department statistics for 2017-18 are now available. For the first time in at least 5 years, pneumonia was 1 of the top 10 reported reasons that Canadians went to the emergency department (ED) last year. According to the Canadian Institute for Health Information (CIHI), there were almost 135,000 pneumonia-related ED visits reported across the country in 2017–2018, marking a 13% increase from the year before. More than 1 in 4 reported ED visits for pneumonia resulted in the patient being admitted to the hospital for at least 1 night. Abdominal and pelvic pain, throat and chest pain, and acute upper respiratory infection were the top 3 main reasons for visits, together resulting in approximately 1 million reported ED visits last year.

Pneumonia is a concern both in the ED and throughout the entire hospital, as it is consistently among the top causes of in-hospital deaths in Canada. Older adults made up approximately 65% of pneumonia-related visits for admitted patients last year. CIHI's data also shows that visits to Canada's EDs continue to climb. In 2017–2018, there were more than 11.4 million reported ED visits, compared with 11.2 million in 2016–2017. Despite the increased number of ED visits, year-over-year wait times remained relatively stable, with longer waits in the evenings and on weekends, as well as differences seen across hospitals.

## 10. Health Quality Ontario – Measuring Up 2018 Yearly Report ([www.hqontario.ca](http://www.hqontario.ca))

Dr. Karen Graham, Program Medical Director for KHSC's Emergency Department, was profiled in this year's annual HQO Report "Measuring Up" – [click here](#). "Measuring Up 2018" provides a yearly look at the performance of Ontario's health system. Key findings highlighted in HQO's November 16, 2018 news release include:

The report's key findings emphasize the backlog in different parts of the health system, underscoring the hospital overcrowding issue. Some examples include:

- Emergency department visits are on the rise, especially among patients with serious conditions. Plus, patients are spending more time in the emergency department before being admitted to hospital.
- Hospital emergency departments are also facing an increased challenge dealing with the opioid crisis.
- The number of hospital beds occupied by patients waiting to receive care elsewhere continues to increase and is equivalent to more than 10 large, 400-bed hospitals filled to capacity every day.

- Patients are waiting longer to access long-term care, assisted living and home care, from hospital and from the community too.

Despite these challenges, the report also shows bright spots scattered throughout the health system:

- People in Ontario are living longer and less likely to die before the age of 75.
- More people are having cancer-related or general surgeries within the recommended wait times.
- Rates of hospital-acquired *C. difficile*, a potentially life-threatening infection, continue to improve.
- Fewer children and youths are having their first care for a mental health condition occur in the emergency department.
- More Ontarians are receiving palliative care

### 11. Health Canada – Framework on Palliative Care in Canada

On December 4, 2018, Federal Health Minister Ginette Petitpas Taylor tabled the government's framework on Palliative Care in Canada. This framework describes how palliative care will be provided in Canada and the roles and responsibilities of numerous individuals and organizations involved in providing this care. A set of guiding principles have been developed to ensure that all Canadians with life-limited illnesses live well until the end of life. The framework also sets out best practices and a range of short, medium and long term actions in the following priority areas:

- Palliative care education and training for health care providers and caregivers;
- Measures to support palliative care providers;
- Research and the collection of data on palliative care; and
- Measures to facilitate equitable access to palliative care across Canada, with a closer look at underserved populations.

Of the over 270,000 Canadians who die each year, 90% die of chronic illness, such as cancer, heart disease, organ failure, dementia or frailty. By 2026, the number of deaths is projected to increase to 330,000, and to 425,000 by 2036. Despite Canadians' wishes to die at home, 60% die in hospitals.

### 12. Legislative & Regulatory Updates

- **Restoring Trust, Transparency & Accountability Act, 2018 – Bill 57** – was recently introduced by government. This omnibus bill was prepared as part of the 2018 Ontario Economic Outlook and Fiscal Review. If passed, the Bill will propose a number of changes to over 45 pieces of legislation. While still preliminary, most of the changes will not directly impact hospitals in Ontario. It could, however, impact the following as outlined in the OHA's recent bulletin to member hospitals:
  - Deferring the entry into force date of the *Pay Transparency Act, 2018*, previously scheduled to come into effect on January 1, 2019;
  - Permitting pension plan administrators to accept electronic beneficiary designations under the *Pension Benefits Act*;
  - Changing certain rules in the *Pension Benefits Act* for annuity purchases and setting out requirements relating to funding of annuity purchases after Bill 57 enters into force; and
  - Amending the *Municipal Act, 2001* and the *City of Toronto Act, 2006* to clarify municipal authority to pass by-laws to further restrict the smoking of cannabis.

- **Court of Appeal Decision – Hospital Cancellation of Physician Privileging Upheld**

The Ontario Hospital Association recently reported on the Ontario Court of Appeal's decision in *Beattie v Women's College Hospital*, upholding a lower court's decision to dismiss a civil claim for damages made by two physicians whose privileges were cancelled as a result of the hospital closing its urgent care clinic. The physicians sued the hospital for wrongful dismissal and civil fraud. In dismissing the physicians' appeal, the Court cited section 44(5) of the *Public Hospitals Act* which provides statutory protection from liability in situations where a hospital, acting in good faith, ceases to provide a service.

### 13. KHSC Mission, Vision, Values Blog: Rooted in Mission: Growing a new model of governance

I wanted to share with the KHSC Board the latest update on our Mission, Vision and Values blog which was posted on the KHSC website on December 3, 2018.

