



## BOARD OF DIRECTORS – OPEN MEETING

Date: Wednesday, March 28, 2018  
 Meeting: 1600 – 1830 hours  
 Location: Hotel Dieu Site, Henderson Board Room  
 Dial-in: 1-855-344-7722 7673253#

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
<b>1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, DECLARATIONS OF CONFLICT, CONSENT AGENDA &amp; AGENDA APPROVAL</b>							
1600	5 min	1.1	<p><b>Opening Reflection, Chair's Remarks, Quorum Confirmation, Conflict of Interest</b></p> <p>Accreditation Standard 1:1: The roles, responsibilities and legal obligations of the governing body are defined and regularly reviewed.</p> <p>Accreditation Standard 5.5: The governing body has a formal process to understand, identify, and resolve conflicts of interest.</p>	O'Toole	Decision	Draft agenda	
		1.2	<p><b>Consent Agenda Approval &amp; Open Agenda Approval</b></p> <p>a) Draft minutes, KHSC Board, March 5, 2018                      b) CEO Update                      c) UHKF CEO Update                      d) COS Update / MAC Report                      e) 2018-19 Board &amp; Committee Master Schedule</p>	O'Toole	Decision	Briefing note + attachments	
<b>2.0 PRESENTATIONS / EDUCATION SESSION</b>							
1605	15 min	2.1	<p><b>Principle Based Decision-Making – ASSIST</b></p> <p>Accreditation Standard 1.3: The governing body approves, adopts, and follows the ethics framework by the organization.</p> <p>Accreditation Standard 2.9: Members of the governing body receive ongoing education to help them fulfill their individual roles and responsibilities and those of the governing body as a whole.</p> <p>Accreditation Standard 3.1: The ethics framework and evidence-informed criteria are used by the governing body to guide decision making.</p>	Bardon/ Crawford	Inform	Presentation @ meeting	Strategic Direction: Improve the patient experience through a focus on compassion and excellence

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
<b>2.0 PRESENTATIONS / EDUCATION SESSION</b>							
1620	20 min	2.2	<p><b>Accreditation 2018 Update – Debrief of March 5 Mock Interview</b></p> <p>Accreditation Standard 2.9: Members of the governing body receive ongoing education to help them fulfill their individual roles and responsibilities and those of the governing body as a whole.</p> <p> Accreditation Standard 12.1: The governing body demonstrates accountability for the quality of care provided by the organization.</p> <p>Accreditation Standard 13.10: The governing body identifies and addresses opportunities for improvement in how it functions.</p>	Vollebregt/ Carter/ Schweitzer	Discuss	Presentation @ meeting	Strategic Direction: Improve the patient experience through a focus on compassion and excellence
1640	15 min	2.3	<p><b>AFP/SEAMO Overview</b></p> <p>Accreditation Standard 2.9: Members of the governing body receive ongoing education to help them fulfill their individual roles and responsibilities and those of the governing body as a whole.</p> <p>Accreditation Standard 11.1: The governing body works with the CEO to identify stakeholders and learn about their characteristics, priorities, interests, activities, and potential to influence the organization.</p> <p>Accreditation Standard 11.2: In consultation with the CEO, the governing body anticipates, assesses and responds to stakeholders' interests and needs.</p>	Pichora/ Fitzpatrick/ Simpson	Inform	Presentation @ meeting	Strategic Direction: Enable clinical innovation in complex acute and specialty care
<b>3.0 CEO UPDATE (see Consent Agenda)</b>							
<b>4.0 UNIVERSITY HOSPITALS KINGSTON FOUNDATION (see Consent Agenda)</b>							
<b>5.0 EXECUTIVE COMMITTEE (no meeting)</b>							
<b>6.0 MEDICAL ADVISORY COMMITTEE (see Consent Agenda)</b>							

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
<b>7.0 PATIENT CARE, QUALITY &amp; PEOPLE COMMITTEE</b>							
1705	5 min	7.1	<p><b>Patient Safety Culture Survey Results</b></p> <p>Accreditation Standard 10.0: The governing body fosters and supports a culture of patient safety throughout the organization.</p> <p>Accreditation Standard 10.2: The governing body monitors organization-level measures of patient safety.</p>	McCullough	Discuss	Briefing note	Strategic Direction: Improve the patient experience through a focus on compassion and excellence
1710	5 min	7.2	<p><b>Draft Quality Improvement Plan 2018-19</b></p> <p>Accreditation Standard 12.2: The governing body works with the CEO and the organization's leaders to develop an integrated quality improvement plan.</p>	McCullough	Decision	Briefing note, QIP narrative + work plan	
1715	5 min	7.3	<p><b>Privacy Officer Annual Report</b></p> <p>Accreditation Standard 1.4: The governing body adopts a code of ethical conduct for its members.</p> <p>Accreditation Standard 3.4: The governing body has processes in place to oversee the functions of audit and finance, quality and safety and talent management.</p>	McCullough	Discuss	Presentation	
<b>8.0 FINANCE &amp; AUDIT COMMITTEE</b>							
<b>9.0 GOVERNANCE COMMITTEE</b>							
1720	5 min	9.1	<p><b>KHSC Strategy – Community Engagement Plan</b></p> <p>Accreditation Standard 6.1: The governing body oversees the strategic planning process and provides guidance to the organization's leaders as they develop and update the organization's vision and strategic plan.</p> <p>Accreditation Standard 11.4: The communication plan includes strategies to communicate key messages to clients and families, team members, stakeholders, and the community.</p>	Vollebregt O'Toole/ Bardon	Inform	Briefing note	
1725	5 min	9.2	<p><b>Updated Governance Committee Terms of Reference Updated Executive Committee Terms of Reference</b></p> <p>Accreditation Standard 1.2: There is written documentation that identifies the governing body's roles and responsibilities, as well as how those roles and responsibilities are carried out.</p>	Vollebregt	Decision	Briefing note & draft TOR	

