

BOARD OF DIRECTORS - OPEN MEETING

Date: Monday, December 16, 2019
 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
1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, CONSENT AGENDA ITEMS & APPROVAL OF AGENDA						
1600	10 min	1.1	Call to Order, Confirmation of Quorum, Conflict of Interest Declarations	O'Toole	Inform	Verbal
		1.2	Opening Value Statement: KHSC Mission, Vision & Values	O'Toole	Share	Link
		1.3	Consent Agenda Items a) Approval of Board minutes October 21, 2019 b) Mission & Values Report c) Connected Care – Ontario Health Team Update d) Board Policy: Position Description – Board of Directors e) Board & Committee Meeting Effectiveness Survey f) Approach to January 2020 Board Education Session g) 2020-21 Board Slate Process – Expression of Interest	O'Toole	Decision	Briefing note
		1.4	Approval of Agenda	O'Toole	Decision	Draft agenda
2.0 PATIENT & FAMILY CENTRED CARE						
3.0 KEY DECISIONS						
1610	10 min	3.1	Board & Committee Functioning	Hunter/Jones	Decision	Briefing note
1620	5 min	3.2	Name Change for KGHRI	Hunter/Jones	Decision	Briefing note
4.0 REPORTING & PRESENTATIONS						
1625	10 min	4.1	KHSC President & CEO + External Environment Update	Pichora	Discuss	Written report
1635	5 min	4.2	Medical Advisory Committee/Chief of Staff Report	Fitzpatrick	Discuss	Written report
1640	5 min	4.3	UHKF President & CEO Report	Zsolnay	Discuss	Written report
1645	10 min	4.4	Quarterly Performance Report: Q2	Pichora/Jones Committee Chairs	Discuss	Briefing note, SPI + reports Presentation @ meeting
1655	5 min	4.5	Fiscal 2020-21 Budget Update	Pichora/Jones/ Bansal	Discuss	Briefing note
5.0 BOARD COMMITTEE REPORTING						
1700	5 min	5.1	Patient Care & Quality Committee	McCullough	Inform	Verbal
1705	5 min	5.2	Governance Committee	Hunter	Inform	Verbal
1710	5 min	5.3	People, Finance & Audit Committee	Thesberg	Inform	Verbal

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6.0 IN-CAMERA SEGMENT						
1715	5 min	6.1	Motion to Move In-Camera	O'Toole	Inform	Verbal
10.0 REPORT ON IN-CAMERA MATTERS						
1825	5 min	10.1	Motion to Report on Decisions Approved In-Camera	O'Toole	Inform	Verbal
		10.2	Date of Next Meeting & Termination			
11.0 OPEN FORUM						
Opportunity for directors to reflect on how patients, families and the community were considered in today's discussions						
12.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY						
13.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT						

BOARD OF DIRECTORS OPEN MEETING: DECEMBER 16, 2019

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held at the Hotel Dieu site on Monday, December 16, 2019 from 1600 to 1810 hours in the Henderson Board Room, Sydenham 2. The following are the open minutes.

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

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

Ex-officio Members Present (non-voting): Dr. Peggy DeJong, Dr. Mike Fitzpatrick, Mike McDonald and Dr. David Pichora.

Regrets: Axel Thesberg.

Administrative Staff: Rhonda Abson (Recording Secretary), Elizabeth Bardon, Sandra Carlton, Brenda Carter, Troy Jones, Renate Ilse, Steve Smith, Krista Wells Pearce and Tom Zsolnay.

1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, CONSENT & AGENDA APPROVALS

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

David O'Toole called the meeting to order and confirmed quorum. On Monday, January 27, 2020, the KHSC Board and executive team will participate in an education session on integrated risk management and representatives from the Health Insurance Reciprocal of Canada (HIROC) will join. The session will start at 1400 hours followed by a brief board meeting. Further details in terms of location for the session will follow.

The Chair recognized the continuing contributions of Sister Theresa Shannon who recently retired from active volunteer service work with pastoral care. Recognition of Sister Shannon's compassion and insights were recognized in providing supportive care to patients at the HDH site. David O'Toole noted how her strong and gentle leadership has improved people's lives and helped build the foundation for the future of KHSC. Sister Shannon's presence in the corridors of the hospital has provided support to countless people.

Board members were reminded of the upcoming 1:1 meetings on January 13 and 14, 2020 and further information will follow in preparation for these meetings.

On November 28, 2019, a survey reminder was sent to all board members for completion of the OHA self assessment tool. The Chair noted the importance of Board members completing this work and that 100% participation was important.

No declarations of conflict were recorded.

Open Board Meeting: December 16, 2019

Page 2

1.2 Opening Value Statement: KHSC Mission, Vision and Values

Mission

We care for our patients, families and each other through everyday actions, significant moments and exciting breakthroughs.

Vision

Partnering in care, discovery and learning to achieve better health for our communities while transforming our health care system.

Values

At the heart of our values is **compassion**. We care for some of the sickest and most vulnerable people in our community.

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

Partnership is at the core of how we work. We empower patients, families and our teams to do great work together, and with our community.

The pursuit of **excellence** drives everything we do. We will be good stewards of resources while continually enhancing the quality of care, research and education we provide.

Research and **innovation** reflect our courage to try new things, challenge what we know, create new knowledge and transform health care.

1.3 Consent Agenda Items

The consent agenda materials were circulated in advance of the meeting. No adjustments were made to the consent agenda.

Moved by David Pattenden, seconded by Anne Desgagnes:

THAT the consent agenda be approved as circulated.

CARRIED

1.4 Approval of Agenda

The Chair invited a motion to approve/amend the agenda as circulated.

Moved by Sherri McCullough, seconded by Glenn Vollebregt:

THAT the agenda be approved as circulated.

CARRIED

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

Open Board Meeting: December 16, 2019

Page 3

3.0 KEY DECISIONS

3.1 Board & Committee Functioning

Brenda Hunter, Chair of the Governance Committee, drew attention to the Committee's recommendation with respect to board and committee functioning. Appended to the briefing materials was a copy of the proposed draft board and committee agenda template and updated briefing note.

Moved by Brenda Hunter, seconded by Emily Leslie:

THAT, as recommended by the Governance Committee, the KHSC Board of Directors approve the proposed Board committee agenda template for use starting at the February 2020 committee; and

THAT, as recommended by the Governance Committee, the KHSC Board of Directors approve the proposed briefing note template for use when presenting materials to the Board of Directors and/or its committees.

CARRIED

3.2 Name Change for KGHRI

A recommendation prepared by the Governance Committee to rename the Kingston General Health Research Institute effective July 1, 2020.

Moved by Brenda Hunter, seconded by Sherri McCullough:

THAT, as recommended by the Governance Committee, the KHSC Board of Directors approve subject to endorsement by the Kingston General Health Research Institute and Hotel Dieu Hospital Kingston Research Institute Board approvals, a name change from Kingston General Health Research Institute to the Kingston Health Sciences Centre Research Institute, effective July 1, 2020.

CARRIED

4.0 REPORTING & PRESENTATIONS

4.1 KHSC President & CEO + External Environment Update

The written report of the President and CEO was pre-circulated with the agenda materials. Dr. David Pichora drew attention to the KHSC Team awards and Exceptional Healer Awards and invited members of the Board to let the recording secretary know if they are available to participate on the selection committee; two board members are being sought. The report provided updates on research activities, federal and provincial updates as well as detail on recent meetings held with senior Ministry staff. Dr. Patrick Deane was installed as Queen's

University's 21st Principal and Vice Chancellor on November 12. Dr. Pichora drew attention to the update on the South East Local Health Integration Network and KHSC's initial meeting with the newly appointed Transitional Regional Lead, Ontario Health East, Mr. Renato Discenza. A brief update on the Supervisor's work with addictions and mental health redesign was provided. KHSC has recently completed its 100th surgical robotics case and the company providing the equipment has been impressed with the overall implementation at KHSC. The KHSC planning team continues to work on finalizing the agreement with Infrastructure Ontario for the design team selection. David Pichora reported that work continues on preparing a progress report to the Ministry to demonstrate readiness to move to full Ontario Health Team application status. A brief update was provided on patient flow initiatives and the KHSC@Home program. Appended to the CEO report was the Q2 medial report as well.

