

## BOARD OF DIRECTORS – OPEN MEETING

Date: Monday, March 29, 2021  
 Meeting: 1600 – 1900 hours  
 Zoom Link: <https://kingstonhsc-ca.zoom.us/j/94986131339>

| Start                                                                                           | Time   | Item | Topic                                                                                                                                                                                                                                                                        | Lead                                 | Purpose  | Attachment                              |
|-------------------------------------------------------------------------------------------------|--------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------|-----------------------------------------|
| <b>1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, CONSENT AGENDA ITEMS &amp; APPROVAL OF AGENDA</b> |        |      |                                                                                                                                                                                                                                                                              |                                      |          |                                         |
| 1600                                                                                            | 5 min  | 1.1  | Call to Order, Confirmation of Quorum, Conflict of Interest Declarations                                                                                                                                                                                                     | O'Toole                              | Inform   | Verbal                                  |
|                                                                                                 |        | 1.2  | Consent Agenda Items<br>a) Approval of Board minutes: December 14, 2020<br>b) Approval of Board minutes: February 1, 2021<br>c) Report on French Language Services Implementation<br>d) 2021-22 Selection Process for Patient Experience Advisors to KHSC Board & Committees | O'Toole                              | Decision | Briefing note & materials               |
|                                                                                                 |        | 1.3  | Approval of Agenda                                                                                                                                                                                                                                                           | O'Toole                              | Decision | Draft agenda                            |
| <b>2.0 PATIENT &amp; FAMILY CENTRED CARE</b>                                                    |        |      |                                                                                                                                                                                                                                                                              |                                      |          |                                         |
| 1605                                                                                            | 5 min  | 2.1  | Connected Care – Ontario Health Team Update                                                                                                                                                                                                                                  | Pichora                              | Discuss  | Verbal                                  |
| <b>3.0 KEY DECISIONS &amp; DISCUSSION</b>                                                       |        |      |                                                                                                                                                                                                                                                                              |                                      |          |                                         |
| 1610                                                                                            | 10 min | 3.1  | Fiscal 2022 Budget Approval                                                                                                                                                                                                                                                  | Thesberg/<br>Jones/Bansal            | Decision | Presentation @ meeting + briefing note  |
| 1620                                                                                            | 5 min  | 3.2  | H-SAA / M-SAA Agreement Extensions                                                                                                                                                                                                                                           | Thesberg/<br>Jones/Bansal            | Decision | Briefing note + Extension Letters       |
| 1630                                                                                            | 5 min  | 3.3  | Audit Planning Report                                                                                                                                                                                                                                                        | Thesberg/Jones/<br>Bansal            | Discuss  | KPMG Report                             |
| 1625                                                                                            | 5 min  | 3.4  | Approach to 2021-22 Board & Committee Meeting Schedule                                                                                                                                                                                                                       | Hunter/Jones                         | Decision | Briefing note                           |
| <b>4.0 REPORTING &amp; PRESENTATIONS</b>                                                        |        |      |                                                                                                                                                                                                                                                                              |                                      |          |                                         |
| 1635                                                                                            | 10 min | 4.1  | KHSC President & CEO + External Environment Update                                                                                                                                                                                                                           | Pichora                              | Discuss  | Written report                          |
| 1645                                                                                            | 15 min | 4.2  | COVID-19 – Pandemic Planning Update for KHSC                                                                                                                                                                                                                                 | Pichora/Jones/<br>Carter/Fitzpatrick | Discuss  | Presentation @ meeting                  |
| 1700                                                                                            | 10 min | 4.3  | Medical Advisory Committee/COS Report                                                                                                                                                                                                                                        | Fitzpatrick                          | Discuss  | Written report                          |
| 1710                                                                                            | 5 min  | 4.4  | UHKF President and CEO Update                                                                                                                                                                                                                                                | Zsolnay                              | Discuss  | Written report                          |
| 1715                                                                                            | 15 min | 4.5  | KHSC Performance Reporting Fiscal 2021: Q3                                                                                                                                                                                                                                   | Bardon                               | Discuss  | Briefing note<br>Presentation @ meeting |