Start	Time	Item	Topic	Lead	Purpose	Attachment	Link to KHSC Strategic Directions & Enablers Our Annual Corporate Plan 2017-18
1730	5 min	9.3	<p><b>Draft H-SAA 2018-20 and M-SAA 2018-19</b></p> <p>Accreditation Standard 9.1: The governing body approves the organization's capital and operating budgets.</p> <p>Accreditation Standard 9.5: The governing body oversees the organization's resource allocation decisions as part of its regular planning cycle.</p> <p>Accreditation Standard 9.6: When reviewing and approving resource allocation decisions, the governing body assesses the risks and benefits to the organization.</p> <p>Accreditation Standard 9.8: The governing body anticipates the organization's financial needs and potential risks, and develops contingency plans to address them.</p>	Vollebregt	Decision	Briefing note + draft agreements	Enabler: Finances
<b>10.0 INTEGRATED BUSINESS</b>							
1735	10 min	10.1	<p><b>2018-19 Annual Corporate Priorities Plan Process Update</b></p> <ul style="list-style-type: none"> <li>Draft Strategy Performance Index</li> </ul> <p> Accreditation Standard 12.1: The governing body demonstrates accountability for the quality of care provided by the organization.</p>	Committee Chairs/ Bardon/Jones		Briefing note, draft SPI	
<b>11.0 IN-CAMERA SEGMENT</b>							
1745	5 min	11.1	<b>Motion to Move In-Camera (agenda items #11-14)</b>	O'Toole	Decision	Verbal	
<b>14.0 REPORT ON IN-CAMERA DECISIONS &amp; TERMINATION</b>							
1830		14.1	<p><b>Motion to Report the Decisions Approved In-camera</b></p> <p>Accreditation Standard 13.3: The governing body shares the records of its activities and decisions with the organization.</p>	O'Toole	Inform	Verbal	
		14.2	<b>Date of Next Meeting &amp; Termination</b>	O'Toole	Inform	Verbal	
<b>15.0 IN-CAMERA ELECTED MEMBERS SESSION &amp; CEO ONLY</b>							
<p>Accreditation Standard 3.5: Required information and documentation is received in enough time to prepare for meetings and decision making.</p> <p>Accreditation Standard 3.6: The governing body reviews the type of information it receives to assess its appropriateness in helping the governing body to carry out its role.</p> <p>Accreditation Standard 13.10: The governing body identifies and addresses opportunities for improvement in how it functions.</p>							
<b>16.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT</b>							

## BOARD OF DIRECTORS OPEN MEETING: MARCH 28, 2018

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held at the Hotel Dieu Hospital site on Monday, March 28, 2018 from 1600 to 1815 hours in the Henderson Board Room, Sydenham 2. The following are the open minutes.

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

Ex-officio Members Present (voting): Dr. Chris Simpson.

Ex-officio Members Present (non-voting): Silvie Crawford, Dr. Michael Fitzpatrick, Dr. David Pichora and Dr. Ron Pokrupa.

Regrets: Bruce Lounsbury and Glenn Vollebregt.

Administrative Staff: Rhonda Abson (Recording Secretary), Elizabeth Bardon, Sandra Carlton, Brenda Carter, J'Neene Coghlan, Denise Cumming, Roger Deeley, Troy Jones, Steve Miller, Janine Schweitzer.

- 1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, DECLARATIONS OF CONFLICT, CONSENT AGENDA & AGENDA APPROVAL
- 1.1 Opening Reflection, Chair's Remarks, Quorum Confirmation, Declarations of Conflict & Agenda Approval

David O'Toole opened the meeting with a reflection, confirmed quorum, called the meeting to order and welcomed Emily Leslie to her first meeting.

On April 1, 2018, the Kingston Health Sciences Centre will have achieved its first year anniversary. The Chair recognized the significant contributions of the Vice Chair, Committee Chairs, CEO and executive team, along with the commitment of KHSC Board members. Some of the significant accomplishments this past year include the ongoing development of a new strategy for KHSC which will include our new vision, vision and values statement; development and implementation of an integrated annual corporate plan and performance monitoring for indicators included in that plan; the Board's preparation for the upcoming Accreditation; the development of medical assistance in dying protocols respecting the missions of the KGH and HDH sites; Board support for the naming and branding for the Kingston Health Sciences Centre; the naming of the W.J. Henderson Centre for Patient Oriented Research; the work to-date to support the renewal of hospital information systems across the region; the government's support of Phase 2 redevelopment projects; the Board's ongoing monitoring of patient flow, quality of care delivery, and hearing from patients and their families. In celebration of the many KHSC's achievements, the Chair

Open Board Meeting: March 28, 2018

Page 2

recognized and congratulated the staff, physicians, and volunteers who have delivered on so many initiatives highlighting the importance of their continued support going forward.

Accreditation Canada interview to take place on Monday, April 23, 2018 at 1600 hours with the KHSC Board. Board members are welcome to attend the general staff debriefing in the auditorium of the HDH site on Friday, April 27 at 1000 hours. Upcoming KHSC Board meetings are slated for Monday, May 7, 2018 at 1600 hours and on Monday, June 11 at 1500 hours, both board meetings will be held in the Henderson Board Room, HDH site. KHSC Strategy Planning Session No. 2 for the Board is confirmed for Tuesday, June 5, 2018 from 0830 to 1300 hours – location will be confirmed closer to the meeting date. As outlined in the 2018-19 master board and committee schedule, the June 25 Board recognition dinner has been moved to Monday, September 24, 2018.

The Chair confirmed that Axel Thesberg was on the line and able to hear the proceedings. Dr. Chris Simpson will join the Board at approximately 1645 hours. Declarations of conflict were invited; no conflicts were recorded.

## 1.2 Consent Agenda Approval & Open Agenda Approval

The agenda and meeting materials were pre-circulated. The Chair invited adjustments to the consent agenda; no amendments requested.

Moved by Kirk Corkery, seconded by Alan Cosford:

The open consent agenda is approved and the following matters considered:

THAT the minutes of KHSC Board of Directors' meeting held on March 5, 2018 be approved; and

THAT the following reports be received for information:

- CEO Update
- UHKF CEO Update
- COS Update / MAC Report
- 2018-19 Board & Committee Master Schedule

CARRIED

Moved by Sandy Wilson, seconded by David Pattenden:

THAT the open agenda be approved as circulated.