4.2 Medical Advisory Committee/Chief of Staff Report

The written report prepared by Dr. Mike Fitzpatrick on the activities of the Medical Advisory and Chief of Staff was provided in advance of the meeting. Dr. Fitzpatrick highlighted the recent visit to Quinte Healthcare Corporation on November 5, 2019, to discuss a variety of topics in cardiology, off-hour coverage for gastrointestinal endoscopy, IVR services, and outreach opportunities for otolaryngology. Dr. Fitzpatrick indicated that the meeting exchange was well received and KHSC will look forward to future opportunities to continue discussions with QHC.

An update was provided on the Physician Wellness Committee and several key deliverables that will be addressed: 1) the establishment of a physician library/resource centre at the KGH site; 2) helping to establish family physician coverage for new physicians and their families; 3) establishing a care pathway for new physicians joining KHSC to provide preventative and easily accessible support when needed. Dr. Fitzpatrick provided a brief overview of the recent visit by Dr. Dyrbye, an expert on physician wellness.

A new Executive Council has been formed comprised of clinical department heads and members of the senior leadership at KHSC. Dr. Fitzpatrick explained that this group will be engaged in complex strategic decisions for KHSC.

Peggy DeJong arrived at 1645 hours.

4.3 University Hospitals Kingston Foundation President and CEO

Tom Zsolnay, President and CEO of the University Hospitals Kingston Foundation, drew attention to his written report which provided updates on major gifts and planned giving as well as annual giving initiatives. This year's annual benefit dinner will be held on Saturday, March 28, 2020 at Ban Righ Hall starting at 1730 hours. An update was provided on donor relations as well as a number of community events that recently took place. An ad campaign is underway featuring Dr. David Pichora and arrangements are underway for a "Thank-A-Thon" to donors in January. Members of the Board noted the thoroughness of the report.

4.4 Quarterly Performance Report: Q2

The Q2 briefing package included the Strategy Performance Index, Strategy Indicators Report, and the Service Accountability Agreement Indicators Report. Troy Jones, Chief Operating Officer, delivered the Q2 presentation to the Board. The Fiscal 2019-20 Strategy Performance Report now includes the Quality Improvement Plan indicators as well as the approved KHSC strategic plan. Board members were reminded of the Accreditation Standard requiring the governing body to receive reports about the organization's performance and quality of services; to ensure that a structure is in place to report quarterly performance publicly following board review; to demonstrate accountability for the quality of care while ensuring alignment with strategic goals and objectives; and to create a structure that embeds accountability for performance. As well, the Corporate Bylaws and Board policy ensures that performance metrics are established and monitored. For Q2, 14 of 15 or 93% of KHSC's strategy targets are on track and 3 of 4 or 75% of the quality improvement plan targets are on track. At the November Committee meetings indepth discussions took place with members being concerned about access and flow as well as budget planning/funding in preparation for the Fiscal 2020-21 budget.

4.5 Fiscal 2020-21 Budget Update

Troy Jones, Chief Operating Officer, drew attention to the update on the Fiscal 2020-21 budget. KHSC has identified that the fiscal year beginning April 1, 2020 is a year of considerable financial pressure for the hospital. KHSC leaders continue to work through budget plans to find efficiencies and savings. As outlined in the briefing note that was circulated, the current shortfall is approximately \$30M which is made up of \$18M for operations and \$12M for capital. In November, budget updates were presented at the MAC, all directors' meetings, and briefings were held with the unions. Each of KHSC's Board committees were briefed at November meetings. A number of assumptions have been developed and the financial team is in the process of verifying numbers. Management has still not received confirmation from the Ministry in terms of submission deadlines for this year annual planning submission; the team continues to work towards the same deadline as last year, i.e. January 31. A further update will be provided at the January 27 Board education session. Dr. Richard Reznick confirmed that the Southeastern Ontario Academic Medical Organization has also been engaged in these discussions.

5.0 BOARD COMMITTEE REPORTING

5.1 Patient Care & Quality Committee

Sherri McCullough, Chair of the Patient Care & Quality Committee, confirmed that the November committee minutes were provided as part of the in-camera agenda noting that the meeting had to be extended to 3-hours to cover the materials that were provided. No further discussion.

Open Board Meeting: December 16, 2019

Page 6

5.2 Governance Committee

Brenda Hunter, Chair of the Governance Committee, confirmed that members had a good discussion about the board's overall succession plan to provide leadership. The committee will be looking at how to go forward in terms over committee chair succession and providing opportunities to other elected members to serve in leadership roles. During the upcoming board member 1:1 meetings with Chair David O'Toole, further discussions will take place in this regard including insights into education and development opportunities for leadership roles.

5.3 People, Finance & Audit Committee

The November committee minutes were provided as part of the in-camera agenda materials. An update on workplace violence was presented at the meeting as well as an overview of the medical staff resource plan with SEAMO. KHSC's investment policy and guidelines were discussed and an update on Phase 2 redevelopment was provided.

6.0 IN-CAMERA SEGMENT

6.1 Motion to Move In-Camera

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

Moved by David Pattenden, seconded by Glenn Vollebregt:

THAT the Board move into an in-camera session.

CARRIED

10.0 REPORT ON IN-CAMERA MATTERS

The Chair reported on the following in-camera decision/discussion items: the board approved the in-camera board minutes from the October board meeting; the board received the final approved minutes from the September committee minutes and the draft minutes from the November committee meetings along with the financial planning package for October 2019; the board endorsed the extension of Dr. John Rudan as Head of the Department of Surgery; the CEO provided a brief verbal update and Dr. Edmund Jones appointment as Head of Otolaryngology was extended pending further recommendation from the MAC on bringing ENT into the Department of Surgery as a division. The board approved a number of appointments and reappointments to the medical staff as well as a number of housestaff appointments. The board approved bylaw amendments as part of the consent agenda to provide for the position of Immediate Past Chair and a new role description was endorsed. The Board discussed the recent ASSIST decision-making tool exercise that committee members engaged in at November meetings.

Open Board Meeting: December 16, 2019

Page 7

The meeting terminated at 1810 hours on motion of Brenda Hunter.

11.0 OPEN FORUM – no items were identified.

12.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY

No session was held.

13.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT

No session was held.

David O'Toole
Chair

Briefing Note

Topic of Report:	CEO REPORT	For Decision
Submitted to:	Board of Directors – December 16, 2019 Medical Advisory Committee – December 12, 2019	For Discussion X For Information
Submitted by:	Dr. David R. Pichora, President and CEO	
Date submitted:	December 11, 2019	

Background

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

Current State

1. KHSC Team Awards 2019

Over the years the Team Awards have become part of a cultural fabric that celebrates people dedicated to transforming the patient and family experience through innovative and collaborative approaches to care, knowledge, and leadership. Last year's Team Award winners included: The Laboratory Genetics Team(Care), Clinical Learning Specialist Team (Knowledge), Connell 10 Team and KHSC Pharmacy Sterile Compounding services Team (Leadership - Tie).

