

BOARD OF DIRECTORS - OPEN MEETING

Date: Tuesday, August 16, 2016
 Note Time: 16:00 – 17:40 hours
 Location: Fenwick Conference Room, Watkins 2

Start	Time	Item	Topic	Lead	Purpose	Attachment
1. CALL TO ORDER, CONFIRMATION OF QUORUM						
1600	5 min	1.1	Chair's Remarks	Thomson	Inform	Verbal
		1.2	Approval of the Open Agenda	Thomson	Decision	Draft agenda
		1.3	Approval of Previous Minutes: June 21, 2016	Thomson	Decision	Draft minutes
2. CEO UPDATE						
1605	10 min	2.1	CEO Report Highlights & External Environment Update	Flett	Discuss	Briefing note
1615	5 min	2.2	Bill 210 Update	Flett	Discuss	Briefing note, updated OHA Backgrounder & Key Messages
3. INTEGRATED BUSINESS						
1620	10 min	3.1	Integrated Annual Corporate Plan 2016-17 Update	Flett	Discuss	Verbal
1630	30 min	3.2	Joint Steering Committee – KGH / HDH Activities <ul style="list-style-type: none"> • Draft Terms of Reference (attached) • Draft Work Plan (to follow) • Draft Operating Agreement (to follow) 	Thomson / Flett	Discuss	Briefing note
1700	5 min	3.3	Past KGH Chairs' Luncheon – August 26 2016	Thomson / Flett	Discuss	Verbal
1705	5 min	3.4	Implementation Plan – Patient Experience Advisors / KGH Board & Committee Work	Thomson / Crawford	Discuss	Briefing note
4. PATIENT CARE & PEOPLE COMMITTEE						
1710	5 min	4.1	Clinical Activity Update	Crawford	Discuss	Verbal
5. MEDICAL ADVISORY COMMITTEE						
1715	5 min	5.1	COS Report <ul style="list-style-type: none"> • Medical Assistance in Dying Update 	Zelt	Discuss	Verbal
6. FINANCE & AUDIT COMMITTEE						
1720	5 min	6.1	Funding / Financial Update	Thesberg	Discuss	Verbal
7. GOVERNANCE COMMITTEE						
1725	5 min	7.1	SE LHIN Sustainability – Healthcare Tomorrow Update	Thomson / Flett	Discuss	Briefing note
1730	5 min	7.2	Updated 2017-18 Board & Committee Master Schedule <ul style="list-style-type: none"> • New – Tours 	Thomson	Inform	Briefing note & schedule
8. IN-CAMERA SEGMENT						
1735	5 min	10.1	Motion to Move In-Camera (agenda items #10)	Thomson	Decision	Verbal

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Start	Time	Item	Topic	Lead	Purpose	Attachment
11. REPORT ON IN-CAMERA DECISIONS & TERMINATION						
1800	5 min	9.1	Motion to Report the Decisions Approved In-camera	Thomson	Inform	Verbal
		9.2	Date of Next Meeting & Termination	Thomson	Inform	Verbal
12. IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY						
13. IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT						

BOARD OF DIRECTORS: OPEN MEETING OF AUGUST 16, 2016

A meeting of the Board of Directors of Kingston General Hospital was held on Tuesday, August 16, 2016 in the Fenwick Conference Room of Kingston General Hospital from 16:00 to 17:35 hours. The following are the open minutes.

Elected Members Present (voting): Lynn Bowering (phone), Peng Sang Cau, Donna Janiec, Diane Kelly, David O'Toole, Geoff Quirt, Bill Robertson, Axel Thesberg, George Thomson (Chair), Glenn Vollebregt.

Ex-officio Members Present (voting): nil.

Ex-officio Members Present (non-voting): Silvie Crawford, Jim Flett, Ron Pokrupa, David Zelt.

Regrets: Susan Lounsbury, Richard Reznick.

Administrative Staff: Rhonda Abson (Recording Secretary), J'Neene Coghlan, Denise Cumming, Troy Jones.

1.0 CALL TO ORDER & CONFIRMATION OF QUORUM

1.1 Chair's Remarks

The Chair and called the meeting to order, confirmed quorum as well as ensuring members joining by phone were able to hear the proceedings. Board members welcomed Dr. Ron Pokrupa, Vice President of the Medical Staff, to his first meeting of the Board as well as Denise Cumming, Executive Director of the University Hospital Kingston Foundation.