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|-------------------------------------------------------------------------------------------------------------------------|-------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|------------|
| <b>5.0 BOARD COMMITTEE REPORTING</b>                                                                                    |       |      |                                                                                                                                                              |            |         |            |
| 1730                                                                                                                    | 5 min | 5.1  | Patient Care & Quality Committee<br><ul style="list-style-type: none"> <li>• Program &amp; Service Presentation: Women's &amp; Children's Program</li> </ul> | McCullough | Inform  | Verbal     |
| 1735                                                                                                                    | 5 min | 5.2  | Governance Committee                                                                                                                                         | Hunter     | Inform  | Verbal     |
| 1740                                                                                                                    | 5 min | 5.3  | People, Finance & Audit Committee                                                                                                                            | Thesberg   | Inform  | Verbal     |
| <b>6.0 IN-CAMERA SEGMENT</b>                                                                                            |       |      |                                                                                                                                                              |            |         |            |
| 1745                                                                                                                    | 5 min | 6.1  | Motion to Move In-Camera                                                                                                                                     | O'Toole    | Inform  | Verbal     |
| <b>10.0 REPORT ON IN-CAMERA MATTERS</b>                                                                                 |       |      |                                                                                                                                                              |            |         |            |
| 1900                                                                                                                    | 5 min | 10.1 | Motion to Report on Decisions Approved In-Camera                                                                                                             | O'Toole    | Inform  | Verbal     |
|                                                                                                                         |       | 10.2 | Date of Next Meeting & Termination                                                                                                                           |            |         |            |
| <b>11.0 OPEN FORUM</b>                                                                                                  |       |      |                                                                                                                                                              |            |         |            |
| Opportunity for directors to reflect on how patients, families and the community were considered in today's discussions |       |      |                                                                                                                                                              |            |         |            |
| <b>12.0 IN-CAMERA ELECTED MEMBERS SESSION &amp; CEO ONLY</b>                                                            |       |      |                                                                                                                                                              |            |         |            |
| <b>13.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT</b>                                                |       |      |                                                                                                                                                              |            |         |            |

## **BOARD OF DIRECTORS OPEN MEETING: MARCH 29, 2021**

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held by video-conference on Monday, March 29, 2021 from 1600 to 1930 hours. The Board Chair and Secretary determined, in advance of the meeting, that it was important to hold the meeting by videoconference in light of the government's directives for self-isolation and social distancing in response to the COVID-19 pandemic. The following are the open minutes.

Elected Members Present (voting): Alan Cosford, Mélanie-Josée Davidson, Anne Desgagnés, Brenda Hunter, Michele Lawford, Emily Leslie, Sherri McCullough, David O'Toole (Chair), Axel Thesberg, Glenn Vollebregt and Sandy Wilson.

Ex-officio Members Present (voting): Dr. John Leverette.

Ex-officio Members Present (non-voting): Dr. Mike Fitzpatrick, Dr. Renate Ilse, Dr. David Pichora and Dr. Sonal Varma.

Regrets: David Pattenden and Dr. Jane Philpott.

Administrative Staff: Rhonda Abson (Recording Secretary), Amit Bansal, Elizabeth Bardon, Sandra Carlton, Brenda Carter, Val Gamache-O'Leary, Chris Gillies, Troy Jones, Mike McDonald, 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 that all board members participating by video-conference and phone were able to hear the proceedings. The Secretary confirmed quorum and invited declaration of conflict with no declarations being recorded. The Chair drew attention to the date of the next Board meeting slated for Monday, May 10, 2021 at 1400 hours and joining the first part of the meeting will be the Southeastern Ontario Academic Medical Organization followed by the regular KHSC Board meeting.

The following items were provided as part of the consent agenda:

- Approval of Minutes: December 14, 2020 and February 1, 2021
- Annual Report on French Language Services Implementation
- 2021-22 Selection Process for Patient Experience Advisors to KHSC Board & Committees

Moved by Alan Cosford, seconded by Brenda Hunter:

THAT the consent agenda be approved as amended.

CARRIED

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## 1.4 Approval of Agenda

Agenda materials were circulated to board members on Tuesday, March 23, 2021 and additional revised briefing materials were circulated to members on Sunday, March 28 regarding Q3.

Moved by Sherri McCullough, seconded by Dr. John Leverette:

THAT the agenda be approved as circulated.

CARRIED

## 2.0 PATIENT & FAMILY CENTRED CARE

### 2.1 Connected Care – Ontario Health Team Update

Dr. David Pichora provided the Board with a brief update on the FLA-OHT activities. Since the last update at the December Board meeting, the FLA-OHT held regular meetings in January and February. Work continues on populating the membership of the Transitional Leadership Collaborative and opportunities to bring in the Faculty of Health Sciences and the Southeastern Ontario Academic Medical Organization are being explored. As well, KHSC participated in a meeting with representatives of the City, Kingston Community Health Centres, Addictions and Mental Health KFLA, along with FLA-OHT Executive Lead, Dr. Kim Morrison, and senior Ministry staff to explore funding opportunities and support for Kingston's Integrated Care Hub. Following this discussion, the Ministry made a commitment to coordinate the next meeting of the group. In response to a question regarding OHT funding, Dr. Pichora confirmed that FLA-OHT will apply and work is underway for other partner organizations to contribute financially.

