



1. KHSC Board of Directors - Open Meeting Package - March 2026

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1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, CONSENT AGENDA ITEMS & APPROVAL OF AGENDA

<p>1.1 Welcome, Call to Order, Quorum Confirmation, Conflict of Interest Declarations & Chair's Remarks Verbal</p>	Inform	McCullough
<p>1.2 Indigenous Acknowledgement We are grateful for the opportunity to meet today and are thankful to all the generations of people who care for these lands and waters. KHSC is located on the ancestral lands and waters of the Anishinaabeg, Haudenosaunee and serve a wider geographical area that encompasses many Indigenous communities including Tyendinaga, Katarokwi as well as communities within the Weeneebayko Area Health Authority. As we partner in care, discovery and learning to achieve better health outcomes for our communities, KHSC is committed to actively advocating for and acting upon the Truth and Reconciliation Committee's calls to Action on Health.</p>	Reflection	
<p>1.3 Opening Value Statement (Compassion, Respect, Partnership, Excellence, Innovation)</p>	Reflection	McIlquham
<p>1.4 Consent Agenda Items</p> <ul style="list-style-type: none"> a) Briefing: Consent Agenda Summary - March 2026 b) Draft Minutes: KHSC Board of Directors - Open Meeting - January 26, 2026 c) KHSC Performance Reporting F26 Q3 <ul style="list-style-type: none"> Briefing: KHSC Performance Reporting Summary F26 Q3 Guide: Service Accountability Agreement (SAA) Readers Guide Link: Q3 Strategic Performance Report (SPR) - Full Report Link: Q3 Service Accountability Agreement (SAA) - Full Report Link: Q3 Strategic Performance Index (SPI) - Full Report d) Patient Experience F26 Q3 <ul style="list-style-type: none"> Briefing: F26 Q3 Patient Experience Report Link: F26 Q3 Patient Experience Report - Full Report e) Patient Safety & Quality F26 Q3 <ul style="list-style-type: none"> Briefing: F26 Q3 Patient Safety Report Link: F26 Q3 Patient Safety Report - Full Report f) Quality Improvement Plan (QIP) Report F26 Q3 <ul style="list-style-type: none"> Briefing: F26 Q3 Quality Improvement Plan Update Report: F26 Q3 Quality Improvement Plan (QIP) Update Presentation g) 2025 Professional Practice Report <ul style="list-style-type: none"> Briefing: 2025 Professional Practice Report Report: 2025 Professional Practice Report Presentation h) Access and Flow - March 2026 <ul style="list-style-type: none"> Briefing: F26 Q3 Access + Flow Update Report: F26 Q3 Access and Flow - Full Report i) Briefing: Board Master Schedule for 2026-27 j) Briefing: 2025-26 Year-End Committee Report Framework k) Briefing: Q3 Media Report l) Report: Annual Board Education - Update #7 	Decide/Amend	McCullough

m) KHSC Risk Profile - February 2026

Briefing: KHSC Risk Profile - February 2026

Link: 2025-26 Risk Scan Results Presentation

n) Report: Interim Mission Vision & Values Report

1.5 Approval of the Open Agenda

Decide/Amend

McCullough

2.0 BUSINESS ARISING FROM THE MINUTES

No business arising from the minutes.

3.0 MATTERS REQUIRING DECISION

1605 / 10 min

3.1 2026-27 Approach to Quality Improvement Plan (QIP)

Decide/Amend

Shepherd /
Hann

1615 / 5 min

3.2 2026-27 HSAA / MSAA Extensions

Decide/Amend

Talbot-Allan /
Reid

4.0 MATTERS FOR DISCUSSION

1620 / 10 min

4.1 CEO Report - March 2026

Inform/Discuss

Pichora

1630 / 5 min

4.2 Chief of Staff / MAC Report - March 2026

Inform/Discuss

Fitzpatrick

1635 / 5 min

4.3 Report from President of the Medical Staff Association

Inform/Discuss

Daneshvar

1640 / 5 min

4.4 UHKF President and CEO – Philanthropy Report

Inform/Discuss

Zsolnay

5.0 COMMITTEE REPORTING & UPDATES

1645 / 15 min

5.1 Board Committee - Jan/Mar Meeting Highlights

Inform/Discuss

Presentation at meeting

a) People, Finance & Audit Committee

Talbot-Allan

b) Patient Care & Quality Committee

Shepherd

Program Presentation January 2026 - Ventilator
Equipment Pool (VEP)