CARRIED

Open Board Meeting: March 28, 2018

Page 3

## 2.0 PRESENTATIONS / EDUCATION SESSION

### 2.1 Principle Based Decision-Making – ASSIST

Elizabeth Bardon, Vice President Missions, Strategy and Communications, advised members that work continues on the ethics framework for KHSC. With an ethicist located at each KHSC site, for the Hotel Dieu, decision-making is guided by the Catholic Health Ethics Guide and, for the Kingston General, the DECIDE framework has been in place to support principle based decision-making. Over the last several months, a working group has been reviewing how to bring the two guides together to help guide decision-making across KHSC. The ASSIST tool (Articulate, Support, Summarize, Identify, Select, Test) has been developed as a one-pager that staff, leadership team, Board and others can easily access and apply. An education plan has also been developed which will provide staff with various scenarios and help to guide them through the process and the tool will be profiled regularly in KHSCNow, the staff weekly newsletter. The ASSIST tool will also be applied to briefing note formats and incorporated, as appropriate. The tool is intended to help individuals navigate stakeholders toward resolution of a dilemma and clearly outlines the steps required to move towards resolution. There are many supports available such as team consults or engaging KHSC's ethicists. The medical assistance in dying protocols endorsed by the KHSC Board earlier in the year demonstrate a good example of how the DECIDE framework and the Catholic Health Ethics Guide were applied to provide the necessary information to help the Board make an informed decision. The ASSIST tool will be used across KHSC and does not have site specific requirements. A copy of slide presented at KHSC Board meeting will be circulated to members following the meeting.

### 2.2 Accreditation 2018

At the last KHSC meeting, members were provided with an updated board primer document which summarized and provided links to the Board's key corporate documents, i.e. Corporate & Professional Staff Bylaws, Board Policy Manual, etc. The primer document will be updated and circulated to members in advance of the April 23 interview.

The KHSC executive team and David O'Toole will join the surveyors on the morning of April 23 to provide an orientation to KHSC. Elizabeth Bardon provided KHSC Board members with an overview of the draft presentation and the final copy will be circulated prior to the Board's interview. The presentation focuses on the legacy hospitals rich history, provides an overview of the steps taken to support the creation of "KHSC", outlines a number of key accomplishments in the first year, describes how KHSC is partnership with patients and their families, and includes information on quality initiatives as well as academic deliverables and relationships. The final section of the slide deck highlights challenges and includes action plans to support each area.

### 2.3 Alternative Funding Plan/Southeastern Ontario Academic Medical Organization Overview

An overview of the Southeastern Ontario Academic Medical Organization (SEAMO) and the Alternative Funding Plan (AFP) was delivered by Dr. David Pichora and Dr. Chris Simpson, Acting CEO of SEAMO, at

Open Board Meeting: March 28, 2018

Page 4

the March 28<sup>th</sup> Board meeting. Prior to the introduction of the AFP, physicians billed the Ontario Health Insurance Plan for their clinical services. In 1994, the Clinical Teachers' Association of Queen's, Hotel Dieu, Kingston General, Providence Care, and Queen's entered into a funding agreement with the Ontario Ministry of Health and Long-term Care and the Ontario Medical Association to establish SEAMO. SEAMO funds 14 clinical departments and over 300 physicians in 30 specialties; Dr. Pichora noted that the two departments that are not part of SEAMO are radiology and oncology. The governance structure of SEAMO includes the following committees: Governing, Audit, Nominations/Governance, Executive, Strategic Recruitment, Resources and Deliverables. The Signatories Committee of SEAMO addresses matters of fundamental principle in the areas of function, resource allocation, and accountability to meet the obligations of the contract with the Ministry. The current Chair of SEAMO is George Thomson.

In terms of the accountability framework, departments earn their SEAMO budget through the clinical and academic activity of their physicians. SEAMO manages departmental accountability for deliverables which are established by the Governing Committee. Departments then manage the accountability of individual SEAMO-funded physicians for deliverables associated with their respective role descriptions. Board members were provided with an overview of the core components of SEAMO's accountability framework in terms of academic and clinical deliverables.

Through this innovative funding structure and with the support of physician members, SEAMO has invested more than \$3.6M annually to support the clinical scientist program; financial support is also allocated to the medical education scholar program of \$1.0M per year; the SEAMO Innovation Fund receives \$650K annually which allows for the funding of 8-9 research projects and the medical education development program benefits from \$300K annually. Dr. Simpson explained the benefits of being able to demonstrate these investments to granting agencies when researchers are looking to secure funding.

The Hospitals, University and Clinical Teachers are now working to transform the recruitment effort into a transparent and systematic process that aligns with the hospital and university strategic plans. In the last five years, 45 new positions has allowed for expansion and growth of a number of programs/services not only in Kingston but also support for Napanee and Brockville. Strengthening SEAMO's regional profile is a priority. Other initiatives underway include the eConsult Program – a six-month pilot project allowing for electronic communication between a primary care physician (PCP) and specialist.

Discussion focused on the alignment between the KHSC strategic planning exercise and the importance of health human resources planning and development of the SEAMO Strategic Plan. Dr. Simpson confirmed that the hospitals are represented within the governing structure of SEAMO and the Queen's position on the KHSC Board.

The Chair thanked Drs. Pichora and Simpson for their presentation.



Open Board Meeting: March 28, 2018

Page 5

### 3.0 CEO UPDATE

The written report of the CEO was distributed to the Board as part of the Consent Agenda. The Chair noted that there were several additional updates and invited Dr. Pichora to report. Dr. Pichora acknowledged the dedication and commitment of the executive team. As outlined in the Chair's opening remarks, a number of significant accomplishments have been achieved to mark KHSC's first year anniversary on April 1, 2018. Dr. Pichora thanked Board and committee members for their support and guidance this past year.

The Kingston Health Sciences Centre and the Kingston Lennox & Addington United Way recently hosted a youth Mental Health Services Planning day on March 23, 2018 supported by the Southeast Local Health Integration Network. The focus of the planning day was to develop a roadmap for local solutions for transitional-aged youth ages and youth in crisis as a result of mental health. A number of recommendations and initiatives were identified and will be led by Mike McDonald.

Dr. Pichora reported on the partnership that exists between KHSC and Street Health. Mike McDonald continues to work closely with clinical inpatient teams and emergency to find ways to improve and provide support to people living with and recovering from addictions. Opportunities to provide safe injection sites are being explored. Discussion focused briefly on KHSC's ability to care for and support the opioid patient population. The team is looking at ways to support this patient population in the community and the partnership with Street Health is important.

Dr. Pichora advised members that he will be meeting with Deputy Minister Bob Bell on April 10 along with Dr. Elizabeth Eisenhauer to provide an update on KHSC's innovation portfolio. A meeting has also been scheduled by the Deputy's office to meet the new President of the Ontario Nurses' Association, Vicki McKenna.