## 3.0 KEY DECISIONS

### 3.1 Fiscal 2022 Budget Approval

Axel Thesberg, Chair of the People, Finance and Audit Committee, drew attention to the committee's recommendation regarding KHSC's Fiscal 2022 budget. While the KHSC Board was not required to submit new annual planning documents to the SE LHIN for the upcoming year, this did not preclude the People, Finance and Audit Committee and Board to ask the leadership team to prepare an internal budget for KHSC back in September 2020. Axel Thesberg confirmed that a high level budget plan was discussed at the People, Finance and Audit Committee meeting held on March 1, 2021. The leadership team has prepared a balanced operating plan that may be able to cover inflationary costs despite a commitment to increase base funding. In terms of the capital budget, approximately \$3.9M has been identified. Discussion focused on revenue opportunities, approaches to operational savings, capital allocations and investment strategies. In response to a question, Chief Operating Officer Troy Jones confirmed that KHSC is constrained by the Corporation's investment policies and language contained in the bylaws. An overview of how KHSC is funded for lab testing

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was provided as well as an overview of the revenue impact the newly opened beds at the HDH site have had in preparing the budget.

Moved by Axel Thesberg, seconded by Sandy Wilson:

THAT, as recommended by the People, Finance and Audit Committee, the Board of Directors approve the Fiscal 2021/22 high level budget plan.

CARRIED

### 3.2 H-SAA / M-SAA Agreement Extensions

Axel Thesberg drew attention to the March 10, 2021 correspondence from the South East Local Health Integration Network serving notice and requesting an extension to the hospital service accountability agreement as well as the multi-sector service accountability agreement. Included with the LHIN correspondence was a copy of the proposed letter back to the LHIN from Board Chair David O'Toole and CEO David Pichora describing the impact of the pandemic, cancellation of quality based procedures and patient flow challenges all of which contributed to decreased operating revenues. The draft letter further states that KHSC believes the COVID-19 pandemic represents "Factors Beyond the Hospital's Control" as outlined in section 9.6 of the agreement and confirms that KHSC is serving notice that the pandemic has affected the parties ability to fulfill its obligations under the Agreements.

Moved by Axel Thesberg, seconded by Sandy Wilson:

THAT, as recommended by the People, Finance and Audit Committee, the Board of Directors approve extending both the Hospital Service Accountability Agreement (H-SAA) and the Multi-Sector Services Accountability Agreement (M-SAA) to March 31, 2022.

CARRIED

### 3.3 Audit Planning Report

Members of the People, Finance and Audit Committee met with KPMG and received the audit planning report for the year ending March 31, 2021. Axel Thesberg confirmed that an internal audit plan was presented earlier in the year to the committee. An added area of focus for this year's audit will include revenues and expenses related to COVID-19 activities.

### 3.4 Approach to 2021-22 Board & Committee Meeting Schedule

Brenda Hunter, Chair of the Governance Committee, drew attention to the briefing materials outlining the approach and proposed schedule for the 2021-22 board and committee meeting schedule. Included in the briefing note was a comparison chart showing the number of meetings held by the Board and each of the committees from 2017 to 2021. Brenda Hunter explained that the committee tried to gain an understanding of why members felt that the timing between meetings was too long with others noting that agendas may require

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further analysis in terms of load balancing/timing issues. It was also evident that members did not care for the zoom option for meetings.

Moved by Brenda Hunter, seconded by Mélanie-Josée Davidson:

THAT, as recommended by the Governance Committee, the KHSC Board of Directors endorse continuing the same meeting cycle for the Board and its committees for 2021-22, recognizing the potential for additional meetings as required; and

THAT, as recommended by the Governance Committee, the KHSC Board of Directors endorse an increase in the number of meetings of the Patient Care and Quality Committee for 2021-22 from 5 to 6 meetings.

CARRIED

#### 4.0 REPORTING & PRESENTATIONS

##### 4.1 KHSC President and CEO + External Environment Update

The written report of the President and CEO was pre-circulated to members with the agenda. A virtual open forum for staff, physicians and volunteers was held on Monday, March 22, and provided an opportunity to recognize and thank all for their commitment and dedication this past year in addressing the many challenges presented by the pandemic. During the forum were focused on the next deliverables ahead of KHSC – Accreditation in 2022; the importance of moving forward with the new regional hospital information system; work that is already underway to support the redevelopment project at the KGH site; the need to move forward in support of the FLA-OHT; and we announced the installation of a PET-CT in 2022. For the benefit of staff who were unable to participate in the virtual forum, a communication will be distributed across KHSC to recognize their efforts.