Prior to the start of today's board meeting, George Thomson and Michael Hickey were invited by the Ontario Hospital Association to participate in a video for release at their upcoming executive leadership session and also at the Ontario Hospital Association HealthAchieve conference in early November. The interview focused on the importance of collaboration and finding new ways to work together. The on-line video link will be provided to the Board, when available.

The date of the next regular board meeting is Thursday, September 29, 2016 with an education session starting at 14:00 hours followed by the regular board meeting at 16:00 hours in the Fenwick Conference Room, Watkins 2.

Queen's Medical Student Bursary Golf Tournament is slated to take place on Friday, September 23, at Smuggler's Golf Club, 8:30 hours. Cost the play is \$275.00 per golfer. Interested board members simply need to connect with the recording secretary.

The Chair invited any declarations of conflict of interest; none recorded.

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1.2 Approval of the Open Agenda

Moved by Glenn Vollebregt, seconded by Geoff Quirt:

THAT the agenda be approved as circulated.

CARRIED

1.3 Approval of Previous Minutes: June 21, 2016

The Chair drew attention to the pre-circulated June 21, 2016 draft minutes.

Moved by Axel Thesberg, seconded by Bill Robertson:

THAT the open minutes of the KGH Board of Directors meeting held on June 21, 2016 be approved as circulated.

CARRIED

2.0 CEO UPDATE

2.1 CEO Report Highlights & External Environment Update

The CEO's written report was pre-circulated with the agenda package. As an update to the August 2 Ministry announcement for future capital investments to support KGH redevelopment, Jim Flett confirmed that management has not yet received the administrative letter/details to support the Phase 2 planning grant. The University Hospitals Kingston Foundation is tentatively scheduled to present an update the September 6 Council meeting and Peng Sang Cau has kindly offered to deliver the presentation at the meeting. Discussion focused briefing on the seven step capital planning process to support the project with the next step being business and functional planning requirements.

As noted on page 2 of the report, KGH's Accreditation survey has been postponed to April 2018 to allow KGH staff to focus time and attention on integration deliverables. Accreditation Canada has confirmed that KGH will continue to maintain its status as an accredited facility.

The Ontario Medical Association (OMA) and Ministry have tentatively endorsed a new four year deal; however, physicians have started to express their disappointment on the parameters of the agreement. Members will vote on August 14.

2.1 Bill 210 Update

At the June Board meeting, Board members received a copy of the Ontario Hospital Association's updated Backgrounder and recent letter from Anthony Dale, President of the OHA, to Minister Hoskins expressing concern regarding the authority that may be transferred from hospital boards to the Local Health Integration Networks. While the OHA feels they have been making progress and meetings continue with Ministry staff,

there are still significant concerns. The OHA has now produced key messages and a "MPP Backgrounder" and is encouraging hospital members to share this information with their local MPPs. The July 2016 OHA Legislative Update document was provided to Board members where the OHA has identified the issue along with a proposed solution and rationale. Jim Flett noted that discussions are also taking place at the Council of Academic Hospitals of Ontario (CAHO) table.

3.0 INTEGRATED BUSINESS

3.1 Integrated Annual Corporate Plan (IACP) 2016-17 Update

As the Board embarked on the IACP planning process for 2016-17, it was agreed that our approach would be to refresh KGH's strategic directions while staying true to our aim of Outstanding Care, Always, as well as the five guiding principles and mission of transforming the patient and family experience through innovative and collaborative approaches to care, knowledge and leadership. Refreshing the strategic directions will enable KGH to build a strong foundation of performance and has allowed us to set new KGH 2018 outcomes that advance our clinical, academic and operational strategies while continuing to work with health system partners on the Health Care Tomorrow Hospital Services initiative to build a sustainable system of integrated hospital care.

Jim Flett noted that a commitment was made to the Board when the Integrated Annual Corporate Plan was approved to come back to the Board with a plan that would outline how the Board will be able to measure organizational performance of the indicators contained in KGH's overall strategy. Jim Flett confirmed that the team will be meeting later this week to continue these discussions and that a plan will come forward, through the Governance Committee, in September.

Discussion focused on the approach to the 2017-18 IACP as well as the development of budgets, etc. as KGH and HDH move through integration. Jim Flett confirmed that both organizations will continue to develop individual plans; there may be opportunities to develop a single Quality Improvement Plan for 2017-18. The first phase of integration will happen by April 1, 2017.