Eligibility - the KHSC Team Awards honour teams from across KHSC that have achieved outcomes that advance our aim of transforming care and excellence. All teams that work together, or collaborate on a project, program or service for the organization are eligible. Nomination Criteria - nominations must include a description of what the nominated team has accomplished and what the impact has been in one of the following three categories:

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

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

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

We are seeking two members of the KHSC Board to join the Executive team to review the nominations received. In early January, you will receive a nominations package. Members will be asked to review and rank each of the submissions and return the information to the People Services group. A meeting to identify and confirm this year's recipients will be held on Wednesday, January 22, 2020 from 1000 to 1100 hours. A special event will be held in February to recognize the 2019 recipients. Please let Rhonda know if you are available to participate with the Executive members in this year's selection.

2. KHSC Exceptional Healer Awards

In recognition of the primary importance of patient- and family-centred care to the mission of Kingston Health Sciences Centre, the Exceptional Healer Awards are given to a health care provider (physician, nurse or allied health) who demonstrate the following: dignity, respect, information sharing, participation and collaboration. This is the first year that the award is being expanded to include allied health professionals in addition to nurses and physicians.

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

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

The nominator is required to complete a brief nomination form and short explanation of the candidate's special qualifications for the award based on the criteria above. Deadline for nominations is Tuesday, December 31, 2019.

3. Weeneebayko Area Health Authority (WAHA)

Further to my October update to the Board, I am pleased to confirm that Board Chair David O'Toole and I will be travelling to the Weeneebayko Area Health Authority on January 6, 2020 (weather permitting). Earlier this month I had the opportunity to join Mike MacDonald and Midge Rouse, Director of Ininew Patient Services, for a tour the Confederation Place Hotel where the Geaganano Residence program is located. Working in partnership Ininew Patient Services, the owners and staff at the Confederation Place Hotel have made a commitment to provide a block of rooms, exclusive gathering spaces, office facilities and meals to meet the needs of the WAHA patient population who regularly seek health care programs at services at KHSC hospital sites.

4. Research Update – December 2019

This fall saw the ramping-up of two leading-edge clinical research facilities in Kingston Health Sciences Centre's hospitals. These facilities are unique in that they bring scientists and clinician-scientists together with patients to discover and develop innovative ways to diagnose, treat, and prevent disease.

Skeletal Observation Laboratory: On October 23 we celebrated the launch of the Skeletal Observation Lab (SOL) at the Hotel Dieu site of KHSC. This \$2.5 M, leading-edge facility offers researchers and clinicians unprecedented “X-ray vision” insights into human bones and joints in vigorous action, affording better treatments and preventive strategies tailored to the individual. Dr. Michael Rainbow, the lead investigator and Assistant Professor of Mechanical & Materials Engineering at Queen’s University, Dr. David Pichora, orthopedic surgeon and President & CEO of Kingston Health Sciences Centre, and their graduate students demonstrated the marvels of this recently completed lab, including its new, ultra low-dose CAT scanner, and its high-speed X-ray and video camera, capable of 1000 frames per second. “Our goal is to account for each person’s specific anatomy, mechanics and activities, in order to understand why some people get injured while others do not,” says Dr. Rainbow. “We want to improve quality of life for individuals of all ages – from senior citizens to high-performance athletes.”

SOL is co-located in HDH with the Human Mobility Research Lab (HMRL), and the Centre for Neuroscience Lab, enabling research ‘from brain to joints.’ This unique suite of in-hospital facilities fosters collaborations among engineers, neuroscientists, orthopedic surgeons and rehabilitation specialists, leading to innovative treatments that help people live fuller, more mobile lives. As is the tradition at Hotel Dieu, where a culture of research and associated infrastructure has long been supported by the Religious Hospitallers of Saint Joseph, the Sisters commemorated the SOL’s official opening with a blessing.

GIDRU Metabolomics Laboratory: also in October, new technology in W.J. Henderson Centre for Patient-Oriented Research on Connell 4, KGH site of KHSC, is assisting researchers in accelerating their search for the causes of bowel disorders such as irritable bowel syndrome (IBS). Mass spectrometry equipment has transformed the centre’s Gastrointestinal Diseases Research Unit (GIDRU) lab into a state-of-the-art metabolomics facility. It allows researchers to elucidate the vast array of “metabolites”, or tiny molecules, that are produced by our bodies and the bacteria living of our gut microbiome. Dr. Sean Bennet, a postdoctoral fellow who studies how diet affects the bacteria in our gut, and research associate Martin Kaufmann, a specialist in chemical analysis, are using the system to create exquisitely detailed chemical “fingerprints” of individual metabolites in patients with bowel disorders. “It will give us insight into the complex pathways into IBS and other disorders, which are still a ‘black box’ for us,” Dr. Kaufmann says.

In the future, the researchers will expand into inflammatory bowel diseases (IBD), such as Crohn’s Disease and Ulcerative Colitis. Their work, under the supervision of Dr. Stephen Vanner, Director of GIDRU, is part of the CIHR-funded IMAGINE project that is Canada’s largest-ever study of bowel disease. Notably, this study was designed and is being conducted with considerable input from patients.

And congratulations: finally I’d like to congratulate Dr. Vanner, who in September was recognized as a Fellow of the Canadian Academy of Health Sciences, one of Canada’s most prestigious academic honours. He was cited for his work in transforming the GIDRU into one of the top facilities of its kind in Canada, and for his pioneering role in engaging patients in his research. Dr. Vanner has served leadership roles on national and international gastroenterology and related patient advocacy organizations, and at the grassroots level has been a thoughtful and articulate voice for patients and the public. He is also a cherished mentor and teacher, having guided at least 50 new gastrointestinal clinician-scientists so far, several of whom are now considered research ‘stars’ in their own right. He is an inspiration to us all.

5. KHSC Named Among Top 40 Research Hospitals

Kingston Health Sciences Centre (KHSC) has once again been named one of Canada's Top 40 research hospitals by Re\$earch Infosource. KHSC is one of 19 Ontario hospitals recognized on the list since it debuted in 2011. Hospitals are ranked by their total research spending and research intensity. KHSC stands out for its total number of researchers, 357, which is the highest among the 11 Canadian hospitals in the "Medium" category (total hospital funding of \$400M - \$1B.)

6. Auditor General of Ontario Report: www.auditor.on.ca

Further to my communication to KHSC board members on December 4, the team has had an opportunity to review the Auditor General's recent report in more detail with most of the value-for-money audits in the report relating to programs aimed at protecting the health, safety and well-being of Ontarians. The following are excerpts from the AG's new release pertaining directly and indirectly to the health care sector:

Acute-Care-Hospital Patient Safety and Drug Administration: The audit found that of the 1 million people discharged each year by Ontario hospitals, about 67,000 were harmed during their treatment. In addition, two health agencies identified 15 preventable patient-safety events that should never happen (called "never-events") that could cause serious harm or death—for example, a foreign object left in a patient after surgery. The Report says that since 2015, 10 out of the 15 never-events have occurred a total of 214 times at six of the 13 hospitals that auditors reviewed.

The AG news release noted that the vast majority of patients in Ontario receive safe care in hospital and that acute care hospitals are committed to patient safety. Patient safety culture at different hospitals varies significantly, from excellent to poor and failing. It should be noted that the Ontario Hospital Association has communicated its concern to the AG about the lack of context and notification provided in sharing the results of patient safety culture surveys within the report. According to the report, however, the most recent staff survey results from all 123 acute-care hospitals in Ontario, completed between 2014 and 2019, show that as many as nine in 10 staff at some hospitals graded their hospital as "very good" or "excellent" with respect to patient safety. However, at other hospitals, as many as one in three staff graded their hospital as "poor" or "failing."

For KHSC, the number of staff surveyed was 810 of which 47% rated KHSC excellent or very good; 39% acceptable and 15% poor or failing. In our most recent Patient Safety Culture Survey (November 2018):

- 85% of respondents agreed that KHSC promotes a culture of patient safety.
- 90% gave their individual units a positive grade on patient safety.
- 74.5% agreed or strongly agreed with this statement: "If I point out a potentially serious patient safety incident, management will look into it."
- 64% agreed or strongly agreed with this statement: "On this unit, when a serious error occurs, we analyze it thoroughly."