In terms of the federal and Ontario budgets, the Ontario Hospital Association (OHA) briefed members following the tabling of the March 22 provincial budget. Dr. Pichora provide a brief overview as outlined in his written report including \$1.2B in funding to assist Ontario's hospitals in addressing COVID-19 expenditures. A total of \$696.6M has been allocated to help cover working fund deficits for small- and medium-sized hospitals as well as for specialty and rehabilitation hospitals. Up to \$572.3M has been earmarked to assist hospitals with lost revenues due to the pandemic. The Federal budget is also expected in the near future and it is anticipated that significant investments will be made in the research sector.

The Chair noted that the Auditor General of Canada report has also been released and, through Queen's Health Policy, David Pichora has been invited to be interviewed to discuss virtual care, digital health and medical devices.

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Earlier today, KHSC joined Providence Care at the Union Street site to profile the temporary alternate health facility. David Pichora recognized Krista Wells Pearce and members of the planning team, along with HDR and general contractor Sullivan and Son and other sub-contractors for the work that was completed to ready the building to receive patients. As previously reported to the Board, the site will help with patient flow if the KGH and HDH sites require additional capacity by allowing for the movement of less acute patients to the Union Street site. Queen's University and Providence Care, along with Infrastructure Ontario, have been great partners throughout the project.

Attention was drawn to section 12 of the CEO update and the recent visit by the Honourable Todd Smith, Minister of Children, Community and Social Services, and his recent socially distanced visit and tour of the KidsInclusive program at the HDH site. The KI program faces a number of challenges in terms of space at the HDH site. Currently the program occupies 14,500 square feet on two levels. This program has grown significantly over the last several years and the current pandemic protocols and the need for social distancing has made it even more difficult to support children and their families. Minister Smith was very supportive and appreciates the challenges faced by the program.

Discussion focused on the government's \$10.5M funding to support the expansion of mental health secure treatment program for the province's most vulnerable children and youth. The proposed funding will add additional beds in Oakville and Ottawa. In response to a question on whether Kingston benefit from this announcement, David Pichora indicated that management will await further information.

The CEO update also provided information regarding the Ontario Nurses' Association application for a judicial review of the Chief Medical Officer of Health's Directive #5. In this filing, ONA has requested the Directive to recognize aerosol transmission and to require healthcare workers to adopt airborne precautions as an appropriate standard when providing care to suspected/confirmed COVID-19 patients. If successful, ensuring sufficient supply of N95 masks will be critical and reliance on the 3M plant in Brockville to supply appropriate volumes will be important. Ongoing infection prevention and control education and mask-fitting compliance protocols are continually monitored by Occupational Health and Safety and Infection Control staff at KHSC. In response to a question regarding staff anxiety at this time, Sandra Carlton, Chief Human Resources Officer and Joint VP, confirmed that the next staff and physician survey there will be questions that focus on staff wellbeing.

Elizabeth Bardon, Vice President Mission & Strategy Integration and Support Services, described how some patient experience advisors are expressing concern about a lack of engagement during the pandemic from across the country. For KHSC, patient advisors will always be a key consultant group to inform changes and improvements to family presence policies. Work is underway to further enhance access for patients who require additional support from advisors as "essential partners in care". KHSC continues to support special protocols for imminently dying patients and Infection Prevention and Control is engaged throughout the process to ensure that risk and safety protocols are incorporated. In response to a question regarding the return of volunteers, Elizabeth Bardon confirmed that a number of volunteers have already returned to the KGH site and many are supporting patients and their families in arranging zoom/meeting connections, etc. For the HDH site, volunteers will return as and when it is safe to do so.

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As reported earlier, KHSC continues to work closely with partner organizations in support of the integrated care hub. At the recent meeting held with Ministry staff, discussion focused on how the new hub will significantly divert emergency room volumes and emergency service ambulance calls but, more importantly, health hub services will be able to better serve and support patients requiring care.

#### 4.2 COVID-19 Pandemic Planning Update for KHSC

At the time of preparing the presentation, current COVID-19 case counts for KFL&A, Hastings Prince Edward, and Lanark, Leeds and Grenville were highlighted. KHSC COVID-19 patient volumes were also shared. Screening volumes remain high at both the Beechgrove and Mitchell Hall where hours have been increased. In-residence swabbing teams are also in place to deal with outbreaks. Drive-through appointments for parents with toddlers was established to deal with an outbreak at a day care centre. Cross training has also occurred between the vaccine team and the assessment centre staff allowing for optimal staff coverage. Lab testing continues to average 1,000 daily tests and KHSC has been selected by Ontario Health/Public Health Ontario as part of the COVID-19 Genomics Network.

Incident Command at KHSC continues to monitor wave 3 in an effort to preserve emergency services, i.e. cardiac, renal, cancer, etc. and respond to provincial transfer orders. Majority of inpatient activity are transfers from the Scarborough/Oshawa area and the North. Alternate Level of Care (ALC) volumes continue to fluctuate. At this time, it appears that emergency department volumes have returned to normal levels and care providers are seeing much higher levels of acuity and increased mental health. Of concern to the KHSC care team members are the patients who are presenting in the urgent care and emergency departments who would normally be seen by primary care physicians. The surgery department is also seeing a decrease in elective surgical referrals from primary care. Overall, reported incidents have returned to typical volumes and KHSC continues to track incidents related to COVID-19. In terms of patient feedback, majority of concerns continue to be visitor restrictions and communication.