3.2 Joint Steering Committee (JSC) – KGH / HDH Activities

A brief update on the activities to-date of the Joint Steering Committee was circulated with the agenda. KGH Board members George Thomson, Diane Kelly, David O'Toole, Bill Robertson, Jim Flett and David Zelt are currently serving on the JSC; co-chaired by George Thomson and Michael Hickey. A Governance Working Group has been struck, co-chaired by David O'Toole and Sherri McCullough. A Transition Committee has been created and is co-chaired by Jim Flett and David Pichora.

Work continues on the development of an operating agreement and a few issues remain for the Joint Steering Committee to work on. Other agreements that are being drafted at this time include the Ground Lease Agreement, Transfer Agreement, and work has started on the due diligence requirements. George Thomson confirmed that the plan is to have all of the agreement ready for consideration at the November 9 board

meeting. The plan for the Lease Agreement is for the Kingston Academic Health Sciences Centre to lease the HDH buildings over an extended period of time for a nominal fee.

A project secretariat office has been created and a sharepoint site will be launched as a central repository for materials. Project management software will be used to track and measure completion of a significant number of legal and operational deliverables. Legal counsel is in place (DDO Health Law for KGH and BLG for HDH).

Discussion focused on the timelines to obtain SE LHIN Board approval which is then followed by Ministry approval. Work is underway to populate the voluntary integration template for submission to the SE LHIN. Support of the engagement plan section of the submission will be important; the Minister will want to ensure there is full community support for the integration plan. Jim Flett confirmed that the filing to the Canada Revenue Agency (CRA) has been completed and approval may be as early as October.

George Thomson reported that he met with the Board working group on community engagement, comprised of Peng Sang Cau, Geoff Quirt, Silvie Crawford, and Jim Flett, recently to receive an update on the community engagement plan. George Thomson emphasized the important role KGH Board members play in supporting this work. The University Hospitals Kingston Foundation holds fundraising and recognition events throughout the year. A more definitive plans needs to be developed to ensure that Board representation is confirmed and participating in donor recognition events. A commitment was made by the Chair to circulate this plan to the Board when it is available. Discussion focused on the approach to community intelligence gathering to support the strategic planning exercise for the Kingston Academic Health Sciences Centre.

3.3 Past KGH Chairs' Luncheon – August 26, 2016

In April, a discussion took place with Silvie Crawford and Theresa MacBeth regarding the possibility of a community advisory group, possibly comprised of past senior executive, KGH board members, past Chairs, donors, etc. As a starting point for discussion and to simply explore the idea, an invitation has been sent to all KGH Past Chairs to join George Thomson, Peng Sang Cau, Geoff Quirt, Silvie Crawford and Jim Flett to exchange ideas. George Thomson extended an invitation to the Board to join the August 26 lunch; simply advise the recording secretary if you would like to participate.

3.4 Implementation Plan – Patient Experience Advisors / KGH Board & Committee Work

At the June 13, 2016 Board meeting, a motion was passed to amend the corporate bylaw and board committee terms of reference to expand the membership to include a KGH Patient Experience Advisor. Since that time, an implementation plan has been prepared and outlined in the briefing note that was circulated to the Board with today's agenda. George Thomson invited feedback from board members and noted the rather aggressive timeline that has been identified for completion of an Expression of Interest Form, interviews being held, Advisors confirmed for selection and then prepared to participate in an orientation plan. Discussion focused on the role of patient experience advisors with the KAHSC board. George Thomson advised that the Hotel Dieu Hospital has a similar group and that, by bringing Advisors into committee work now, it should result in having knowledgeable Advisors ready to participate in the new structure.

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It is also important that Committee Chairs play an active role in supporting and mentoring newly appointed Advisors.

4.0 PATIENT CARE & PEOPLE COMMITTEE

4.1 Clinical Activity Update

Silvie Crawford, Executive Vice President and Chief Nursing Executive, provided an update on clinical activity. Since the June board meeting, significant increases in patient volume, particularly in emergency, and ICU levels remain high. Meetings continues with the South East Community Care Access Centre (SE CCAC) as well as community and regional partners in supporting efficient and effective patient flow. Of note, regional hospitals are also experiencing the same increased levels of activity. An update will be provided at the September board meeting in relation to budget. Alternative level of care (ALC) patients occupancy has been as high as 90 and the number of long term care patients has been in the region of 45-50 patients (based on August 16 census).