KHSC's use of SAFE Reporting to report and follow up on incidents and near misses continues to be strong. We have made significant improvements in tracking the implementation of recommendations stemming from serious/critical patient safety incidents and we are currently building rigor into similar processes for program-level reviews. We continue to refine the SAFE tool to streamline reporting and ensure that summary reports meet the needs of leaders.

We continue to strengthen our culture of safety by working to spread safety huddles throughout KHSC, an opportunity for staff to identify patients with safety concerns, falls risks and skin integrity issues, and also to pinpoint general safety concerns on a patient unit. Huddles play a key role in embedding safety into front-line daily practice. Spreading the huddles, sustaining them and linking them to the quality agenda will take structure and leadership.

Addictions Treatment Programs: Wait times for addictions treatment, hospital visits for opioid-related emergencies, and addiction death rates all continued to rise despite increased provincial spending, the Report found. In particular, the province spent about \$134 million on its Opioid Strategy between August 2017 and March 2019, but opioid-related deaths, emergency-room visits and hospitalizations continued to increase. Auditors noted that the number of opioid-related deaths grew to more than four a day in 2018, up from over two a day in 2016.

For KHSC, we operate inpatient and outpatient mental health programs for children/youth and adults and the detoxification centre (a non-medical withdrawal centre). KHSC was also engaged in the development of the consumption site in Kingston which is operated with support by paramedics (employed by the municipality). A review of the Report pertaining to Mental Health & Addictions confirms many challenges experienced by the acute care sector as we continue to try to manage increasing numbers of patients with complex mental illness and addictions, including opioid addictions. A number of recommendations are made in the report:

- *focus on strengthening accountability (i.e. that the government should tie funding to outcomes and more consistently distribute funding according to need),*
- *standardize and/or ensure greater consistency across “like” services in ON,*
- *and better integrate mental health with addictions services giving increasing numbers of patients – including children, youth and Indigenous persons - who need care for both issues.*

Chronic-Kidney-Disease Management: Funding for most chronic-kidney-disease services in Ontario has not been reviewed or adjusted for years, and does not reflect the actual costs of providing services to patients, the audit found. In addition, the Report identified a lack of co-ordination between the Ministry of Health and two other government health agencies that made it difficult to plan, monitor, and evaluate services provided to patients. In 2018/19, the province spent about \$662 million on chronic-kidney-disease services, and about \$20 million to fund 700 kidney transplants.

KHSC, in terms of home dialysis rates, ranked at the lower end of performance – below both the provincial target and provincial average. KHSC’s home dialysis rate, last measured in Q1, F20 was 21.7% with a year end fiscal target of 22.4%. Provincial average is 25.8%; provincial target is 27% by 2023. KHSC has seen an improvement in home dialysis rates over the last 3 years recognizing it is a provincial priority. KHSC is committed to promoting home therapy as first modality choice in an effort to increase the number of patients on home dialysis.

KHSC’s Renal Program includes:

- *In-centre dialysis hub site is at KHSC KGH site*
- *6 satellite dialysis centres (Brockville satellite is an independent health facility (IHF))*
- *Multi-care Kidney Clinics (MCKC) in Kingston (expanding regionally in F20/21). KHSC’s staffing model for MCKC is aligned with provincial standards. Our team works with primary care regarding appropriate and timely referrals to a nephrologist for those with declining kidney function*
- *both live and deceased kidney transplant procedures.*

Ontario Renal Network conducts quarterly performance reviews with KHSC's Renal program to discuss progress in meeting provincially established performance targets. An annual workplan is in place for the Renal Program that guides quality and performance improvement efforts aligned to ORN's Ontario Renal Plan.

Capacity challenges exist in Kingston (90% occupancy rate) and Belleville (93% occupancy rate). There is an urgent need to expand capacity in response to expected future demand (over the next 10 years, the number of new patients requiring hemodialysis is expected to grow by 17%). The capital planning process is underway for these expansion projects.

KHSC supports the recommendations with respect to a review of the ORN treatment bundles as well as the rates for kidney transplantation. Internal case costing for transplant care at KHSC highlights the funding gap between per case funding and actual costs. This will become an access barrier if not addressed by the Ministry. KHSC's CFO and Program Operational Director for Renal are involved in the provincial funding model review.

On a different front, I wanted to ensure that the Board was aware of a recent exchange in the legislature from MPP Kingston and the Islands, Ian Arthur, with respect to his request to establish a dialysis unit at the Trenton Memorial Hospital site. Sending along the link: [click here](#)

Office of the Chief Coroner and Ontario Forensic Pathology Service: Gaps in quality reviews of work done by coroners and pathologists, along with unethical behaviour by some coroners, may have contributed to low-quality death investigations in Ontario, the Report concludes. Auditors found instances of coroners, who are physicians with medical practices, performing death investigations on people who had been their patients just days before they died, which is a conflict of interest. The audit also found that not enough quality reviews were being performed into how pathologists do their work.

For KHSC, no concerns when reviewing the report and results indicate better performance than some peers. The Auditor General found that some peer hospitals did not have a medical director in place overseeing pathology services – KHSC does.

7. Meeting Deputy Minister Helen Angus & Ontario Health CEO Susan Fitzpatrick

Following the Council of Academic Hospitals of Ontario meeting in Toronto on November 22, I had an opportunity to meet with Helen Angus and Susan Fitzpatrick. In advance of the meeting, Ministry staff invited KHSC to submit briefing documents on opportunities where we can enhance and improve patient flow. As KHSC board members are aware, our current funding levels do not match the actual service levels. Surge pressures at the KGH site exceed physical capacity and hallway patients located in non-conventional spaces continue to be a challenge. Business cases/briefing documents were prepared focused on:

- Surge bed funding request
- Non elective quality based procedures
- Emergency mental health and safety
- Alternate level of care / long-term care transition unit proposal
- Detoxification centre
- Underfunding of advanced clinical care

The meeting provided an opportunity to profile the many accomplishments at KHSC including an update on our Ontario Health Team status; successful integration of HDH and KGH and resultant cost savings; overview of KHSC's new robotic assisted minimally invasive surgery program; improved capacity with the opening of a second MRI; organizational restructuring at the executive level to ready the organization for system change; and an overview of KHSC's bundled care implementation to-date. Our discussion focused on KHSC's \$18M savings target for Fiscal 2021 to drive further efficiency.

Another discussion point focused on my recent trip to Blue Shield/Blue Cross in Providence, Rhode Island, to learn more about accountable care organizations. I shared my observations and potential areas of interest in terms on how ACOs are currently functioning in the U.S. relative to where Ontario Health Teams might go in the future. Planning for another ACO visit to Bon Secours Mercy Health in Cincinnati in mid-January is in the works and I look forward to bringing this information back to the Board at our January 27 education session on risk. I should not that a brief presentation about this trip was also made at the new Executive Council (a body comprised of all members of the Executive team plus all medical department heads) in November.

8. Meeting with Mike Heenan, Assistant Deputy Minister, Hospitals & Capital Branch

On Monday, December 2, Mike Heenan spent the morning with the Kingston Health Sciences Centre touring both hospital sites. Troy Jones, Mike MacDonald, and I toured the emergency department, Connell 10 inpatient unit, operating rooms and labs at the KGH site as well as the urgent care centre, surgical perioperative locations (i.e. day surgery, operating rooms, extended perioperative recovery area, short stay unit, and phase 2 recovery area), orthopaedics and ophthalmology areas at the HDH site.