Briefing: Ventilator Equipment Pool (VEP)

Link: Ventilator Equipment Pool Presentation

Program Presentation March 2026 - Hospital Elder Life
Program (HELP)

Briefing: Hospital Elder Life Program (HELP)

Link: Hospital Elder Life Program Presentation

c) Research Committee

Davidson

d) Governance Committee

Fell

e) Redevelopment Special Committee

McCullough
on behalf of
Emily Leslie

1700 / 5 min

5.2 Briefing: Guideline for Reporting to Board and Committees

Inform/Discuss

Fell / Ilse

6.0 IN-CAMERA SEGMENT (Members of the Public/Guests depart
meeting) / BREAK

1710 / 15 min

6.1 Motion to Move In-Camera / Refreshment Break

Decide

McCullough

11.0 REPORT ON IN-CAMERA MATTERS

1755 / 5 min

11.1 Motion to Report and Decisions Approved In-Camera

Decide

McCullough

12.0 DATE OF NEXT MEETING, MEETING SURVEY & TERMINATION

Link: Meeting Effectiveness Survey - March 2026 Board

Meeting Effectiveness Survey QR Code

Date of Next Meeting/Education Session: Monday, May 11, 2026

1600-1900

Motion to Terminate the Meeting

INFORMAL IN-CAMERA SESSION OF ELECTED DIRECTORS

As per policy II-B-6 Board Meetings. At the conclusion of each Board meeting and at the call of any two directors, an informal session of elected directors may be conducted without the presence of the ex-officio directors. The CEO and COS may be invited to participate in a part of the meeting upon the invitation of the

Chair before being excused. This process provides an opportunity to the Chair to discuss areas where performance of the directors could be strengthened. Any matters pertaining to specific meeting agenda items, or all other aspects of the Board's roles and responsibilities must not be discussed in such a meeting. No decisions will be made, and no minutes will be prepared. Following the informal session, the Chair will discuss matters arising, as appropriate with the CEO and COS.

BOARD OF DIRECTORS OPEN MEETING: MARCH 30, 2026

A regular meeting of the Kingston Health Sciences Centre Board of Directors was held in-person at the Kingston General Hospital Site, 76 Stuart Street in the Dietary 3 Boardroom on Monday, March 30, 2026 from 1600 to 1900 hours. The following are the open minutes.

Elected Members Present (voting): Mélanie Josée Davidson, David Fell, Alfred Hendry, Sherri McCullough (Chair), Suzanne McGurn, Ben McIlquham, Mona Rahman, Margaret Shepherd, Kevin Snedden, Laura Talbot-Allan, and Sandy Wilson.

Ex-officio Members Present (voting): Karen Humphreys-Blake.

Ex-officio Members Present (non-voting): Parham Daneshvar, Mike Fitzpatrick, Jason Hann and David Pichora.

Regrets: Emily Leslie, Patrick Johnston and Lisa Tannock

Staff: Nick Anand, Tessa Devos (Recording Secretary), Chris Gillies, Renate Ilse, Indira Naraine, Caroline Reid and Tom Zsolnay

1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, CONFLICT DECLARATIONS, AGENDA APPROVAL

1.1 Welcome, Call to Order, Confirmation of Quorum, Conflict Declarations, Agenda Approval

Sherri McCullough called the meeting to order, confirmed quorum and that everyone was able to hear the proceedings. No declarations of conflict were recorded.

1.2 Indigenous Acknowledgement

The Indigenous Acknowledgement was included on the agenda in advance of the meeting for Board members to reflect upon as they reviewed the materials.