Monitoring of supplies continues and KHSC's Personal Protective Equipment and Conservation policy is achieving desired outcomes. N95 mask supply has now stabilized due to local manufacturing plant in Brockville. The Board was briefed on the impact COVID-19 has had on staff at KHSC. No staffing reductions to-date, on average 150-200 staff on work isolation, and Incident Command continues to closely monitor. Regular reminders communicated to staff that support is available through the Employee and Family Assistance Program, Wellness Wednesdays, Peer Partners Program, and Staff Wellness Cart. Ontario Health has directed the creation of mobile enhancement and support teams (MESTs) to be deployed to long-term care homes if in an outbreak situation. Team have been created to support resident care, outbreak management and staffing stabilization. KHSC has been identified as the lead hospital for the South East and is responsible for onboarding and deployment of the teams and has oversight and leadership for the work of the teams.

KHSC continues to work closely with the local and regional health units for Phase 1 vaccination roll-out. In terms of staff rates, 87% of KHSC staff have booked first dose appointments. KHSC has a plan in place for



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targeted vaccination of at risk patient groups. A snapshot of the KHSC Vaccination dashboard was shared with the Board.

The presentation included an overview of pandemic impact “one year later” – with 28 new level 2 and 3 ICU beds; 40 new surgical beds at the HDH site; 70-bed Union Street site; 400 medical devices deployed to Union Street, the COVID unit; HDH and the ICU; 830 people using virtual meeting software every day; 900 new staff have joined KHSC; 10,000 vaccines have been administered; 50,000 items given out as part of the “Sprinkle Some Joy” campaign; 80,000 swabs collected by the assessment centre team members; 200,000 COVID tests completed; 1.5 million (and counting) electronic screening transactions!! Members of the Board recognized the remarkable teams of KHSC – a true demonstration of living KHSC’s mission, vision and values each and every day during the pandemic. Elizabeth Bardon confirmed that the communications team will be capturing this information in KHSC’s annual report.

The final slide focused on Ontario Health’s recent communication about the health system recovery plan. David Pichora reported on the three main points of the plan: to restore functionality in areas which the pandemic most affected patients such as screening programs, disease management, etc. as well as sustaining new processes, care pathways and structures that have resulted from the pandemic such as virtual care, increased collaboration, etc., and finally how to transform the system to adopt new approaches to health care delivery focusing on health disparities, creating capacity, and transforming care for older adults.

#### 4.3 Medical Advisory Committee/COS Report

The written report of the Chief of Staff and Chair of the Medical Advisory Committee was pre-circulated in the agenda package. Dr. Mike Fitzpatrick recognized the contributions of the medical leadership in supporting the delivery of patient care while dealing with the many challenges associated with the pandemic. There are a number of key deliverables in the year ahead and the MAC was briefed on the draft integrated annual corporate plan at their recent meeting – looking at how to create extra capacity to address ongoing surges; further expansion of virtual care initiatives; medical leadership engagement in the regional hospital information system project; redevelopment at the KGH site; and accreditation. Dr. Fitzpatrick confirmed that, based on the three-year Health Human Resources Plan for the Southeastern Ontario Academic Medical Organization (SEAMO), work is currently underway to recruit an additional 30 physicians.

Discussion focused on the recent presentation delivered by Drs. Jaeger and Flynn on the work of the Physician Wellness Advisory Committee. The update included in the MAC report noted that, over the last 18-24 months, SEAMO, KHSC and Providence Care have undertaken a significant amount with over 32 physicians attending a ‘train-the-trainer’ session provided by Dr. Jo Shapiro, a leading expert in peer-support work from the Harvard Medical School. Dr. Fitzpatrick recognized Chris Gillies, Chief of Medical and Academic Affairs, who has played a key role in supporting the activities of this committee. Board members extended their support to the 200 medical students who have offered to assist in community vaccination clinics.

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#### 4.4 UHKF President and CEO Update

The written report of UHKF President and CEO was distributed with the agenda materials. Tom Zsolnay highlighted that pledges remain on track and that donors continue to deliver pledges on time. UHKF is confident that it will be able to meet its commitments of cash to the hospitals in accordance with the Operating Agreement. The community has been very responsive to the recent direct mailing campaign with UHKF seeing an approximate 40% increase in donations. Third party fundraisers have continued with many events going virtual and planning is already underway to support the Rose of Hope Golf Tournament in July – another key event. A new event this year will be the Power of Hope golf tournament slated for August 30 with funds raised in support of prostate cancer programs. As another new stream of revenue, UHKF will be introducing a community on-line 50/50 monthly draw which is expected to launch sometime in June 2021.