5.0 MEDICAL ADVISORY COMMITTEE

5.1 Chief of Staff Report

- Medical Assistance in Dying Update

David Zelt, Executive Vice President and Chief of Staff, provided members with an update on the Medical Assistance in Dying legislation. On June 17, 2016, the federal government passed Bill C-14 which outlines requirements that patients must meet to be eligible to receive medical assistance in dying, and establishes safeguards that a doctor or nurse practitioner must follow to legally provide medical assistance in dying. Ontario continues to work with federal and other provincial/territorial governments to ensure the implementation of medical assistance in dying is aligned and consistent, where possible, across the country.

The Ministry of Health and Long-term care has provided additional tools to guide hospitals in the development of hospital policy and protocols. The Medical Advisory Committee has reviewed a draft policy which was developed by a multidisciplinary team, including a KGH Patient Experience Advisor, and consultation was extensive. Dr. Zelt noted that the SE LHIN has been informed that KGH will not be the centre to provide this protocol. KGH's policy is similar to those in Ottawa and the University Hospital Network. In response to a question, Dr. Zelt confirmed that a physician has the right to refuse to provide the service but is obliged to refer the patient to another physician. Patients have access to a Ministry 1-800 number to respond to any questions they have about the legislation and access.

6.0 FINANCE AND AUDIT COMMITTEE

6.1 Funding / Financial Update

Axel Thesberg, Chair of the Finance and Audit Committee, provided a brief update on KGH's finances. At this time, KGH is behind in budget by approximately \$2M. As noted earlier, patient volumes are higher than

expected; management team continues to monitor vacancy levels in staff recruitment and work is underway to develop an action plan to identify further budget savings. Management will be reviewing the detailed Q1 results later this week.

7.0 GOVERNANCE COMMITTEE

7.1 SE LHIN Sustainability – Healthcare Tomorrow Update

Jim Flett reported that the Secretariat is working on the development of a work plan to identify the deliverables that can be reasonably achieved in light of KGH – HDH integration as well as recent support changes to the project. While still tentative, the work plan is expected to be completed sometime in October. David Zelt provided an update on the work happening at the clinical table and the team is expecting a confidential consultant's report outlining clinical opportunities.

7.2 Updated 2017-18 Board & Committee Master Schedule

- New – Tours

An updated master schedule was distributed removing the Accreditation interview date on October 17 and adding in three board tours. The Chair encouraged board members to block time in their calendars to tour various parts of the hospital as outlined in the schedule.

8.0 IN-CAMERA SEGMENT

8.1 Motion to Move In-Camera.

Moved by Bill Robertson, seconded by Peng Sang Cau:

THAT the Board move into an in-camera session.

CARRIED

11.0 REPORT ON IN-CAMERA DECISIONS & TERMINATION

11.1 Motion to Report the Decisions Approved In-Camera

Moved by Diane Kelly, seconded by Peng Sang Cau:

THAT the Board rise from committee of the whole and the Chair report.

CARRIED

The Chair reported on the following in-camera decision/discussion items: the board approved the appointment of Dr. David Messenger as Head of the Department of Emergency Medicine; the Board was briefed on future redevelopment plans for Kingston General Hospital.

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11.2 Date of Next Meeting & Termination

The Chair confirmed that the date of the next meeting is Thursday, September 29, 2016 with an education session at 14:00 hours followed by the Board meeting at 16:00 hours.

The meeting terminated at 17:35 hours on motion by Bill Robertson.

12.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY

A brief session was held.

13.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT

A brief session was held.

George Thomson
Chair

JIM FLETT, INTERIM PRESIDENT & CEO

Submitted to: Board of Directors

Date of Issue: August 09, 2016

Period Covered: June 21 to August 09, 2016

This note provides an update on activities inside and outside KGH that relate to our mission and annual corporate plan that have been underway since our June 13 and 21 Board meetings. As always, I am happy to take any questions on items in the report.

1. General Update – KGH activities

Latest editions of KGH This Week are appended to my report for your information.