*When the boards of Hotel Dieu Hospital and Kingston General Hospital first started working towards integration, they faced the big task of landing on a governance structure for the new organization. Even more daunting, they had to find the best governance model for operating a Catholic site (HDH) and a secular, non-faith-based site (KGH) under one corporate roof.*

*Right out of the gate a key decision was made to create a binding Operating Agreement for the new Kingston Health Sciences Centre (KHSC), which set out the expectations and processes for protecting the mission and values at the different sites. Among other things, the Agreement also ensured that KHSC's overarching mission, vision and values were consistent with those at HDH and KGH. As well, it established a Partnership Council.*

*Creating the Partnership Council was a smart move. Composed of three representatives from each of the HDH and KGH legacy Boards, the Council has the job of holding the KHSC Board of Directors accountable for compliance with the Operating Agreement. From a mission perspective, the Council is critical in preserving the Catholic Chain of Mission of HDH and a means of ensuring that the legacy Boards of HDH and KGH continue to play an important role.*

*At the HDH site, along with sending representatives to the Partnership Council, the legacy Board meets at least four times each year, when its 10 members and the Archbishop of the Archdiocese of Kingston (or delegate) receive reports from the KHSC Board and CEO. As ever, the legacy Board remains committed to ensuring that Catholic values remain alive and well at the HDH site.*

*Where does our Sponsor fit in?*

*Also attending to our Catholic mission, of course, is our Sponsor, Catholic Health International. In order to be a Catholic facility you must—in the eyes of the Catholic Church—be “sponsored” by a body that the Church officially recognizes. Our original Sponsor was the Religious Hospitallers of St. Joseph or our Sisters, who sponsored our HDH site until they transferred that responsibility to CHI.*

*CHI bears the responsibility of ensuring that our HDH site gives witness to Catholic values in ways that are highly visible to our entire community. That witness is expressed in our functions, structures and*

*organization, which means CHI plays an important role in the agreements and governance structures that now touch HDH. CHI also helps us to give witness to Catholic values in targeted ways—for instance, through its Catholic Leadership Formation Program, which has already graduated several KSHC leaders and staff (spot some familiar faces in the latest graduating class photo!), and through its Values Integration Appraisal Process, which our HDH site completed with flying colours in 2017.*

*Thanks to new—and model—governance we continue to support what matters most to us: compassionate care for all those in need.*

*Caroline Manley, Member, KHSC Partnership Council & HDH Mission & Values Coordinating Committee*

#### 14. Upcoming Events

**KHSC Holiday Open House – KGH Site on Thursday, December 13** from 1300 to 1400 hours and again from 2000 to 2100 hours in the Burr 1 Conference Room. We encourage KHSC Board members to drop by this year's open house.

**Christmas Bake Sale – HDH Site on Friday, December 14** – leave your holiday baking to the experts – KHSC Volunteer Services to HDH Site will have delicious goodies available at their annual Christmas Bake Sale in the main lobby from 0900 to 1400 hours.

**Long Service Dinner** – KHSC will be holding its first ever integrated long-service dinner on **Tuesday, January 25, 2019** at the Four Points Sheraton here in Kingston. David O'Toole will be joining me at this year's dinner where we will recognize staff with 25 years or more years of service.

#### 15. On the Move & Appointments

Earlier this month, **Quinte Healthcare Corporation** announced the appointment of **Dr. Colin MacPherson** as Chief of Staff. Dr. Colin MacPherson has been the Chief /Medical Director of Psychiatry at QHC since 2012 and has been the Interim Chief of Staff since April 2018. He has been with QHC since 2011 as a psychiatrist and serves as the clinical lead for many of QHC's psychiatric programs and services. Dr. MacPherson earned his medical degree at the University of Western Ontario and completed his psychiatry residency at the University of Toronto. With multiple clinical, academic and administrative appointments under his belt, Dr. MacPherson is excited to take on the permanent position as QHC's Chief of Staff.

#### 16. Mission Moment ...

Our Transplant Program at KHSC continues to be very active in screening potential cases for organ transplantation. The Kingston community has been thoughtfully responsive with very good donation rates. We have well-developed processes to optimize donation and transplantation rates at KHSC. Our Donation Tree and annual celebrations have been truly successful and valued by the families of those diseased. The efforts and commitment of all is greatly appreciated.

I want to share with members of the Board the holiday greeting received from Ronnie Gavsie, President and CEO of the Trillium Gift of Life Network -

**From:** [PresidentsOffice@GiftofLife.on.ca](mailto:PresidentsOffice@GiftofLife.on.ca) [mailto:PresidentsOffice@GiftofLife.on.ca]

**Sent:** December-06-18 11:02 AM

**Subject:** Happy holidays from Trillium Gift of Life Network!



*At just 4.5 months old, Natalie received a heart transplant that saved her young life. This holiday season, her parents are thankful to celebrate with their happy and healthy baby girl, as they honour the selfless decision of her organ donor's family. On behalf of little Natalie and thousands of other transplant recipients like her, thank you for your support.*

*From all of us at Trillium Gift of Life Network, we wish you a happy, peaceful holiday and a bright, hopeful New Year.*

In closing this month's report, I want to take this opportunity to recognize and thank **J'Neene Coghlan** after nearly 10 years of dedicated service to Kingston General Hospital and, most recently, to the Kingston Health Sciences Centre as Vice President and Chief Financial Officer. As you know, J'Neene will be retiring December 31, 2018 and I want to again extend our best wishes to J'Neene for a well-deserved retirement and to thank her for her many contributions.

Have a safe and all the best for the holiday season.

Respectfully submitted

Dr. David R. Pichora  
President and Chief Executive Officer