#### 4.5 KHSC Performance Reporting Fiscal 2021: Q3

In advance of the meeting, Board members received KHSC's Q3 Strategy Performance Indicators Report (SPR) and Service Accountability Agreement Performance Report. Elizabeth Bardon, Vice President Mission & Strategy Integration and Support Services presented the Q3 slide deck and highlighted the Board's accountabilities under the Accreditation Standards, Bylaws and board policy. Board members were reminded that, at the end of Fiscal 2020 the executive team's focus was on managing the pandemic so work on the integrated annual corporate plan was postponed to Fiscal 2021; the IACP was approved by the Board in August 2020.

Overall progress at Q3 confirms 15 of 15 (100%) of KHSC's strategy targets are on track and 2 of 2 (100%) of the Quality Improvement Plan targets are now on track moving from red to yellow in the current quarter. Biggest identified risk – competing priorities – as leadership teams deal with staffing challenges, patient volumes, COVID responses (transfer, alternate health facility, assessment centre, vaccine distribution) as well as supporting the regional hub and spoke and Identified risks include staffing challenges and patient volumes, building an inpatient care unit at HDH on an expedited timeframe, resources to support the regional Hub and Spoke Model and the deployment of mobile enhancement and support teams (MESTs) to support residence care, outbreak management and staffing stabilization in long-term care.

Troy Jones, Chief Operating Officer, provided an update on concerns raised by the Governance Committee about quality based procedure (QBP) volumes. Q3 SAA reports distributed to the committees calculated QBP indicators using Q3 actuals and incorrectly used Q2 targets. This impacted QBP indicators by over representing activity completed compared to target. It was noted that this error impacted committee reporting only and that there was no impact on KHSC's reporting to Ontario Health/Ministry of Health reporting.

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## 5.0 BOARD COMMITTEE REPORTING

### 5.1 Patient Care & Quality Committee

- Program & Service Presentation: Women's & Children's Program

Sherri McCullough, Chair of the Patient Care & Quality Committee, provided a brief update on March committee meeting activities. The committee awaits further information from Ontario Health on submission requirements for the Quality Improvement Plan, however, KHSC has already started working on the development of a QIP for 2021-22 that aligns with the annual corporate planning process as well as serving as an enabler to support the Accreditation process. Members of the Women's and Children's Program delivered an excellent overview of their program at the March 1, 2021 committee meeting. The Q3 Patient Safety and Quality Report was also received and reviewed along with the Patient Feedback Report. Sherri McCullough also provided highlights from the Chief Nursing Executive Report.

### 5.2 Governance Committee

Brenda Hunter, Chair of the Governance Committee, confirmed that committee recommendations and updates have been provided as part of the in-camera agenda. No further discussion.

### 5.3 People, Finance & Audit Committee

Axel Thesberg, Chair of the People, Finance & Audit Committee, provided key highlights from the March 1, 2021 meeting including an update from Sandra Carlton on non-worked compensation related items and some of the challenges for staff taking vacation during the pandemic. Management also reported on factors contributing to lower sick time which is being attributed to universal masking, lower hospital occupancy and pandemic pay. Overtime expense has also decreased slight from last year. The need for education, training and orientation budgets have also seen a reduction. A special meeting was held on March 15, 2021, to receive an update on the redevelopment project. Axel Thesberg also reported that the committee will be receiving the annual privacy and information security update at its next regular meeting.

Discussion focused on tabletop exercise for cyberattacks. Valerie Gamache-O'Leary confirmed that, while management regularly audits and has worked with a third party for phishing attacks, KHSC has not done specific tests for cyberattacks. David Pichora confirmed that detailed incident command briefings by the IT team have taken place following the most recent ransomware threats. Axel Thesberg confirmed that the People, Finance and Audit Committee will discuss further at its upcoming meeting and report back to the Board.

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## 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. Prior to moving into the in-camera segment, the Chair recognized the executive team for their leadership during the pandemic. It was also agreed that the COVID-19 slide presentation would be circulated to KHSC Board members following the meeting.

Moved by Sherri McCullough, seconded by Sandy Wilson:

THAT the Board move into an in-camera session.