2. Ministry Announcement – August 2, 2016

On August 2, 2016, George Thomson and members of the KGH senior team attended the announcement by Minister Hoskins, at the Providence Care Mental Health Site, outlining the government's \$13 million investment in Kingston health care as follows:

Patients will benefit from:

- \$2.5 million to support early planning for potential future capital investments at the Kingston General Hospital redevelopment
- \$6.7 million increase in operating funding to Kingston General Hospital
- \$3.9 million increase in operating funding to Providence Care in Kingston
- \$550,000 increase in operating funding to Kingston's Hotel Dieu
- More than \$58,000 for the continuation of the local community paramedicine pilot program that helps seniors and other patients live independently longer and reduces emergency room visits and hospital admissions.

The \$6.7 million increase in operating funding to KGH has already been incorporated into our budget planning. \$4.3M increase due to HBAM (Hospital Based Allocation Methodology) reset; \$2.14M increase with LHIN managed Quality Based Procedures funding due to increased acuity; \$0.24M base increase due to slightly improved HBAM performance and operational efficiency; and \$2.22M based increase for HBAM, LHIN-managed QBP and other investments; one-time recovery of \$2.15M with the year 2 phase in mitigation due to the HBAM reset.

The \$2.5M allocation for future capital redevelopment investments at KGH is welcome news. Our thanks to MPP Kiwala for her commitment and support to keep Phase 2 requirements at the forefront of Ministry discussions (attached is a copy of correspondence to MPP Kiwala and Minister Hoskins following the announcement).

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3. Health Infrastructure Renewal Fund

On August 5, 2016, MPP Kiwala announced \$14.9 million this year for the three hospitals in Kingston through the Health Infrastructure Renewal Fund (HIRF). KGH will receive \$5.3M; Providence Care will receive \$5.7M with Hotel Dieu Hospital receiving an allocation of \$3.8M. The funding supports crucial infrastructure projects to improve facilities across the province such as roof repairs, windows, HVAC systems, etc. The total allocation across the province for 2016-17 is \$175M, an increase of \$50M over last year's funding.

4. Accreditation Update

In recognition of the increased demand of work that will be happening as we prepare for our integration with Hotel Dieu Hospital, we have asked for and received approval to postpone our Accreditation Canada survey to April 2018. During this period of time we will maintain our status as an accredited organization and will use this opportunity to guide the creation of a stronger health-care system for our patients, care providers and community as a unified Academic Health Sciences Centre. Accreditation Canada standards serve as one of the foundations hospitals build upon to continuously improve and will therefore be used in our preparations for the new accreditation timeline in 2018. These standards will be at the heart of building our strategic goals and will help set the agenda, inform the strategic and quality improvement plan for the new integrated entity.

Though the official survey has been postponed, we will continue to have a daily focus on safety and improvement processes as outlined through the Accreditation Canada standards. Initiatives that we will continue to focus on include mock tracers with board participation, community engagement opportunities and enhancing our patient- and family-centred care principles by inviting patient experience advisors to participate on the Board and on our committees and the implementation plan to bring Patient Experience Advisors will be discussed at the August 12 Board meeting. The Board also made a commitment to complete the Accreditation Canada governance functioning tool and it is our plan to complete the survey in late 2017 in advance of the 2018 survey and our plan is to brief the Board in February on the new Accreditation Standards and issue the governance functioning tool survey for completion in advance of a mock tracer scheduled for Wednesday, March 22, 2016 from 7:30 to 9:00 am in the Fenwick Conference Room.

As outlined in my email to Board members on July 22, we are releasing the August 16 education session and October 17 interview from your calendars. As part of the September board meeting agenda, we will be holding an education session focusing on the current standards. A team will be created to help identify prioritizations and timelines for the new survey date. When we undergo the survey in April 2018 it will be as a new integrated organization with Hotel Dieu Hospital. We will continue to keep you updated on timelines and plans for the survey as they become confirmed.

5. 2015-16 KGH This Year – On-line Link

The 2015-16 KGH This Year 'annual report' is now available on-line at the link provided below. This year's report uses many of the photographs we have taken over the past year to help tell our story. As always there are plenty of highlights to share and stories to tell about the work we do to deliver on our aim of Outstanding Care, Always. <http://www.kgh.on.ca/report/kg-h-year-2015-16>.