In March, the Ministry of Labour recently conducted a workplace violence inspection at the KGH site. KHSC is committed to continuing our efforts to prevent and manage violence for improved safety of staff. Engaging frontline staff to identify improvements and solutions is an important part of the process. The work of the Joint Health and Safety Committee and their involvement in reviews is always a priority. Dr. Pichora recognized the leadership of Sandra Carlton, Joint Vice President and CHRO and Joanna Noonan, Director of Occupational Health and Safety in leading this program.

Dr. Pichora shared the presentation delivered to members of Imagine Kingston, a think-tank of business leaders from the Kingston community. The presentation provided an overview of the hospital integration process, an overview of the operational size of KHSC, information regarding the reporting / governing structure of KHSC, the composition of the Board and leadership team was presented including information about how unique this structure is in the province, and finally the presentation focused on the accomplishments to-date as well as future initiatives (i.e. Phase 2 redevelopment project, HIS project, creation of an integrated research institute, and development of a new strategy).

Open Board Meeting: March 28, 2018

Page 6

#### 4.0 UNIVERSITY HOSPITALS KINGSTON FOUNDATION UPDATE (see consent agenda)

The Chair and members of the Board congratulated Denise Cumming, her team and Board, on surpassing their \$65M milestone for the first wave of the campaign.

#### 5.0 EXECUTIVE COMMITTEE

The Executive Committee did not meeting in March.

#### 6.0 MEDICAL ADVISORY COMMITTEE (see consent agenda)

#### 7.0 PATIENT CARE, QUALITY & PEOPLE COMMITTEE

##### 7.1 Patient Safety Culture Survey Results

Sherri McCullough, Chair of the Patient Care, Quality and People Committee, drew attention to the results of the patient safety culture survey. Healthcare organizations who participate in the Accreditation Canada process are required to administer and act upon a standardized patient safety culture survey at least once per accreditation cycle. For the current cycle, the HDH site completed their survey in 2014 and KGH site in 2015. Overall results were included in the briefing materials and have improved since the last surveys were completed. The briefing note included an overview of the actions that have been implemented. Fostering a strong, positive and just safety culture throughout KHSC is important and ensuring that staff has the support and tools to report incidents will always be a focus of leaders. Trends need to be monitored on a regular basis and areas for improvement continuously identified. It was noted that the Safe Reporting System is now available at both hospital sites. Executive team members confirmed that staff policies are in place describing the course of action/steps taken in terms of serious incidents that are reported. Every critical incident reported is investigated and decision-making processes are examined. Discussion focused on how practice issues are handled, how regulatory bodies are engaged, and the mechanisms that exist to ensure that patients are safe.

##### 7.2 Draft Quality Improvement Plan 2018-19

At the March Patient Care, People and Quality Committee, the draft Quality Improvement Plan was presented and discussed. Committee Chair Sherri McCullough confirmed that the indicators contained in the Plan were developed in consultation with leadership across the organization. The Patient and Family Advisory Council have been engaged in the review along with several other key committees. KHSC is taking a modest approach to this year's Plan and are including a smaller number of indicators and targets. The KHSC Governance Committee has also been engaged to provide assurance to the Board that the performance based compensation aligns QIP indicators. KHSC Board members were briefed on the deliverables outlined in the narrative.

Open Board Meeting: March 28, 2018

Page 7

Moved by Sherri McCullough, seconded by David Pattenden:

THAT, as recommended by the Patient Care, Quality and People Committee, the KHSC Board approves the 2018-19 Quality Improvement Plan Narrative and Work Plan.

CARRIED

### 7.3 Privacy Officer Annual Report

At the recent Patient Care, Quality and People Committee, members received a briefing on KHSC's patient confidentiality and privacy program. A copy of the presentation was pre-circulated to the Board and included an overview of federal and provincial legal requirements, the need for corporations to have privacy programs overseen by a privacy officer, information regarding KHSC's privacy program and key statistics and reporting structure, as well as information regarding privacy breaches for Fiscal 2017-18.

### 8.0 FINANCE & AUDIT COMMITTEE (no agenda items identified)

### 9.0 GOVERNANCE COMMITTEE

#### 9.1 KHSC Strategy – Community Engagement Plan

Elizabeth Bardon, Vice President Missions, Strategy and Communications, drew attention to the next series of deliverables in support of KHSC strategy development. With guidance from the Strategy Steering Committee and input from Dr. Pichora, Mike McDonald, and Cindy Bolton, Director of Community Partnerships, a number of engagement events have been scheduled for April and May. At the recent KHSC Governance Committee, members reviewed the planned signature events taking place with community health/social partners (April 30), educational partners (May 2), the upcoming all-day planning session for the Strategy Steering Committee (May 3). An additional hospital partners planning session will be scheduled sometime in May with the next half day planning session for the Board taking place on June 5. Committee Chairs have offered to support the April 30 and May 2 sessions and further details will follow from the CEO's office.

#### 9.2 Updated Governance Committee & Executive Committee Terms of Reference

David O'Toole drew attention to the recommendation of the Governance Committee outlining proposed revisions to the terms of reference of the KHSC Board Executive and Governance Committees. An Executive Committee was struck last year to engage in the development of the executive compensation framework for KHSC. At the same time, the performance evaluation process for the CEO and COS was also transferred to the Executive Committee. Now that the executive compensation framework has been completed, the Governance Committee is recommending that the performance evaluation piece should remain with this Committee and that it would be more appropriate for the Governance Committee to have

Open Board Meeting: March 28, 2018

Page 8

oversight for CEO/COS compensation. The Executive Committee would continue to exist and handle issues as directed by the Board.

Moved by Kirk Corkery, seconded by Sandy Wilson:

THAT, as recommended by the Governance Committee, the Executive Committee terms of reference be approved; and

THAT the Governance Committee terms of reference be approved.

CARRIED

### 9.3 Draft Hospital Service Accountability Agreement (H-SAA) 2018-20 and Multi-Sector Service Accountability Agreement (M-SAA) 2018-19

Dr. David Pichora drew attention to the new draft H-SAA and M-SAA templates. The governing agreements received for Fiscal 2018-19 incorporate all financial and performance indicators as submitted by the KHSC Board approved Hospital Annual Planning Submission (HAPs) and the Community Annual Planning Submission (CAPs). J'Neene Coghlan, Vice President and Chief Financial Officer, confirmed that the only gap for KHSC is having a written policy in place for health professionals affirming that the hospital cannot restrict or refuse to provide service based on a patient's geographic residence.

Moved by David Pattenden, seconded by Alan Cosford:

THAT, as recommended by the Governance Committee, the Board of Directors approves the 2018-20 Hospital Service Accountability Agreement (H-SAA) and the 2018-19 Multi-Sector Service Accountability Agreement (M-SAA).