9. Providence Care – St. Mary's of the Lake Reactivation Centre Update

On December 4, Troy Jones and I participated in a follow-up phone call with the Ministry along with Providence Care CEO, Cathy Szabo, and joint Vice President of Planning, Krista Wells Pearce. KHSC highlighted the unique opportunity this provides Providence Care to accept behaviourally challenged ALC patients from within our own community and across the region with the potential to transition ALC patients from Providence Care Hospital to the St. Mary's of the Lake program resulting in improved capacity for KHSC to transfer patients seeking inpatient rehabilitation. If support is provided by the Ministry, it is important to note that the current SMOL facility would not be operational until at least the third quarter of Fiscal 2021.

10. Installation of Dr. Patrick Deane, Principal and Vice Chancellor, Queen's University

On Tuesday, November 12, members of the Queen's and community partners, were in attendance at the installation ceremony of Dr. Patrick Deane as the University's 21st Principal. While I was not able to attend the event due to vacation, I am pleased to report that Elizabeth Bardon, Vice President, Mission & Strategy Integration and Support Services, was available to represent KHSC.

In late October, COO Troy Jones and Executive Vice President Patient Care and Community Programs, Mike McDonald, joined me in a meeting with Dr. Deane and Provost Dr. Tom Harris to talk about Homecoming's impact on the hospital system as well as other initiatives underway for KHSC. We had an opportunity to tour some of the research facilities and to discuss the redevelopment project.

11. Southeastern Ontario Academic Medical Organization – Successes in 2019!

For the benefit of new KHSC board members, SEAMO was founded in 1994 and is a unique organization of four signatories: the Clinical Teachers' Association of Queen's University (CTAQ), Kingston Health Sciences Centre (KHSC), Providence Care and Queen's University. SEAMO is responsible and accountable for the Alternate Funding Plan Agreement with the Ministry of Health and Long-Term Care and the Ontario Medical Association. SEAMO supports the delivery of outstanding health care, foster excellence in research and education and facilitate the transformation of academic medicine in Southeastern Ontario.

Under the leadership of CEO Dr. Richard Reznick, the partners have delivered on a number of projects this past year: redesigned the SEAMO accountability framework; developed a 3-Year HHR Plan supporting the recruitment of 70+ new positions; supported the Innovation Fund, distributing over \$650,000 to 9 projects; supported the Medical Education Fund, awarding 8 bursaries valued at \$120,000; organized inaugural physician wellness event recently; welcomed 41 new physicians to Kingston, Queen's and Hospitals; hired 4 new staff members to Team SEAMO, including a communications and events coordinator, data analyst, eConsult service coordinator and manager of financial services. Going into 2020, priorities will focus on:

- Implementation of redesigned accountability framework
- Obtain MOHLTC approval of the 3-year HHR plan
- Establish a regional expansion plan
- Support the clinical facilities initiative, and
- Develop a new strategic plan for SEAMO

12. Principal's Advisory Committee – Dean, Faculty of Health Sciences Search Update

Meetings continue and committee members recently completed identifying the candidate long-list for this the position. Work is now underway to prepare for the first round of interviews in the new year.

13. Federal Government – Speech from the Throne, Health Portfolio

The Governor General delivered the Speech from the Throne on Thursday, December 5, focused on climate change initiatives, lowering taxes for the middle class and cracking down on gun crime, and to continue reconciliation efforts with Indigenous populations. In last Thursday's speech, the government made a commitment to improve mental health care supports and housing to support Canada's veteran population. The government has made a commitment to strengthen health care and to work with the provinces to ensure all Canadians have access to a primary care physician; to introduce mental health standards in the workplace making sure that all Canadians have access to mental health programs and services; and to make it easier for people to get the help they need when it comes to opioids and substance abuse. The Throne Speech further states that it will continue to implement a national pharmacare system.

The new House Speaker is Anthony Rota, Liberal MP from the riding of Nipissing-Timiskaming and The Honourable Patty Hadhu has been appointed as the Federal Health Minister. MP Hadhu is the Member for Thunder Bay-Superior North.

14. 2019 Ontario Economic Outlook & Fiscal Review

Finance Minister Rod Phillips released the *2019 Ontario Economic Outlook and Fiscal Review: A Plan to Build Ontario Together* on November 6, 2019. The government remains committed to a balanced budget position by 2023-24 while continuing investments in critical public services and strengthening the conditions for job creation.

According to the government news release, progress is being made to achieve a balanced position and Minister Phillips stated that the government is projected to beat its deficit target for 2019-20 by \$1.3 billion — reducing the projected deficit to \$9 billion from the \$10.3 billion outlook presented in the *2019 Budget*.

The government is also on record stating that it will make meaningful actions that will help make life easier and more affordable for people such as reducing taxes, investing in health care and education, and building modern transit and roads. The government confirmed that an additional \$1.3 billion will be invested in critical services. This includes more funding for small- and medium-sized hospitals, public health units, child care and programs to help our most vulnerable. At the same time, the government is creating a climate to support and attract business investment and job creation across the province.

In the *2019 Ontario Economic Outlook and Fiscal Review* the government is proposing to reduce the small business Corporate Income Tax rate to 3.2 per cent from 3.5 per cent beginning on January 1, 2020. This would provide tax relief of up to \$1,500 annually to over 275,000 businesses. As a result of government actions to date, Ontario's small businesses would save \$2.3 billion in 2020.

15. Provincial Government – Digital and Virtual Care Strategy

In early November, the Ontario government announced its new Digital First for Health strategy and its five supporting pillars. According to the announcement, the strategy aims to provide more virtual care options, expanded access to online appointment booking, greater data access for patients, more connected tools for frontline providers, and data integration and predictive analytics. It was also noted that the first phase will enable Ontario Health Teams to collect, use and share information to allow for better patient care and outcomes. This will be achieved through the proposed changes Ontario is making to modernize the *Personal Health Information Protection Act* that will also introduce stricter provisions for any individual or organization that misuses personal health information.

16. City of Kingston

Lanie Hurdle was recently appointed Chief Administrative Officer for the City of Kingston following the December 3, 2019 council meeting. Council has also approved \$50K in funding for a study to be conducted to confirm Kingston as an underserved area for family physicians.

17. OHA Series: Board Chair at the Helm

As outlined in my last report, Axel Thesberg connected with my office to confirm his interest in participating in the OHA's recent collaboration network 'board chair at the helm'. The monthly webinars started in October with the first stream focusing on board recruitment and selection practices. Brenda Hunter joined Axel on the most recent session "Deliberate Strategies for Board Recruitment". The next session taking place on January 23 is "Influencing and Shaping Board Culture".

18. Catholic Health Association of Ontario – Annual Conference

This year's annual conference, "Catholic Health Care: Building and Sustaining a Value Based Culture" was held in Toronto on October 24 and 25, 2019. Joining me at this year's meeting was HDH Board Chair Caroline Manley, KHSC Vice Chair Axel Thesberg, and executive team members Elizabeth Bardon and Sandra Carlton. This year's session was well attended and provided an opportunity to reflect on our contributions to the delivery of health care in the province now and in future.

19. Legislative & Regulatory Update

The provincial government has introduced Bill 138 **Budget Measures** to allow for amendments to various budget related acts and statutes. If passed, Bill 138 would propose a series of amendments to over 40 pieces of legislation as part of the government's plan to establish a balanced budget.

Bill 124 the **Protecting a Sustainable Public Sector for Future Generations Act, 2019**, received Royal Assent on November 7, 2019, and will have implications to respective bargaining units and non-union staff at the Kingston Health Sciences Centre. This Bill imposes three-year moderation periods for unionized and non-unionized public sector employees during which time compensation increases must not exceed one per cent per year. Prior to passing the Bill, the government made a number of amendments that clarify the effective dates of the moderation periods for certain collective bargaining outcomes as well as some technical clarifications on the definition of compensation and also specific employer groups not covered by the legislation.