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6. University Hospitals Kingston Foundation

The annual Report to the Community has been posted on the UHKF website at the following link: <http://www.uhkf.ca/news/publications/>. I am also pleased to report that the UHKF Board slate endorsed by the KGH Board at its June meeting has been approved and information about their Board: <http://www.uhkf.ca/about/board/>

7. Medical Staff Association

Dr. Ron Pokrupa has joined the KGH Board of Directors effective July 1st, 2016, and will serve as a member of the Finance and Audit Committee of the Board. A member of the attending staff in the Division of Neurosurgery at KGH and HDH, Dr. Pokrupa areas of clinical interest include Neurosurgery, Chiari Malformation and Syringomyelia, CNS Neoplasia, Cervical Spine Surgery. A graduate of the University of Western Ontario, he completed his residency at the Ottawa Civic and General Hospitals. Welcome Dr. Pokrupa! Also appended to my report is a thank you letter from Dr. Kishore Thain, Past President of the MSA.

8. W.J. Henderson for Patient Oriented Research

On July 12th, a small group gathered to officially launch the construction of the W.J. Henderson Patient-Oriented Research Centre on Connell 4. The 9,000-square-foot facility will be the discovery home for scientists, for treatment teams, for patients and families, and their collective work will lead to better diagnoses, breakthroughs in treatment, new clinical best practices and outstanding care. The Centre will house six research labs to be used by multiple research teams, facilities to carry out patient studies and clinical trials, a biohazard Level 2 tissue preparation area, and more. In 2013, the Henderson Foundation pledged \$1M towards the new facility; Bill Henderson was a greater supporter of the hospitals in Kingston and was appointed a Life Governor of Kingston General Hospital in 1983.

9. SE Regional Cancer Program – Indigenous All Nations Healing Room

The South East Regional Cancer Program (SERCP) in partnership with KGH invited indigenous community members from across the region to celebrate the newly opened Indigenous all nations healing room on Connell 6 on June 27, 2016. The space was designed with input from Indigenous patients who were asking for an area to perform culturally important ceremonies such as smudging, circle prayer and singing. Officially named “Mamawi” which means “Together”, the room allows Indigenous patients to gather with family to perform traditional healing practices while in hospital. By partnering with patients, KGH recognizes and embraces the importance of providing a balance between the highly clinical world of a hospital and spiritual well-being for patients.

10. Health System Funding Reform Update

The 2016/17 hospital funding letters were distributed to LHINs on April 6, 2016 and reflected a significant amount of work by Ministry, OHA, LHIN and hospital staff to meet this target. Over the past year, significant steps were taken by all parties to address the sector’s most pressing issues, including timing of allocations to align with business cycles, the HBAM (Health Based Allocation Model) reset and the establishment of the governance structure that sees our organizations working together to strengthen the hospital funding model into the future.

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The ministry and OHA have held a number of webcasts and teleconferences with hospitals and LHINs to explain the allocations, answer questions and work with organizations to better understand concerns. A number of themes related to feedback on where rapid and substantial improvements to the methodology and its implementation are still needed emerged from these consultations: 1) continued improvements in the timeliness of allocations; 2) stability and predictability of allocations; 3) HBAM re-set policy and methodology; and 4) revenue adjustment policy and methodology. For this fiscal year, the Hospital Advisory Committee (HAC) will place a heavy focus on addressing these themes, as brought forward by our partners in the hospital sector. In particular, there will be a focus on better understanding the volatility in annual funding allocations, and on developing approaches to ensure greater stability for the 2017/18 hospital funding allocations.

11. Southeast Community Care Access Centre – Funding Announcement

In early July, the government announced a \$100 million investment (\$80 million for enhanced home care and \$20 million for caregiver respite services) with more than \$5 million coming to the Southeast region. For the SE LHIN, \$1M will be allocated specifically to caregivers for services like respite and personal support hours.

12. Province's ehealth Strategy

As discussed at previous Board meetings, the Ministry's Hospital Information System (HIS) Renewal Advisory Panel was created in 2015 to arrive at a set of recommendations to support HIS renewal and inform a refreshed ehealth strategy for the province. The next generation of HIS investments will require a movement towards partnership models by building on existing relationships to move towards more shared HIS services. There is a great opportunity to advance Ontario's Patients First Action Plan to transform Ontario's hospital information systems into a platform for a high-performing, better connected, more integrated and patient-centred health care system. Deputy Minister Dr. Bob Bell has just released to hospital CEOs the panel's recommendations which the KGH team will be reviewing and briefing the Board further at a later date. The four key pillars that the recommendations span include: partnering, clinical adoption and outcomes, procurement, and financing. KGH staff participated on both the steering committee and advisory panel preparing the report.