CARRIED

## 10.0 INTEGRATED BUSINESS

### 10.1 2018-19 Annual Corporate Priorities Plan Process Update

Elizabeth Bardon, Vice President Missions, Strategy and Communications, drew attention to the briefing note submitted by the Committee Chairs. The Annual Corporate Plan identifies the major steps the hospital will take to achieve its strategy, sets performance targets, and ensures Board committee allocation for ongoing monitoring by the Board. An updated Strategy Performance Index has been prepared taking into consideration the targets outlined in the Quality Improvement Plan and the Service Accountability Agreements that KHSC has with the SE LHIN. The Annual Corporate Plan provides operational clarity and focus within the organization and serves as one of the indicator scorecards reported on a quarterly basis to the Board. With Board support, the next step in the process will be the development of operational tactic plans to map out the work to achieve the targets.

Open Board Meeting: March 28, 2018

Page 9

Moved by Sherri McCullough, seconded by Alan Cosford:

THAT the KHSC Strategy Performance Index, as presented at the KHSC Board of Directors meeting held March 28, 2018, be approved.

CARRIED

## 11.0 IN-CAMERA SEGMENT

### 11.1 Motion of Move In-Camera

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

Moved by Sandy Wilson, seconded by Michele Lawford:

THAT the Board move into an in-camera session.

CARRIED

## 13.0 REPORT ON IN-CAMERA DECISIONS & TERMINATION

### 14.1 Motion to Report the Decisions Approved In-Camera

The Chair reported on the following in-camera decision/discussion items: the Board approved the in-camera KHSC Board minutes from the March 5, 2018 meeting; the Board received the final February and draft March Board committee minutes; the Board approved several professional staff appointment, housestaff appointments and the reappointments to the Departments of Critical Care Medicine and Pathology and Molecular Medicine; the Board approved the proponent for the second MRI project at the KGH site; the Board approved debt refinancing; and the Board approved the Capital Redevelopment Agreement and Memorandum of Understanding between KHSC and Queen's University.

### 14.2 Date of Next Meeting & Termination

The date of the next KHSC Board will be Monday, May 7, 2018 starting at 1600 hours in the Henderson Board Room. The meeting terminated at 1815 hours on motion of Alan Cosford.

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

A brief session was held.

Open Board Meeting: March 28, 2018

Page 10

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

A brief session was held.

David O'Toole  
Chair



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# Briefing Note

<b>Topic of Report:</b>	<b>CEO REPORT</b>	For Decision	
<b>Submitted to:</b>	Board of Directors – March 28, 2018 Meeting	For Discussion	X
	Medical Advisory Committee – April 10, 2018 Meeting	For Information	X
<b>Submitted by:</b>	Dr. David R. Pichora, President and CEO		
<b>Date submitted:</b>	March 23, 2018		

## Background

This note provides an update on activities at the HDH and KGH sites that relate to our mission and annual corporate plans since the last KHSC Board and MAC meetings held in early March. As always, I welcome feedback and suggestions in terms of content and focus for these regular updates.

## Current State

### 1. How Does KHSC Partner with Patients & Families at KHSC?

Every day, KHSC partners with patients and families resulting in a strong voice in helping us to provide the best and safest care possible. That partnership reflects our commitment to the four principles of Patient & Family-Centred Care: dignity and respect, participation, information sharing and collaboration.

During their site visit April 23-27, Accreditation Canada surveyors might ask you how we partner with patients and families. Here's how:

*We actively partner with patients and families in their care every day when we:*

- hear and respond to the concerns of a patient and family members
- share complete and unbiased information so that patients and families can take an informed part in their care and decision-making
- wear our name tags, introduce ourselves and our roles, participate in hourly rounding (KGH site) and use whiteboards (KGH site) to help with communication
- support patients who want to include a family member in their clinic visit or procedure room
- hold Patient and Family Feedback Forums where people have the opportunity to share their lived experience as a patient at KHSC
- gather feedback from patients and families through point-of-care and patient experience surveys
- work through our Patient Relations process, which allows patients and families to share their feedback or opinion.

*And we work closely with patients and families when:*

- Patient Experience Advisors (PEAs) sit on our clinical teams to improve the quality of the patient experience during their hospital visit





- PEAs participate in councils and committees to help inform decisions through lived experience
- Our Patient & Family Advisory Council reviews the KHSC Quality Improvement Plan, strategy development, policy and procedures, and provides input on patient satisfaction survey results
- PEAs sit on hiring committees for leadership positions in our organization
- PEAs review brochures, websites or signage to ensure they're clear for patient and families.

## **2. Hospital Information System Renewal Forum**

The OHA together with the HIS Secretariat and HIS Renewal Provincial Project Office (PPO) will be hosting a webinar on April 3rd, 2018 between 10:30 am and 12:00 pm to provide an update on advances made with respect to HIS Renewal since the initial webinar held in September 2017. This webinar will include progress highlights including an overview of the recent communication from the Deputy Minister of Health and Long-Term Care as well as an update on current HIS Collaborative activity. Although open to all members, this webinar will be of special interest to hospitals that have not yet begun HIS Renewal planning or are not already engaged through one of the three HIS Collaboratives. Troy Jones has been asked by the Ministry to Chair this upcoming session.

## **3. Funding Announcement – Kingston Health Sciences Centre**

On Friday, March 23, 2018, MPP Sophie Kiwala announced \$11.6M for hospitals in Kingston and Brockville as part of the province's commitment to invest an additional \$822M in Ontario hospitals for 2018-19, an increase of 4.6%. For non-targeted money \$5.46M or 1.6% and in targeted money \$3.37M or 1% for a total of \$8.82M. Further details to follow and some money, such as surge bed funding, has yet been announced.

## **4. Research Update**

It has been a year now since Hotel Dieu Hospital (HDH) and Kingston General Hospital (KGH) have integrated into the Kingston Health Sciences Centre (KHSC). As we live the mission at both sites, we are constantly reminded that research plays an important role. The HDH and KGH Research Institutes (RIs) have played a major role in developing a culture of inquiry throughout the organization, not only at the leadership level but especially at the staff level where direct patient care is delivered. The culture is now such that staff believe in and value the use of best practice based on the strongest and most recent evidence, and where best practice does not yet exist, the RIs have developed the infrastructure to help researchers develop and share that best practice.