The Government of Ontario has implemented a number of changes under the **Connecting Care Act, 2019** focused mainly to integrate multiple provincial agencies into Ontario Health including Cancer Care Ontario, Health Quality Ontario, eHealth Ontario, Health Shared Services Ontario, and HealthForceOntario Marketing and Recruitment agency. The Transfer Orders provide for all assets, liabilities, rights and obligations, and all records as well as all employees to be transferred to Ontario Health. As well, a second set of Transfer Orders were issued to all fourteen Local Health Integration Networks. These Orders result in the transfer of certain management positions (other than CEOs) from each LHIN to Ontario Health. Finally, Regulation 376/19 under the above Act sets out additional prescribed objects for Ontario Health as follows: a) providing shared services to LHINs, approved agencies under the *Home Care and Community Services Act, 1994* and placement coordinators under the *Long-term Care Homes Act, 2017*; and b) conducting or funding research programs that are specified in the accountability agreement between Ontario Health and the Minister of Health. Shared services are defined under the Regulation to include: human resource management including employee benefits; labour relations and collective bargaining; oversight and management of provincial patient care technology platforms; finance and administration including accounts payable and inventory management; communications and public relations; and support for policy development and implementation and quality improvement.

Additional changes are now in effect under Regulation 329/04 of the **Personal Health Information Protection Act, 2004 (PHIPA)**, allowing Ontario Health to assume certain responsibilities of eHealth Ontario pertaining to administrative, technical and physical safeguards, practices and procedures to protect the privacy of individuals. Ontario Health is now subject to the same requirements as eHealth Ontario relating to the creation or maintenance of electronic health records and is now identified as a "prescribed person/entity" meaning that health information custodians may disclose personal health information to Ontario Health for the purposes of disclosing information to allow for analysis and

compiling of statistical information with respect to the management, monitoring and allocation of resources to support health system planning.

19. South East LHIN Update

The above noted changes resulted in a message from **Paul Huras** on November 13, 2019, confirming his departure from the LHIN. In his departure note, he recognized the many significant achievements that the SE LHIN accomplished during his tenure as CEO; he encouraged all of us to continue to be proud of all that, collectively, we have delivered on to improve the health and lives of the patients we serve.

Renato Discenza has been appointed Transitional Regional Lead, Ontario Health East (catchment includes Central East, South East, and Champlain). He will serve as the CEO for the LHINs in eastern Ontario and support Ontario Health with transition planning. Renato has over 30 years management and governance experience in both the public and private sectors – further biographical details are available [here](#). The KHSC executive team will be meeting with Renato on Thursday, December 12, and a further update will be provided at our upcoming board meeting.

20. Mission Moments

- On Wednesday, November 27, a very special event was held at the HDH site of KHSC to thank **Sister Theresa Shannon** for her many years of pastoral care. Sister Shannon recently decided it was time to retire and we were grateful that she allowed us to host an event at which staff – past and present – were able to come and express their appreciation for her many years of service. KHSC board members will recall that Sister Shannon joined us as part of our orientation to provide an overview of the history of the Religious Hospitallers of St. Joseph. With the move of the last remaining Sisters who lived in the Johnson Street house to the Sisters of Providence Motherhouse on Princess Street, we will continue to nurture our relationships with the Sisters and instill the importance of mission in our staff.
- **KFL&A United Way – KHSC Workplace Campaign** - thanks to our workplace campaign volunteers and donors, **we more than doubled** the number of contributors to 280 KHSC donors, and successfully raised **\$65,844.90** to help people in our communities access United Way funded programs that address key areas, such as food insecurity, homelessness and employment instability. Thanks to the members of the KHSC workplace team for their efforts on another successful year!
- **2019 HDH Mission Awards** were held on November 6 to celebrate individuals and teams who exemplify the HDH Mission and Values in the way they care for patients, families and each other. This year's **Jeanne Mance Award** recipient is **Janine Schweitzer** who was recognized for ability to listen to patients and families and for speaking up for those who cannot. However challenging her role is as Director of Quality, Patient Safety and Risk Management, she ensures that everyone is treated justly, respectfully and compassionately. I am also pleased to announce the recipient for the **Jerome Le Royer Award – Ininew Patient Services** team were recognized for their skill and compassion in coordinating and supporting a wide range of services for patients, families and support personnel from the Weeneebayko Area. The team includes Sarah Butler, Kate Conacher, Clara Conn, Donna Corea, Lisa DaSilva, Stacey Djakovic, Nona Drouin, Alex Harding, Gary Helmkay, Gabriel Hookimaw, Daniel Hunter, Deanna Lloyd, Lee Anne Myers, Mary Jane Metatawabin, Joshua Miller, Ann O'Connor, Shane Prout, Elsie Rickard, Ashley Roy, Midge Rouse, Melissa

Solomon, Rosemary Thompson, Elizabeth Tozer, Kateri Wesley, Gloria Wesley and Karen Tookata Wesley.

- The official kick-off to the holiday season at **KHSC's KGH site** was on Monday, November 13, with the **KGH Auxiliary's annual Teddy Bear Campaign** raising funds for the pediatric program. Once again the **Royal Canadian Legion Branches** have partnered with the Auxiliary to support the purchase cost for the teddy bears. To-date over \$369K has been raised for the purchase of equipment and projects.
- **Star Lights Tree Lighting Ceremony – HDH Site** took place on Thursday, December 4, as staff, physicians, volunteers and members of the KHSC and HDH boards were in attendance for the **annual tree lighting event**. To brighten the tree even more, **Living Starlights** can be purchased in memory of the special people in our lives. Purchase a Star and print your loved one's name on the back – they are then placed on the HDH Christmas Tree. You can purchase Stars at the Brockview Café or Spiritual Health Office on Sydenham 3 until December 20.
- The official kick-off to the holiday season at **KHSC's KGH site** was on Monday, November 13, with the **KGH Auxiliary's annual Teddy Bear Campaign** raising funds for the pediatric program. Once again the **Royal Canadian Legion Branches** have partnered with the Auxiliary to support the purchase cost for the teddy bears. To-date over \$369K has been raised for the purchase of equipment and projects.
- **Staff Shout Out for Stephen Ash** - going above and beyond for our clients is nothing new to Stephen. Stephen never hesitates to run to the store on his lunch break, or offer a client his calling card right from his wallet. Recently a client mentioned to Stephen that she was cold outside without any gloves, and Stephen gave her his gloves without a second of hesitation. Thank you Stephen; your unyielding compassion makes a huge difference for our clients every day.

21. Upcoming Events, Conferences & Calendar Dates

Holiday Decorating Contest Underway – staff across the sites are decking the halls in anticipation of “winning” this year’s annual decorating contest. Members of the executive team will join me on **Monday, December 6** to judge the entries and try to select this year’s winners which will be announced at our open house.

Christmas Bake Sale – HDH Site on Friday, December 13 – leave your holiday baking to the experts – KHSC Volunteer Services to HDH Site will have delicious goodies available at their annual Christmas Bake Sale in the main lobby from 0900 to 1400 hours.

KHSC Holiday Open House – KGH Site on Wednesday, December 11 from 1400 to 1500 hours and again from 2000 to 2100 hours in the Burr 1 Conference Room. We encourage KHSC Board members to drop by this year’s open house.

KHSC Christmas Tea – HDH Site on Wednesday, December 18 from 1400 to 1500 hours in the HDH staff lounge. We encourage KHSC Board members to drop by this year’s Christmas Tea.

22. Q2 Media Report

The Q2 report is appended to my report.