CARRIED

## 10.0 REPORT ON IN-CAMERA MATTERS

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

The Chair reported on the following in-camera decision/discussion items:

- The board approved the closed minutes of the December and February board meetings;
- The board received the final board committee minutes from the November 30 Patient Care and People, Finance & Audit Committee meetings along with the final January 25 Governance minutes;
- The board also received the draft minutes from the March 1, 2021 committee meetings;
- The board received the final package for the month ending January 31, 2021;
- The board approved appointments and reappointments to the medical, midwifery, RN extended class staff, and housestaff;
- The board received the quarterly patient feedback report;
- The board reviewed and discussed the quarterly patient safety and quality report;
- The board received an update from the President and CEO;
- The board received an update on the redevelopment project;
- The board was briefed on a research matter;
- The board was briefed on a partnership matter;
- The board approved the approach to the CEO and COS performance evaluations;
- The board was briefed on a personnel matter and related in-camera minutes of a special March 4, 2021 board meeting were approved.

### 10.2 Date of Next Meeting & Termination

The date of the next KHSC Board meeting is Monday, May 10, 2021 starting at 1400 hours. The meeting terminated at 1930 hours on motion of Emily Leslie.

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- 11.0 OPEN FORUM – no session was held.
- 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

|                         |                                         |                  |
|-------------------------|-----------------------------------------|------------------|
| <b>Topic of Report:</b> | <b>CEO UPDATE</b>                       | For Decision     |
| <b>Submitted to:</b>    | KHSC Board of Directors                 | For Discussion X |
| <b>Submitted by:</b>    | Dr. David R. Pichora, President and CEO | For Information  |
| <b>Date submitted:</b>  | March 23, 2021                          |                  |

## 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 December and February meetings. As always, I welcome feedback and suggestions in terms of content and focus for these regular updates.

## Current State

### 1. Executive Search Update – Chief Operating Officer

Sharing with members of the Medical Advisory Committee, the link to the recent advertisement for the Chief Operating Officer position: [Longwoods KHSC COO Posting](#). Transition planning is underway and on Wednesday, March 17, Sandra Carlton and I spent time with staff in the COO portfolio to provide an update on where we are in the search process.

### 2. KHSC HDH Site – Code Brown Update

Construction is ongoing due to the result flood and it is important that we all respect the signage notifying certain areas and elevators are not in use to accommodate repairs. The street level exit out of the Brock wing stairwell has also been temporarily closed. Access to the chapel is now through the side door at the back of the chapel.

### 3. Mohs Clinic at HDH site now on Johnson 2

The Mohs Clinic has now relocated to Johnson 2 with larger waiting rooms as well as barrier free access for patients with mobility issues. The Mohs microsurgery clinic is one of only four hospital-based units in Ontario. The clinic is on target to see nearly 800 visits this year.

### 4. FLA-OHT Update Transitional Leadership Collaborative

At our meeting held on February 11, 2021, progress updates were provided on indigenous engagement and recent discussions with the municipal leaders served by the FLA-OHT. Work is now underway to draft an overall strategic development work plan and associated meeting plans. At our February meeting we had a good discussion on communication strategies as well as a review of our overall membership requirements. Finally, the group discussed implementation funding and started formulating some of the budget requirements to support patient/caregiver and family activities; physician leadership activities; community engagement, administrative and education resources; and a legal services retainer. Our next meeting takes place on March 11, 2021.

## 5. KHSC's Department of Diagnostic Radiology – Improving Patient Outcomes

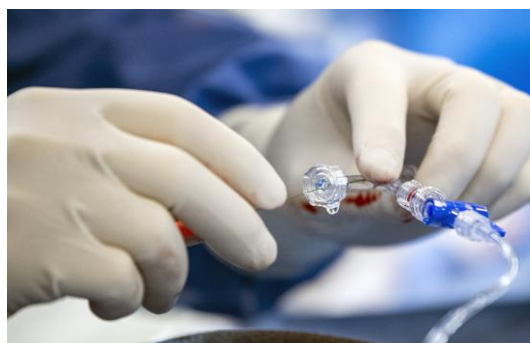
Sharing a recent article profiling the great work that is happening in the Department of Diagnostic Radiology here at KHSC. The impact of these advances can ripple through entire communities, in southeastern Ontario and beyond.

Nurturing her passion for caring, leading and learning, Dr. Donatella Tampieri with the KHSC Department of Diagnostic Radiology has improved patient outcomes by providing innovative services closer to home for patients living with a brain aneurysm. Endovascular treatment of intracranial aneurysms using platinum coils was developed in the late '80s by Dr. Guido Guglielmi at the University of Los Angeles in California. Since that time his technique has evolved and currently represents the preferred way of treatment of most intracranial aneurysms over the classical surgical technique.

“The terminology is now referred to as platinum detachable coils, but basically the principle is the same as Dr Guglielmi developed,” said Dr. Tampieri. “I did my first animal lab coiling with him in UCLA in 1993. We now have available numerous other devices such as stent, flow diversion, balloons and flow disruption tools to treat all sorts of aneurysms which could not be treated easily just with platinum coil.”