13. Ontario's Chief Health Innovation Strategist – Health Technologies Fund (HTF)

Last September, the Ministry announced the appointment of William Charnetski as the provincial Chief Health Innovation Strategist. The Office of the Chief Health Innovation Strategist (OCHIS) is a catalyst to help accelerate health technology commercialization efforts in Ontario. OCHIS works on behalf of health technology innovators to remove barriers and improve access to Ontario's health care system with a goal is to grow businesses and build a health innovation ecosystem in Ontario.

OCHIS's health innovation priorities include:

- Optimize pathways to adoption and diffusion for innovative Ontario health technologies
- Enable effective procurement of innovation by shifting the health care system to strategic, value-based procurement and removing barriers for small and medium-sized enterprises to participate.
- Provide better care closer to home by supporting home and community care enabled by virtual, mobile and digital health technologies
- Empower Ontarians through digital health by building a dynamic market of ehealth tools and supports to navigate and personalize their path to health and wellness

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- Enhance Aboriginal health by advancing opportunities for innovation to address health challenges in their communities.

In early July the province announced that it would be accepting applications for the \$20M Health Technologies Fund. The Fund is being delivered by Ontario Centres of Excellence (OCE) on behalf of the Ministry of Health and Long-Term Care's Office of the Chief Health Innovation Strategist. The first priority area for the HTF is Better Care Closer to Home. It will support Health Innovation Teams from across Ontario to work on projects related to home and community care through virtual, digital and mobile health-care technologies.

14. Rural Health Hubs – Pilot Project Announced

Ontario is strengthening health care in Northern communities by finding innovative ways to deliver care to patients through a new pilot project for rural health hubs. As part of her week-long visit to more than a dozen Northern Ontario communities, Premier Kathleen Wynne made the recent announcement at Espanola Regional Hospital and Health Centre, one of five sites chosen for the pilot project. Ontario will provide \$2.5 million in funding over three years for the five hubs. The funding will enhance service integration at the five health care locations to help them become fully integrated health hubs that better meet the unique needs of rural communities, and that provide high-quality care for patients. They will connect modern services and coordinate transitions between caregivers and doctors -- and make it easier for patients and their families to understand and access their health care choices. Along with community partners, the five health care centres participating in the pilot project are: Espanola Regional Hospital and Health Centre; Dryden Regional Health Centre; Manitowadge General Hospital; North Shore Health Centre; Haliburton Highlands Health Services. In collaboration with community partners, each site will support health system transformation and improve care, access and outcomes for patients in remote areas of the province. It is expected that the hubs will evolve into fully integrated health care delivery systems by 2017-18. They will then provide care that is integrated from end to end -- public health, primary care, mental health care, chronic disease management, acute care, home and community care, long-term care and palliative care.

15. Ontario Hospital Association (OHA) – www.oha.com

Attached to my report are the most recent reports of the OHA Board Chair and President providing updates on a variety of topics and issues facing member hospitals.

The OHA has also invited JSC Co-Chairs Michael Hickey and George Thomson to participate in a video profiling the KGH/HDH integration work and filming will take place on August 16 here in Kingston. The OHA communications team will be looking at a potential release date in September at one of their upcoming executive leadership education programs as well as at the HealthAchieve conference in November.

16. Council of Academic Hospitals of Ontario – Year in Review – www.caho-hospitals.com

[Ontario's 24 Research Hospitals: Building a Healthier, Wealthier, Smarter Ontario](#)

2015/16 marks the first year of CAHO's new strategic plan, supported by the launch of the Healthier, Wealthier, Smarter campaign. In addition to stabilizing our health research enterprise, and accelerating the implementation

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of the health research evidence into practice, we are also committed to demonstrating the value of research hospitals and becoming leaders in driving best practices for patient co-design of health research in Ontario.

This past year, CAHO launched two new task forces focused on achieving those goals. One is leading a critical discussion on the development of best practices for patient engagement in research to identify how the CAHO community can act as champions for this work. The other is focused on positioning research hospitals as necessary business models and key enablers within the Ontario health care system.

As leaders in the CAHO community, we invite you to champion and spearhead the discussion and share stories about the value of health research and patient engagement on our Healthier, Wealthier, Smarter website (www.healthierwealthiersmarter.ca) and join the discussion on social media using the hashtag #onHWS.