1.3 Opening Value Statement

Ben McIlquham delivered the opening value statement speaking about innovation. He noted that innovation is about recognizing opportunities where others see limitations, and the willingness to question the status quo, explore new approaches, and pursue continuous improvement. He concluded that fostering innovation leads to better outcomes.

Suzanne McGurn volunteered to provide the opening value statement at the June meeting.

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1.4 Consent Agenda Items

Agenda materials were posted to the board portal on March 23, 2026. The following items were provided as part of the consent agenda:

- a) Briefing: Consent Agenda Items Summary – In-Camera Agenda – March 2026
- b) Minutes: KHSC Board of Directors Draft Open Minutes – January 26, 2026
- c) Briefing: KHSC Performance Reporting F26 Q3
- d) Report: Patient Experience F26 Q3
- e) Report: Patient Safety & Quality F26 Q3
- f) Report: Quality Improvement Plan (QIP) F26 Q3
- g) Report: 2025 Professional Practice Report
- h) Report: Access and Flow – March 2026
- i) Briefing: Board Master Schedule for 2026-27
- j) Briefing: 2025-26 Year-End Committee Report Framework
- k) Report: Q3 Media Report
- l) Report: Annual Board Education Report – Update #7
- m) Report: KHSC Risk Profile – February 2026
- n) Report: Mission, Vision & Ethics Report

Moved by M. Shepherd, seconded by L. Talbot-Allan:

THAT the consent agenda be approved as circulated.

CARRIED.

1.5 Approval of the Agenda

The Chair drew attention to the pre-circulated agenda.

Moved by MJ Davidson, seconded by L. Talbot-Allan:

THAT the agenda be approved as circulated.

CARRIED.

2.0 BUSINESS ARISING FROM THE MINUTES

No items identified.

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3.0 MATTERS REQUIRING DECISION

3.1 2026-27 Approach to Quality Improvement Plan (QIP)

A briefing note outlining the recommended priorities for the 2026–27 Quality Improvement Plan (QIP) was circulated in advance of the meeting. Members discussed the absence of reference to the Integrated Risk Management Framework within the QIP. Previous presentations to the Board noted that work is underway to align these initiatives, however, this linkage was not explicitly reflected in the QIP narrative.

Moved by M. Shepherd, seconded by A. Hendry:

THAT, as recommended by the Patient Care & Quality Committee, the KHSC Board of Directors endorse the 2026-27 Quality Improvement Plan for submission to Ontario Health Quality.

CARRIED.

3.2 2026-27 HSAA / MSAA Extensions

Laura Talbot-Allan, Chair of the People, Finance & Audit Committee drew attention to the Hospital Service Accountability Agreement (HSAA) and the Multi-Sector Service Accountability Agreement (MSAA) extensions for the boards review and consideration, which were pre-circulated in advance of the meeting. The province has extended the agreements for the 4th year as they are working on a new framework. There are no changes from previous years.

Moved by M. Shepherd, seconded by B. McIlquham:

THAT, as recommended by the People, Finance & Audit Committee, the KHSC Board of Directors approves the HSAA Extending Letter dated March 2, 2026 (appendix A), and approves the MSAA Extending Letter dated March 6, 2026 (appendix B) as circulated.

CARRIED.

4.0 MATTERS FOR DISCUSSION

4.1 CEO Report

The Committee received a verbal CEO update from David Pichora, supplementing the written CEO report previously provided at the March Committee meetings. He reported that on March 26, KHSC participated in the annual Kingston–Syracuse Pathway (KSP) Innovation Conference, alongside representatives from Queen’s University and the City of Kingston. He delivered a presentation on KHSC’s future, highlighting that redevelopment extends beyond the construction of a new hospital to encompass broader opportunities for the region and the city. The Kingston Whig Standard published an article on his presentation, though a few details were not fully captured. These included the context of the more than 800 patients currently receiving care in the community outside the hospital setting; the growing shift toward digital health and subscription-based services and the associated increases in cost and capital investment; and the opportunities for St. Lawrence College, including integrated and collaborative training models for the future health-care workforce. Discussion also included existing and potential partnership opportunities with Syracuse. Syracuse has recently broken ground on a \$100 billion semiconductor manufacturing complex, and given Kingston’s proximity, opportunities for