For example, the HDH RI worked with Ryan Stallard, RD, who joined their Research Club, and Dr. John Drover (previously Medical Coordinator, Kingston Bariatric Regional Assessment & Treatment Centre) to develop a research project investigating predictors of diabetic remission in patients who undergo bariatric surgery. The project received \$29,000 in funding from Nestlé Health Science Canada. The results from this project have informed dietitians, physicians and other health care providers in the best practice of advising patients considering bariatric surgery as to how to optimize their probability of remission from or reduction in diabetic condition. This best practice was shared through a presentation at the American College of Physicians Ontario Chapter Annual Scientific Meeting in Toronto in November 2015 and at the International Conference on Obesity in Vancouver in May 2016, and will be further disseminated through the final version of the manuscript which has now been published in the Journal of Parenteral and Enteral Nutrition (Reference 1).



Andrew Day (KGH RI) worked with Drs. Rob Brison (Emergency Medicine) and Brenda Brouwer (School of Rehabilitation Therapy) to acquire new insight into the best way to treat simple ankle sprains. The study, which was the largest randomized controlled trial to date on this topic, showed that adding physiotherapy follow up to usual self-managed care did not help patients recover more quickly. 503 patients from KHSC were recruited as research participants for the study when presenting with mild or moderate ankle sprains. The participants were randomly assigned to one of two groups.

One group (control group) was given a page of advice for treating their sprain at home that included the “PRICE” method; consisting of protecting the ankle (P), rest (R), icing the joint to reduce inflammation (I), the application of compressive bandages (C) and elevating the joint (E). The other group (treatment group) received up to seven supervised physiotherapy sessions in addition to the instructions on self-management. The study revealed that there is no significant benefit to recovery in providing a program of outpatient physiotherapy to patients presenting with mild or moderate ankle sprains-both groups recovered at similar rates. This discovery is important because of the economic costs and time commitment for patients, calling into question the utility of physiotherapy in general populations for simple ankle sprains.

The study was also co-investigated by Dr. Lucie Pelland (School of Rehabilitation Therapy), Dr. William Pickett (Emergency Medicine/Public Health Sciences), Dr. Ana Johnson (Public Health Sciences), Dr. Alice Aiken (Dalhousie University) and Dr. David Pichora (Surgery) and was published in The BMJ (formerly the British Medical Journal) (Reference 2).

References:

1. Stallard R, Sahai V, Drover, JW, Chun S, Keresztes, C. Defining and Using Preoperative Predictors of Diabetic Remission Following Bariatric Surgery. 2017 Mar 9. Journal of Parenteral and Enteral Nutrition.  
DOI: [10.1177/0148607117697934](https://doi.org/10.1177/0148607117697934).
2. Brison RJ, Day AG, Pelland L, Pickett W, Johnson AP, Aiken A, Pichora DR, Brouwer B. Effect of early supervised physiotherapy on recovery from acute ankle sprain: randomised controlled trial. 2016 Nov 16. The BMJ.  
<http://www.bmj.com/content/355/bmj.i5650>.

## **5. Royal College of Physicians and Surgeons Accreditation Update**

The Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) were at Kingston Health Sciences Centre (KHSC) and Queen’s University between March 4<sup>th</sup> and 9<sup>th</sup> to undertake accreditation of our Postgraduate Medical Education (PGME) residency training program. Twenty-eight (28) of the thirty (30) programs were reviewed and although we won’t formally receive the final report for a few months, the preliminary accreditation results presented at the exit interview were extremely positive.

All but four (4) were fully accredited with no concerns and won’t undertake accreditation again for eight (8) years. There were only four (4) programs that had some minor issues that will need follow up:

- Two (2) Progress Reports (Family Medicine – off site)
- One (1) Internal Review (Paediatrics)
- One (1) External Review (Child and Adolescent Psychiatry)

Two of the major highlights of the review were that our PGME program should be noted as an international leader in the implementation of the Competency Based Medical Education, which is an indicator in our annual corporate plan. The second is the accreditation review committee has never witnessed a University have such a strong partnership and working relationship with a Hospital in regards their residency teaching program. Both the University and KHSC are very pleased with the preliminary results and outcome.

#### **6. Pilot Satellite Unit Passes St. Patrick's Day Events**

As reported at the last board meeting, several clinical programs came together to develop a new patient flow strategy to trial a new emergency services satellite unit in the Same Day Admission Centre (SDAC) at the KGH site. Appropriate, less acute patients were directed to the SDAC, which assisted in relieving Emergency Department overcrowding and helping to keep wait times down. This ensured that emergency services for the community and broader KHSC catchment area were maintained. Almost 50 patients presented with alcohol or substance-related concerns on Saturday, with 32 arriving by ambulance and 24 being transferred to the SDAC for observation. About 80 per cent of the SDAC patients were back on their feet fairly quickly; a few patients were treated in the ED for lacerations from broken glass. One of the main challenges for the team is the ability to limit the large number of visitors and friends that always seems to accompany each patient. Emergency Medical Services, which transported appropriately triaged patients directly to SDAC, applauded the new strategy cutting down offloading delays.

The pilot was framed as a proof of concept for Queen's Homecoming festivities in October 2018 after record volumes and unprecedented overcrowding in the ED were experienced during the event last fall. The March 17 test run will now be reviewed and tweaked as needed for the next time the satellite unit is rolled out for a big community event. The emergency and surgical programs, along with Emergency Department nurses and physicians and support services including the EDIS specialist, registration, security, portering, housekeeping and paramedics, all pulled together to facilitate this success.

#### **7. Delirium Underdiagnosed in Hospitals**

Dr. Boyd and his team are the first to identify a possible cause for delirium, a condition that relatively little is still known about. The study was recently completed in KHSC's Intensive Care Unit, using technology to track oxygen levels in patient's brains. They were able to demonstrate that low oxygen levels are a risk factor for developing delirium in an ICU setting. This study was the first of its kind to be done and is now expanding to other health care centres for further validation later this spring. Dr. Boyd has also recently started a clinic with former ICU patients, to invite them back into the hospital to provide healing opportunities for people who have bad memories as well as to help anchor their memories.

Dr. Boyd's work has received much media attention recently as he was featured on CBC's the National, on several CBC Radio programs including Ontario Morning, and in the local media such as the Whig-Standard and CKWS.