16. Queen's Faculty of Health Sciences Medical Student Bursary Golf Tournament

This year's tournament will be held at Smuggler's Glen Golf course just outside Gananoque on Friday, September 23 with an 8:30 am shotgun start. The cost to play is \$275.00. All proceeds support the Queen's Medical Student Bursary – last year's tournament raised \$52,627. To learn more and register: <http://www.queensmedgolf.com/> and if you require further information, please contact Emily Walker at Emily.walker@queensu.ca or 613-533-6000 Ext 78422.

17. HealthForceOntario Marketing & Recruitment Agency Appointment

Congratulations to Dr. Richard Reznick on his recent appointment by the Ministry of Health and Long-Term Care to the above agency. HealthForceOntario Marketing and Recruitment Agency will provide Ontario with a single voice in building and maintaining the province's health human resources capacity and have the skills and resources to recruit needed health professionals in the province. The Agency's key responsibilities are: to recruit, internationally, nationally and provincially, health care practitioners to practice in Ontario; to attract persons to the practice of health care in Ontario; to assist health care practitioners and other interested persons in identifying requirements that must be met to practice health care in Ontario and determining ways to meet the requirements; to encourage health care practitioners who currently practice in Ontario to continue practicing in Ontario; to work with communities in Ontario to enhance their recruitment and retention of health care practitioners to help meet communities' health needs; to make Ontarians aware of the services and initiatives of the Ministry of Health and Long-Term Care that are designed to enhance the supply and distribution of health care practitioners in Ontario.

18. Ontario Medical Association Agreement

The OMA Board and Ministry have tentatively endorsed a new four-year deal with Ontario's physicians. The government will increase the physician services budget by 2.5% in each of the four years. Doctor groups have expressed their disappointment with the tentative agreement and the advocacy group, "Concerned Ontario Doctors" has indicated that at least 3.1% is required to "maintain the bare minimum in health care". The adjustment will take the physician services budget from approximately \$11.5 billion per year to \$12.5 billion. The budget will be co-managed by the doctors and the government and, according to global news, the agreement also contains the proviso that doctor expenditures stay within budget, the government will make additional payments of \$50M, \$100M, \$120M, and \$100M in each of the four years respectively. The agreement also sets

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out \$200M in permanent reductions in fees of physician payments. Doctors unhappy with the tentative agreement have forced a delay in ratification and physicians will now get a direct vote on the deal. Ontario doctors will vote on the Agreement at a general meeting scheduled for Sunday, August 14, in Toronto.

19. New Providence Care Hospital

Providence Care will be the first hospital in North America to bring long-term, specialized inpatient mental health care into the same building as complex care and rehabilitation.

Welcoming clients starting in May 2017!



20. Legislative Updates & Compliance

Ontario College of Pharmacists – Oversight of Hospital Pharmacies

On August 1, 2016, new regulations made under the *Drug and Pharmacies Regulation Act* will be filed by government which will officially provide the Ontario College of Pharmacists with the ability to inspect and license hospital pharmacies. We have completed the Ministry's request to make an application and obtain a certificate of accreditation by the end of July. We understand that the government will require hospitals to annually file for certification.

Radiation Protection Legislation

Health Quality Ontario (HQP) has recently released a report on the modernization of Ontario's radiation protection legislation, [*Report and Recommendations on Modernizing Ontario's Radiation Protection Legislation*](#). Developed by an expert panel, the report provides more than 30 recommendations for the modernization of Ontario's radiation protection legislation, the *Healing Arts Radiation Protection (HARP) Act*. While the HARP Act has served an important role in protecting patients, providers and the public in the past, the panel recommends updating this legislative framework to ensure that Ontario's regulatory approach is effective, nimble and transparent—both now and in the future.

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Labour Relations Act, 1995 & Employment Standards Act, 2000

In mid-July, the government released the interim report prepared by C. Michael Mitchell and John C. Murray focusing on changes in the workplace as an integrated problem in both the union and non-unionized workplaces. The Changing Workplaces Review has generated much interest. In 12 days of public hearings around the province over 200 organizations and individuals provided input and more than 300 written submissions were received. Before making final recommendations to the government, the authors of the report felt it advisable to report on the issues identified and the proposals for change that have been suggested so that interested parties will have a chance to make further submissions.

I would be more than pleased to respond to questions from my report at our August 16 meeting.

Jim Flett
Interim President and Chief Executive Officer