supply-chain collaboration may emerge. Syracuse is also exploring cross-border drone transfer models which could present further collaboration opportunities. Additionally, Syracuse representatives raised ongoing immigration challenges affecting their workforce and inquired about potential support through pathways to Canada.

Next, he noted that Oracle has invited him to participate as a panel speaker at the annual e-Health Conference in Halifax in June. The panel will focus on health data and future health analytics and will include Karen Oldfield, President and CEO of Nova Scotia Health, and Andy Smith, President and CEO of Sunnybrook Health Sciences Centre.

He concluded by noting that work on the financial sustainability project continues; however, political considerations remain a challenge to advancing this work.

4.2 Chief of Staff / MAC Report – March 2025

The Chief of Staff report was circulated in advance of the meeting. Mike Fitzpatrick provided a highlight that Critical Care Services Ontario has directed KHSC to transition the Davies 4 Level 2 ICU beds to a closed model of care. Under this model, when a patient is admitted to the unit, the intensivist assumes the role of Most Responsible Physician (MRP) and oversees all aspects of the patient's care. This represents a change from the current model, in which the admitting surgeon retained responsibility and made care decisions while the patient was in the unit. As a result of this transition, Davies 4 has been divided into two distinct areas: one managed by the Critical Care Medicine group and the other by the General Medicine group.

Further, he reported that the new Neuro Critical Care Unit opened last week on Kidd 2 and includes eight beds. He noted that the unit has been very well received. Previously, nursing staff often cared for neurologically deteriorating patients with limited real-time access to neurosurgeons, who do not have an on-site residency program and may have been occupied in clinics or the operating room. Under the new model, an intensivist is always present to manage patient care, with neurosurgeons providing consultative input as required.

A discussion followed regarding the College of Physicians and Surgeons of Ontario (CPSO) Quality Improvement Program and its relationship to the organizational QIP. While alignment between the two is possible, QIP initiatives must be achievable within a one-year timeframe, whereas many CPSO Quality Improvement Program activities extend over multiple years. As such, the programs are complementary but differ in scope and timelines.

4.3 Report from the President of the Medical Staff Association (MSA)

Parham Daneshvar provided a brief update on the recent Medical Staff Association (MSA) meeting. He noted that current efforts are focused on increasing physician engagement and improving the collection of MSA dues. The next MSA meeting is scheduled for March 31, 2026, and will feature a guest presentation from the Canadian Medical Protective Association (CMPA). Dr. Heather Murray will speak on the use of artificial intelligence (AI) scribes.

Parham also advised that the MSA has recently joined an online network of MSA presidents and leaders from other organizations. This forum supports information-sharing, process improvement, and ongoing efforts to strengthen operations and member engagement.

4.4 UHKF President & CEO – Philanthropy Update – March 2025

Tom Zsolnay, President of the University Hospitals Kingston Foundation, referenced the pre-circulated report and noted that, as of the end of February, the Foundation was approximately \$11.1 million short of its current fundraising goal. He advised that March's strong performance will likely close this gap. He also expressed appreciation to those who participated in the annual Thank-a-Thon, highlighting its significant positive impact on donor engagement. Since the event, a number of donors have chosen to continue their support or increase their contributions.