The story from the National can be seen here: <http://www.cbc.ca/player/play/1189994563703>

The interview on Ontario Morning can be heard here: <https://podcast-a.akamaihd.net/mp3/podcasts/ontariomorning-vVt2P5MU-20180322.mp3>

Dr. Boyd is currently working as a clinician-scientist in the Department of Medicine at Queen's University, practicing both neurology and intensive care medicine. His translational research uses proteomic approaches to identify novel serum biomarkers that will help predict neurological recovery after critical illness, particularly cardiac arrest. His clinical research program uses non-invasive techniques, such as continuous electroencephalography and near infrared spectroscopy, to monitor brain function in critically ill patients. He is interested in how critical illness affects acute and long-term neurological function.

### **8. Cancer Program's New Partnership with Kingston Transit**

A new partnership out of the Cancer Centre of Southeastern Ontario will allow patients to give Kingston Transit a try as an alternate means of transportation with a free, preloaded bus pass. We know from our patients and visitors that parking and transportation is an issue when coming to the Cancer Centre and we wanted to explore what other opportunities we could create to help remove this barrier - for patients who feel well enough, taking Kingston Transit is a great alternative to coming for your appointments without having to worry about parking or arranging transportation. You can get a 'Try Before You Buy' pass for a patient in the Charge Nurse's office on Burr 1.

### **9. Mapping a Clear and Coordinated Approach to Medication Reconciliation**

Clinical teams now have something in their hands that didn't exist five months ago—policies, procedures and tools that define how medication reconciliation is unfolding at Kingston Health Sciences Centre. It's the start of a roadmap that will guide us as we phase in a vital patient safety practice across KHSC. Medication reconciliation reduces the possibility of medications being inadvertently omitted, duplicated or incorrectly ordered at transitions of care. The process involves generating a patient's Best Possible Medication History (also known as the home medication list), identifying and resolving medication discrepancies at the time of admission, and communicating a complete and accurate list of medications to the patient and their next care provider at internal transfer and on discharge.

To give strategic priority to that process an interdisciplinary Medication Reconciliation Steering Committee was launched last October to take stock of the work done separately at the HDH and KGH sites around medication reconciliation as well as to address new Accreditation Canada standards that would take effect January 2018. The new standards require us to demonstrate a formal process for documenting and coordinating medication reconciliation across KHSC.

We now have a solid start on a roadmap for spreading the practice of medication reconciliation throughout KHSC clinical teams. New policies have been developed which set out education and training requirements for all involved in the medication reconciliation process. A new start-up guide that lays out the steps for implementing medication reconciliation in a particular program or unit has also been developed. KHSC now has a formal reporting structure in place to monitor and measure compliance and to support continuous quality improvement through the spread of medication reconciliation.

## **10. Throne Speech Announces Major Investments**

The Ontario government is investing more in the care and services that people across the province rely on, easing the mounting pressures families are facing. The government's upcoming Budget will focus on doing more for people in health care, home care, mental health care and child care services. The government's priorities were outlined in the Speech from the Throne delivered on March 19 by the Honourable Elizabeth Dowdeswell, Ontario's Lieutenant Governor. The speech opened the third Session of the province's 41st Parliament. The provincial budget will be released on March 28.

Priorities include:

- Reducing wait times for health care by significantly increasing hospital operating budgets
- Expanding home care to provide more services for seniors choosing to stay at home, and to provide financial relief for families who are caring for aging loved ones
- Making historic investments in mental health and addictions services so people of all ages across the province can get the care they need
- Ensuring more people without a drug and dental benefits plan will have access to more affordable prescription drugs and dental care
- Providing more college and university students with free tuition through the new OSAP
- Making investments to train more apprentices for the workforce, including in emerging fields
- Focusing on regions that are struggling to achieve economic growth by investing in workers and businesses
- Continuing to make record-breaking investments across Ontario in public infrastructure such as schools, hospitals, roads, bridges and transit systems.

## **11. Ontario Expanding Access to Addiction & Harm Reduction Services**

Ontario is expanding access to addiction and harm reduction services across the province, as the latest data shows that opioid-related deaths continue to rise. There were 1,053 opioid-related deaths in Ontario from January to October 2017, compared with 694 during the same time period in 2016 -- this represents a 52 per cent increase. From January to December 2017, there were 7,658 emergency department visits related to opioid overdoses, compared with 4,453 during the same time period in 2016 -- this represents a 72 per cent increase.

To help combat the crisis, more than 85 mental health and addiction providers across the province are enhancing treatment services and supports for opioid use disorder. Twelve of these providers are supporting targeted supports for youth. Over 20 providers are investing in withdrawal management services in Ontario. More than 30 communities will also benefit from new or expanded Rapid Access Addiction Medicine (RAAM) clinics. In addition, up to 40 providers are hiring new front-line health and social service workers to provide counselling, case management and other supports. Since the new overdose prevention site program began in January, four sites have been approved, with the first site now open in London, Ontario. Supervised injection services, which offer referrals and access to primary care, social services and addiction and mental health treatment, also continue to be expanded. Both services provide easy-to-access lifesaving supports in a stigma-free environment as well as harm reduction supports.

Other initiatives rolling out as part of Ontario's Strategy to Prevent Opioid Addiction and Overdose include:

- Releasing, in collaboration with Health Quality Ontario, three new opioid-related quality standards that are based on evidence and developed with clinical experts and people with lived experience. These standards outline the improved prescribing of opioids for short-term acute and long-term chronic pain, and how to identify and provide the best care for people with an opioid use disorder.
- Making easy-to-use nasal spray naloxone kits available for free at participating pharmacies, giving people the choice between nasal spray or the injectable kits that have already been available.
- Expanding public education to ensure people have information on how to access free naloxone and how it can be used to temporarily reverse an opioid overdose, including providing pharmacies with posters /brochures with information about prescription opioids, how to use them safely and potential risks.

At KHSC, the policy on prescription of controlled substances was revised in the fall of 2017, in line with current evidence-based best practice, to minimize the risk of over-prescribing opiate medications at discharge from hospital. Furthermore, with the support of KHSC and other hospitals in the southeast LHIN, Queen's University Faculty of Health Sciences' Continuing Professional Education Department has developed an online opioid education module for clinicians. This educational module has received accolades from physicians during pilot-testing and will be made available to all physicians at KHSC, to support our hospital and physician efforts to combat the current opioid crisis in Ontario.

We will establish a link in very near future so that members of the Board can link to the education module that is available to physicians.