As noted earlier in my report, I hope to be travelling to Bon Secours Mercy Healthcare in Cincinnati, Ohio in mid-January to learn more about accountable care organizations and I will look forward to sharing information at our January Board education session. For now, wishing you a safe and all the best for the holiday season.

Respectfully submitted



David R. Pichora

President and Chief Executive Officer

fiscal
2019-2020 **Q2**
Second quarter ended Sept. 30, 2019

KHSC **this** quarter



Media Report

MEDIA OVERVIEW

The data compiled for this report was collected between **July 1, 2019 and September 30, 2019**. During Q2, **KHSC was mentioned in 503 stories** that were tracked across local, provincial and national media. This is an 82 per cent increase over the previous quarter, and more than double our average of 225 media stories per-quarter for the past several years. A significant portion (181 stories) of this increase can be attributed to a [Canadian Press story](#) about youth suicide.

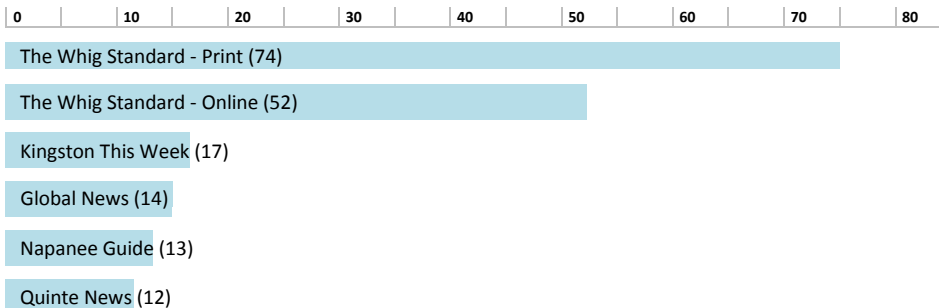
Breadth of news coverage

News outlets around the world mentioned KHSC in Q2. While most of our media mentions originate from Canadian news outlets (**96%**), we also appeared seven times in stories published by **United States** news outlets, six times in the **United Kingdom** and two times by news outlets in **Australia** and **Austria**. Stories appeared also in **China, India, Switzerland, and Germany** this quarter.



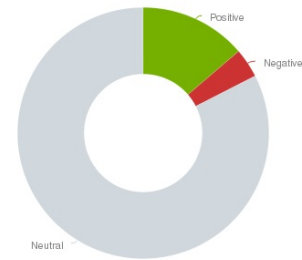
Top news sources

While international media coverage is valuable, our efforts continue to focus on news coverage from our local media outlets. These local news organizations serve as an important link with the communities we serve. As you can see below, our top news sources this quarter, as determined by the total number of KHSC-specific stories they produced, include our local media partners – The Whig Standard, Kingston this Week and Global News (CKWS).



Tone of news coverage

Of the approximately 503 stories that appeared in the media this quarter, **96 per cent were positive or neutral** in tone, and **4 per cent were negative**. Our Q2 results include more negative media coverage than is consistent with the trends we have seen over the course of the last several years with KHSC receiving very little negative coverage. Included in the negative coverage was the Toronto Star story about the death of an emergency department patient.



Value of news coverage

According to our Meltwater media monitoring platform, KHSC's traditional media efforts in Q2 are estimated to be worth nearly **\$2.5 million**. Generally, this value is calculated using an algorithm created by our media monitoring software, which considers the total number of individuals who were exposed to our news coverage. Considering that 14 per cent of our media coverage this quarter was positive in tone, our traditional media activities generated **\$183,054 worth of positive profile** for KHSC in Q2.

There are a number of media highlights to share this quarter. They have been broken down into three categories – earned media (below), contentious issues management (pg.4), and other mentions in the media (pg.4).

EARNED MEDIA

Earned media refers to publicity gained through deliberate efforts by KHSC's department of Strategy Management and Communications (SMC). Earned media may be garnered through such venues as media releases, social media posts, information bulletins, media advisories or media events. Some highlights of our biggest stories this quarter include:

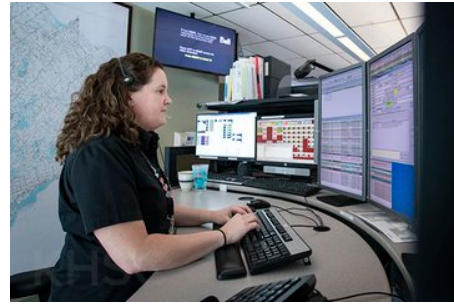
Gift puts women's health first at KHSC

Following a KHSC story posted to our external website and social media channels in July about the fundraising leadership demonstrated by Drs. Nitsch, Johnston and Smith, the Whig Standard attended a UHKF funding announcement in August for minimally invasive surgery equipment. The Whig's article acknowledges the financial contributions of B'nai Brith and the Obstetrics and Gynecology department.



Kingston dispatchers: answering the call

Following KHSC social media activity in April and again in August highlighting the work of our Ambulance Communication Officers, the Whig Standard wrote a feature in August on all emergency services dispatchers (ambulance, fire, police) in the Kingston area. The SMC team facilitated access to the Central Ambulance Communication Centre, where the reporter was able to get a firsthand account of two communication officers in action.



Langlois art exhibit at KGH site

Artist Sue Langlois and artist/volunteer Donna Brown were on CKWS's Morning Show in August to talk about the art gallery at the Kingston General Hospital site and the latest installation in the gallery featuring Langlois' work. The work of artist Michelle Reid, a previous contributor, was also shown on the show. Donna shared the benefits of the art exhibit for patients, visitors and staff, and shared people's responses to the art in the Kidd wing hallway. The SMC team pitched this interview to Global.



Other stories shared with the community in Q2 that gained media coverage:

- **LifeCycle ride raises awareness**
- **Hospital redevelopment to resume**
- **World-first collaboration rewards patients, clinical teams alike**
- **KHSC wellness programs bring new spin to mental illness treatment**

ISSUES MANAGEMENT

A key function of the Strategy Management and Communications Department, issues management is the practice of monitoring the reputation of the hospital, addressing concerns and providing strategic advice for contentious stories that may appear in the media.

Code Orange

On the afternoon of September 12, KHSC entered stage 1 of its external disaster plan, known as Code Orange, in response to a critical incident that occurred in downtown Kingston. The SMC team prepared and disseminated a statement to media electronically and in person (for those that showed up on site) that communicated about the preliminary stage of Code Orange and the code's removal once the situation was assessed. As the incident was under investigation, we directed any further questions to the OPP's Special Investigation Unit. TV news stations in Ottawa, CBC and CTV, together with the local media, CKWS and the Kingstonist, were the outlets looking for a statement from KHSC.

Death of an ED Patient

For approximately five weeks, an investigative journalist from the Toronto Star worked on writing a story about 20-year-old woman who died of an undiagnosed pulmonary embolism after twice being discharged from KHSC's emergency department (ED). The journalist interviewed the young woman's parents, and gathered information from the statements of claim and defence, which are public documents that anyone can obtain at the courthouse.

The SMC team worked with executives and senior leadership in the ED and Risk Management to issue a statement that communicated that KHSC was unable to provide any comments for patient-privacy reasons and because the matter is before the courts.

After the Toronto Star article was published at the end of August, requests came in from the Whig Standard and the CBC Radio show *Here and Now*. The statement to these outlets also cited patient privacy, and included general information about striving to provide excellent and compassionate care, and how it is upsetting to lose any patient.

Doctor's license suspended

The day after the College of Physicians and Surgeons of Ontario (CPSO) suspended Dr. Richard Henry's certificate of registration for a period of two months, on July 23, the SMC team responded to a request from the Whig Standard to confirm whether or not Dr. Henry had privileges at KHSC. The article that appeared in the Whig Standard and the report by Global TV included a statement from KHSC that confirmed Dr. Henry's privileges had been temporarily suspended until such time that his license is reinstated and he is in good standing with the CPSO.