5.0 COMMITTEE REPORTING AND UPDATES

5.1 Board and Committee Meetings (January and March Meeting Highlights)

a) People, Finance & Audit Committee

Laura Talbot-Allan, Chair of the People, Finance & Audit Committee reported on the activities of the committee January 12th and March 2nd meetings. Reports received by the Committee included the OHA Q2 Financial Health Dashboard for Teaching Hospitals, an update on the Integrated Inclusion Framework, an update on the Psychological Health and Safety Framework, an update on General Policy and Reporting Compliance, the Payroll Compliance Attestation, the Fiscal Advisory Committee draft minutes (October 2025), and the Performance Report Summary Q3 (SPR, SAA, SPI). The Committee also received Q3 updates on Major Capital Development & Infrastructure Projects, Major IT Projects, Information Security, the 2025-26 Capital Budget, H-SAA/M-SAA Financial Indicators, the Q3 People Dashboards, and the Public Sector Salary Disclosure. Items discussed included the financial results for November 2025 and January 2026, the Financial Sustainability Update, the Investment Policy and Guideline Review, updates on the Lumeo program, the Employee and Volunteer Strategic Plan, and the Environmental Stewardship Report. The Committee also discussed the Integrated Risk Management Approach Update, the Budget Approach and Principles for 2025-26, the SEAMO 3-Year HHR Plan, the Audit Request for Proposal (RFP) and Fiscal 2026 Audit Planning Report, the updated KHSC Risk Profile, the KPMG Internal Audit Review Findings (Lumeo Governance), and received an interim external audit update. Recommendations to the Board arising from Committee deliberations included the KPMG Audit Planning Report for the year ending March 31, 2026 (approved at the January 26 Board meeting), the H-SAA/M-SAA extensions for 2026-27, and the proposed Fiscal 2026-27 Budget.

b) Patient Care & Quality Committee

Margaret Shepherd, Chair of the Patient Care & Quality Committee reported on the committee's activities at the January 12th and March 2nd meetings. Reports received by the Committee included the Annual Patient and Family Advisory Council Report, the 2026–27 HAPS/CAPS and H-SAA/M-SAA update, the Performance

Report Summary Q3 (SPR, SAA, SPI), the KHSC Risk Profile, and Access and Flow updates. The Committee also received the Quality Improvement Plan (QIP) Update for Q3, the Patient Safety & Quality Report for Q3, and the Patient Experience Report for Q3. Items discussed included the review of Policy IV-5: French Language Services; a Professional Practice presentation; updates on the Lumeo program and the Accreditation program; and the proposed approach for the 2026–27 Quality Improvement Plan. The Committee also received program presentations and patient stories on the Ventilator Equipment Pool (VEP) and the Hospital Elder Life Program (HELP). Recommendations to the Board included the recommended priorities for the 2026–27 Quality Improvement Plan (QIP).

c) Research Committee

Mélanie Josée Davidson, Chair of the Research Committee provided an update on the committees discussions at the January 13th and March 3rd meetings. Reports received included the Performance Report Summary Q3 (SPR, SAA, SPI) and the KHSC Risk Profile. Items discussed included the membership and skill requirements for the 2026–27 Research Committee, a touch base on the 2025–26 Annual Corporate Plan and Lumeo, and the KHSC-RI Policy Review. The Committee also received updates on the KHSC-Queen's Affiliation Agreement review and the draft Strategic Plan; reviewed Q3 events for KHSC-RI and Queen's; and examined the Q3 financial statements, Lumeo risk indicators for Research, and the Q3 Research Strategic Milestone Report. Researcher profiles were presented for Dr. Glykeria Martou and Dr. Anne Ellis. There were no recommendations to the Board arising from these discussions.