## **12. Investment in Mental Health Care**

The Ontario government has announced plans to invest \$2.1B, over four years, to provide easier access to mental health and addiction services through local school, family doctor's offices or community-based organizations. This will include the creation of 2,475 more supportive housing units over four years for those who require care in safe, affordable and appropriate housing as well as investments in community-based supports and services.

## **13. Executive Compensation Framework**

In September of 2016, the government introduced legislation to govern how public sector organizations-including hospitals, colleges, and universities, compensate their executive teams. The new legislation requires that hospitals and other public sector organizations across Ontario must propose an Executive Compensation Framework (ECF) that benchmarks current executive salaries to other comparative organizations in the province. The framework developed for KHSC is available for public feedback until April 7, 2018: [click here](#)



#### 14. Legislative Update

- **Proposed Regulations – Health Sector Payment Transparency Act, 2017**

On February 21, 2018, the government proposed regulations to implement the *Health Sector Payment Transparency Act, 2017*. A regulatory proposal has been posted to Ontario's Regulatory Registry for a 45-day public comment period. The deadline on the regulatory proposal is April 6, 2018.

Once in force, the *Health Sector Payment Transparency Act* will require public disclosure of transfers of value from the medical industry to certain recipients, including certain health care professionals and organizations. Key details of the framework have been set out in the proposed regulation including:

- Who will be considered recipients – this includes all regulated health professionals in Ontario, hospitals and other health care providers, their employees, a number of other entities that play a role in the health care system, and family members of these individuals.
- Which transfers of value will have to be disclosed – this includes **all** transfers valued over \$10, loans and leases of equipment, research contracts and speaking fees, amongst other transfers. Free samples for patients, salaries and benefits, and several other types of transfers have been excluded from disclosure.
- Other details including records retention requirements for payors, intermediaries and recipients and endorsement mechanisms.

#### 15. KHSC Matters that Matter... An ethics system based on duties, rights and individual worth

*Last month we shared an ethics blog about Utilitarianism, a popular ethical theory based upon satisfying universal physical and psychological needs thereby producing “the greatest good for the greatest number.”*

*Let's turn now to Utilitarianism's main ethical rival: duty-based ethics or Kantianism (after its creator Emmanuel Kant). Kantianism's approach to ethics is based on principles derived from reason; it focuses on ethical duties and rights versus maximizing good results.*

*According to Kantianism, certain actions are ethical or unethical in themselves, regardless of the consequences of the action. For example, lying is always wrong because it's wrong in itself. Kantianism doesn't focus on the consequences of an action but instead on the motives for choosing an action.*

*If an individual performs an action on good faith and with good intention, it will have moral worth. Kant wanted to develop a science of ethics which would be as universal and rationally acceptable as any other scientific principle. Morality must be universal and when you make a moral decision, you must think about how it would be universalized as a general moral rule.*

*In other words, every time you make an ethical decision, you have to be prepared to universalize it so that it would be applicable in every similar situation. You can't create a moral rule like “it's OK to lie whenever it is expedient” because it would lead to an illogical state of affairs.*

*The reason why people lie is because they expect others to believe the lie as most people are usually honest. If everyone lied all the time, lying to gain an advantage would no longer make sense. Kantianism also provides a very strong defence of individual worth and autonomy.*

*One should always respect the inherent worth of others and treat them always as an end in themselves, not a means to an end. We should never use people but instead treat them as autonomous moral agents who have their own unique values, goals and interests. According to Kantianism, when we do not respect another person's autonomy, we treat them as a thing instead of a person, which is the ultimate indignity. One way to ensure that we respect the autonomy of others is to follow the golden rule of "treating others as you would want to be treated," or more accurately, "treating others as they would want to be treated."*

*Kantianism is an attractive theory because of its emphasis on respecting intentions, autonomy and rationality. However, it has been criticized for being too inflexible. One could argue that while intentions and universality are important, shouldn't consequences also matter? Also, Kantianism's emphasis on reason as the primary basis for autonomy can lead to some awkward questions. For example, is the choice to limit your autonomy by taking addictive drugs a truly autonomous choice?*

*Despite these concerns, Kantianism provides a firm basis to support the important values of autonomy and informed consent, which are fundamentally important in all walks of life as well as health care.*

*Next month I'll explore a rival ethical theory. Unlike Utilitarianism or Kantianism, it's not focused on performing moral actions but instead on developing an ethical character. Stay tuned!*

David Campbell  
Ethicist, KGH site

## 16. Upcoming Events

### Partners in Mission Food Bank – Annual Food Blitz

The Partners in Mission Food Bank in Kingston was founded about 30 years ago when the Sisters at our HDH site realized how many people in our community were going hungry. Every year we continue their work of supporting our community by pitching in to help at the Food Bank's annual Food Blitz, taking place this year Saturday, May 5 from 10 am to 5 pm. Teams of volunteers will be stationed throughout the day at nine grocery stores around the city to help collect non-perishable food items. We're looking for volunteers (two-hour shifts -if you have questions or want to sign up, please contact Anne Rutherford, 613-544-3310, HDH ext. 3380, [anne.rutherford2@kingstonhsc.ca](mailto:anne.rutherford2@kingstonhsc.ca)).

### Chase a Dream – Neuro Race Weekend

The second annual Neuro Race Weekend is planned for **Saturday, May 6, 2018** at the Norman Roger's Airport. 100% of proceeds will benefit the KHSC neurosurgery department. To learn more, go to: <https://raceroster.com/events/2018/14404/chase-a-dream>

### Value-Based Health Care through Collaborative – How Do We Make Progress?

Please join Chris Simpson and I on **Wednesday, May 16, 2018** at the School of Medicine Building, 15 Arch Street, that will focus on the need for greater collaboration to standardize value-based health care practices in Ontario. As outlined in the recent invitation sent by my office, thought-leaders from across Ontario will be joining us to explore opportunities for the future including innovative procurement practices to improve the clinical management of COPD patients and a demonstration study that aims to provide care closer to home for patients with traumatic brain injury.

**16. Mission Moment ...**

In closing off my CEO update, I wanted to take this opportunity to recognize the contributions of **Bernadette Cotman** who has been associated with our HDH site for 72 years. Bernadette started at HDH at the age of 18 as a nursing student and, following her retirement from a variety of positions including Director of Nursing and also Director of Operations with Hotel Dieu, she began volunteering. She recently turned 90 and decided it was time to hang up her smock. Tuesday, March 27 will be her last day at our Information Desk in the lobby at HDH.

Respectfully submitted



Dr. David R. Pichora  
President and Chief Executive Officer