OTHER MEDIA OF NOTE

KHSC was mentioned in the following stories in Q2. They were not, however, initiated through specific earned media activities.

Clinic devoted to transgender health

In July and August, Dr. Ashley Waddington was interviewed by several news outlets (Global, CBC, the Kingstonist, and the Postmedia network, including the Whig Standard) about her involvement in opening a full-time clinic for transgender and intersex patients at the Kingston Community Health Centres. The new clinic opened after Dr. Waddington established a similar clinic at the KGH site in 2017. The SMC team coordinated the interview with CBC Radio.



Former patient gives back, a decade after surgery

Former patient Kyla Tozer was interviewed for the Postmedia network, including the Whig Standard and the Napanee Beaver, about her eight-hour surgery by KHSC neurosurgeon Dr. Ronald Pokrupa to remove a brain tumour, which led her to start the Chase a Dream Neuro Race three years ago as a fundraising event for the neurosurgery department. Tozer also studies at Queen's and is currently focusing on microbiology and diseases while working on neurosurgery research with Dr. Ron Levy at the Kingston General Hospital site.

New e-health system on way for Perth, Smiths Falls hospitals

At the Perth and Smiths Falls District Hospital annual general meeting in June, Dr. Kate Stolee, chief of staff, spoke about a new e-health system on the way for PSFDH and five other health facilities, such as Kingston General Hospital and Brockville General Hospital. Dr. Stolee mentioned that patients will have their own portal. The article was published by the Metroland Media Group, which includes Inside Ottawa Valley.

KHSC COMMUNICATION CHANNELS

Unlike our traditional media efforts, which require the SMC team to work with news outlets to share our stories, our communication channels present KHSC with a space to interact directly with our community.

Social Media Performance in Q2

In Q2, Strategy Management and Communications continued its concerted effort to move toward providing a more visually engaging storytelling experience for KHSC's social media audiences by being more people-focussed and creating a human connection between the organization and the communities it serves.

By developing content with which our followers connect, such as photo albums and captions, this strategy has the goal of building relationships and increasing engagement. It is also in line with how audiences today prefer to consume information.

Industry best practices suggest that less than 1% = low engagement rate. Between 1% and 3.5% = average/good engagement rate. Between 3.5% and 6% = high engagement rate.



This quarter, our Facebook posts received on average an 8.6% engagement rate, and our Twitter posts had an average engagement rate of 1.2%.

In addition to focussing on engagement, impressions and reach are helping KHSC increase its brand awareness.

FACEBOOK

During Q2, our KHSC page saw steady growth and engagement and added **491** new followers in Q2 for a total of **6,445** followers. Our posts this quarter had a total reach of approximately **91,745**. The post with the most impressions, 7.2K, was the one about the Ontario Tumour Bank.



Top 5 Facebook posts by engagement

1.	Impressions	Engagements	Engagement Rate
	7,253	2,442	34%
 <p>Tucked into the clinical laboratory at the Kingston Health Sciences Centre – Kingston General Hospital (KGH) site is a small but critical team that helps to make a big impact on research and patient outcomes. The Ontario Tumour Bank (OTB) at the KGH site is one of four academic teaching hospitals that collects and stores tumour and blood specimens from consenting donors for cancer researchers to use in their work. Please click through the photos below to learn about the work of the OTB and meet the people who make this team possible. @oicr_news</p>			
2.	Impressions	Engagements	Engagement Rate
	2,521	720	29%
 <p>Album: Re-opening of Eye Clinic Mission accomplished! At a ribbon cutting ceremony on Sept. 24, members of the Ophthalmology team celebrated the return of the Mary Alice clinic to full operational status after the space was damaged by fire in July.</p>			
3.	Post: Adverse Childhood Experiences & Addictions		
	Impressions	Engagements	Engagement Rate
	3,314	830	25%
4.	Post: Angela Morin		
	Impressions	Engagements	Engagement Rate
	2,776	482	17%
5.	Post: Robotics Program Expansion		
	Impressions	Engagements	Engagement Rate
	4,635	782	16.9%

TWITTER

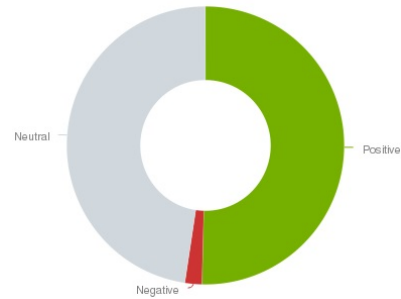
The posts on the @KingstonHSC twitter account earned **79,378** total impressions this quarter. The post with the most impressions, 4.1K, was the one about Dr. Ashley Waddington's selection to a Health Canada committee. Total impressions are measured by the number of times a tweet appears in one of our users' timelines. This account also added approximately **47** new followers in Q2 for a total of **5,236** followers.

Top 5 Twitter posts by engagement

1.	Impressions	Engagements	Engagement Rate
	2,506	222	8.8%
			<p>"We're better together." That philosophy is what fuels Angela Morin as she takes on a new leadership role @KHSC that will help to build & strengthen our capacity for patient engagement. #PFCC #yghHSC http://www.kgh.on.ca/kghconnect/news/%E2%80%9Cwe%E2%80%99re-better-together ... pic.twitter.com/m2p3emUj7H</p>
2.	Impressions	Engagements	Engagement Rate
	1,452	90	6.2%
			<p>Tucked into the clinical laboratory at the #KGH site is a small but critical team that helps to make a big impact on research & patient outcomes. Meet the members of the Ontario Tumour Bank who help #cancer researchers worldwide #yghHSC @OICR_news #ygh pic.twitter.com/3yS0in7lu6">https://bit.ly/2Gy1opJ @OICR_news #ygh pic.twitter.com/3yS0in7lu6</p>
3.	Post: Re-opening of Eye Clinic		
	Impressions	Engagements	Engagement Rate
	2,559	144	5.6%
4.	Post: Peggy O'Neill's 100th Birthday		
	Impressions	Engagements	Engagement Rate
	2,074	82	4%
5.	Post: Dr. Nitsch, Johnston & Smith raising funds for MIS equipment		
	Impressions	Engagements	Engagement Rate
	3,209	112	3.5%

Tone of Social Media Mentions

When monitoring the tone of the conversations that mention KHSC on social media, we also see that like our traditional media analysis this quarter, we received more negative comments than usual (2 per cent); these were mostly related to the Toronto Star story about the death of an emergency department patient. The majority of our mentions, 50 per cent, were positive in tone while 48 per cent were neutral. This is the eighth consecutive quarter in which we have seen a significant percentage of our mentions be either positive or neutral in nature. This is a considerable achievement and is an informal indication of a positive reputation the organization has amongst the communities we serve.



OTHER SOCIAL MEDIA ACCOUNTS

KHSC continues to see regular use of our Instagram, YouTube and LinkedIn channels, with all showing modest growth in Q2. Our following on LinkedIn has grown to approximately **8,000**. LinkedIn also continues to allow us to connect with a unique audience of talented individuals who may be interested in working at KHSC.

Corporate Websites Performance in Q2

KGH website

During Q2, the KGH corporate external website had over **80,300 visitors** who generated almost **276,300 total page views**. Of those, just over **63,690 viewed the home page**, with the next most popular page being in the **External Job Opportunities landing page at approximately 17,500 page views**. In the fourth overall spot for page views was the **“Hospital Contact Information”** with just over **5,311 page views**. The news item that received the most number of page views at **389 views** was the story about **Angela Morin**.

HDH website

During Q2, the HDH website had over **32,698 visitors** who generated **90,358 total page views**. Of those, **11,999 viewed the home page**, with the next most popular pages being in the **employees, programs and departments** sections of the site.