d) Governance Committee

David Fell, Chair of the Governance Committee provided a brief overview of the committee's activities from the January 13th and March 3rd meetings. Reports received included the report on Nurses, Staff and Professionals Participation on Committees; the HIROC Bulletin on Director and Officers Insurance Coverage; the Performance Report Summary Q3 (SPR, SAA, SPI); the KHSC Risk Profile; the Q3 Media Report; and the Interim Mission, Ethics and Values Report. Items discussed included key themes emerging from the January Board Chair one-to-one meetings, updates on Board nominations and recruitment for 2026–27, and an update on the development of the 2026–27 Annual Corporate Plan. The Committee also received an Interested Party Engagement and Communication Update, reviewed the UHKF Operating Agreement, and discussed the Guideline for Reporting to the Board and Committees. Additional topics included the UHKF Operating Agreement Review Update, the Ministry of Health 2025 Hospital Governance Survey Report, planning for the May Board Education Session, and Accreditation preparation. Recommendations to the Board included the Mid-Year Review of the 2025–26 Board Work Plan; the Guideline for Reporting to the Board and Committees; the 2025–26 Year-End Committee Report Framework; the proposed approach to the Board and Committee Meeting Schedule for 2026–27; the Review of Nominations for 2026–27; and the Board Education Report – Update #7 (February 2026).

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e) Redevelopment Special Committee

Sherri McCullough provided the Redevelopment Special Committee update on behalf of Emily Leslie, Interim Chair, Redevelopment Special Committee. The Committee received and discussed the March 2026 KHSC Redevelopment Update, with discussion focused on the overall bridging project status; the Life Sciences District update and new site redevelopment; the clinical areas and facility/infrastructure assessments; and the Government Relations and Public Relations updates, including the local share plan.

5.2 Guideline for Reporting to Board and Committees

David Fell drew attention to the briefing note and supporting documentation included in the meeting materials, reviewed by the Governance Committee at their January meeting. He noted that the proposed guidelines were developed to improve consistency in determining which items should be advanced to the Board. With KHSC's increasing organizational complexity and the corresponding expansion of the Board's oversight responsibilities, the volume of material, particularly through the consent agenda, has grown significantly over the past year. He emphasized the critical role of committees in conducting detailed work on behalf of the Board and elevating only those matters that require Board-level oversight or decision-making. The Board was supportive of this guideline and encouraged committees to own their respective oversight and responsibility they are given.

6.0 IN-CAMERA SEGMENT (Members of the Public/Guests depart / BREAK)

6.1 Motion to Move in Camera.

Moved by M. Shepherd, seconded by L. Talbot-Allan:

THAT the Board move to an in-camera session.

CARRIED.

11.0 REPORT ON IN-CAMERA MATTERS

11.1 Motion to Report on Decisions/Discussion from In-Camera Segment

The Chair provided the following report on in-camera items:

- The board received the most recent final board committee minutes
 - People, Finance & Audit Committee (January 12th),
 - Patient Care & Quality Committee (January 12th),
 - Research Committee (January 13th),
 - Governance Committees (January 13th),
 - Redevelopment Special Committee (December 1st)
- The Board approved a number of appointments and reappointments to the professional staff;
- The Board approved a number of housestaff appointments;
- The Board approved the appointment of Dr. Kyla Caners as Head of Emergency Medicine;
- The Board approved the appointment of Dr. Ross Walker as Head of Department of Surgery;
- The Board approved the appoint of Dr. Donatella Tampieri as Associate Head of Radiology;
- The Board received the Financial Package for the Month Ending January 2026;

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- The Board received the Q3 Report H-SAA and M-SAA Financial Indicators;
- The Board received the Q3 Update on Capital Budget;
- The Board received the Q3 People Dashboards;
- The Board received an update on the Employee & Volunteer Strategic Plan – Digital Transformation;
- The Board received the February 2026 Lumeo Update;
- The Board received the Q3 Information Security Update;
- The Board received an update on the Audit RFP;
- The Board received the KHSC-RI Financial Statement for the month ending December 2025;
- The Board received the draft KHSC-RI strategic plan update;
- The Board received the Lumeo risk indicators for research briefing;
- The Board received the March KHSC Redevelopment Update Report;
- The board endorsed committee chair and board officer recommendations for 2026-27;
- The Board approved the Operational and Capital budget for 2026-27;
- The Board received an update from the President and CEO.

12.0 DATE OF NEXT MEETING & TERMINATION

Date of Next Meeting: Monday, May 11, 2026 at 1600 hours.

The meeting terminated at 1805 hours on the motion of M. Shepherd.

Sherri McCullough
Chair