The program did not exist at KHSC since the expertise was not available before the arrival of Dr. Tampieri, a fully trained diagnostic and interventional neuroradiologist.

“Ultimately you need a comprehensive team to achieve success, and the team is usually much larger than what the patient see with her or his own eyes,” says Dr. Tampieri. “For example, the Department of Radiology, Neurosurgery, Critical Care, Anesthesiology and others form a partnership in care and the care provided by neurosurgeons is key to ensuring this treatment succeeds.” Since her recruitment at KHSC, with the support and help of the Department of Radiology, Neurosurgery and others, KHSC established the program and obtained the Ontario Ministry of Health designation as a coiling centre. “Without this amazing facility in southeastern Ontario, I doubt that my outcome would have been as positive,” said coiling patient Terri-Lee Kelly. “If I had to go farther for care, my outcome may not have been the same. I received wonderful care at KHSC. Dr. Tampieri explained that the use of coils was an innovative procedure that had been put in place by her and her team and was a much less invasive technique than open conventional surgery.”



The endovascular treatment of aneurysms (coiling) is considered to be a much less invasive technique than open conventional surgery, since it does not require craniotomy. Long term randomised studies (ISAT) have demonstrated less morbidity and long term side effects with endovascular technique for ruptured aneurysms (i.e. less incidence of long term seizures), when compared with conventional surgery. In addition, endovascular treatment enables treatment of aneurysms in locations not accessible by conventional surgical treatment.

“Since my arrival at KHSC we have treated 42 patients,” says Dr. Tampieri. “Initially we have treated only ruptured aneurysms but the program will grow step by step and soon we will start to also treat un-ruptured aneurysms. These are aneurysms found accidentally which have the potential to bleed based on their location, size and shape. We estimate that when our program is fully mature we will treat approximately 30 to 45 cases per year.” The impact of these advances can ripple through entire communities, in southeastern Ontario and beyond. At KHSC, it’s our mission to support our patients, families and each other throughout everyone’s individual and unique journey.

“Although I don’t remember the first few weeks, my family said they were treated with compassion and respect and my progress was conveyed to them in a timely manner,” said Terri-Lee Kelly. “COVID-19 made it impossible for my family to visit but the team kept them well informed and explained to them all the steps that were being taken for my recovery. I had amazing care and always felt that my recovery was of utmost importance to the team. I want to thank Dr. Tampieri and the KHSC team for giving me my life back.”

## **7. Accessing Remote Communities and Providing Care**

Bringing MRI technology to the Northern communities ... Dr. Dan Howes, Head, Department of Critical Care Medicine, and Dr. Omar Islam, Head of the Department of Diagnostic Radiology, are currently undertaking a research project with a company Hyperfine, who have developed a portable MRI for neuro-use in intensive care units. A study is underway in Moosonee to provide remote access to remote communities in underserved Indigenous populations.

## **8. Ontario Health – Public Health Ontario Announcement – COVID-19 Genomics Network**

Earlier this month, Ontario Health and Public Health Ontario announced the four laboratories selected as the next generation sequencing sites as part of the COVID-19 Genomics Network in the province: SickKids Hospital, Hamilton Regional Lab Medicine Program, **Kingston Health Sciences Centre**, and Shared Hospital Labs. This is tremendous news and I had an opportunity to spend time with Joyce deVette-McPhail, Director of Laboratory Services at KHSC, touring the labs and to see, firsthand, the accomplishments of this team over the past year. The labs team are truly a testament to the vision, commitment, persistence and collaboration of all its members and they demonstrate what an outstanding team can accomplish when they are living KHSC’s mission and values.

## **9. COVID-19 Assessment Centre**

The COVID-19 Assessment Centre marked 1 full year of operation on March 14<sup>th</sup> – over 75,000 swabs, across four sites, with multiple pop-ups, let alone moves from the Memorial Centre ... to the Leon’s Centre ... and to Beechgrove. The team is to be congratulated on all that they have accomplished and continue to do. We continue to operate an assessment centre for Queen’s students out of Mitchell Hall weekdays as well as decompress the Beechgrove site to provide rapid access for the large student population.



## **10. Provincial Vaccination Program Update & KHSC Roll-out**

On March 8, Ontario's Chief Medical Officer of Health, confirmed their change to the government's approach to Ontario's vaccine roll-out. To increase the number of individuals benefiting from a first dose of vaccine, the province has implemented the following recommendations from the National Advisory Committee on Immunization (NACI) to extend the time interval of the second dose of vaccine up to 16 weeks. The government will monitor and assess this change closely, particularly the effectiveness against variants of concern. The exception will be residents of long-term care homes, retirement homes, Elder Care Lodges and Assisted Living facilities as well as isolated First Nation communities.

Ontario's Phase 2 roll-out is expected to be in April 2021 (depending on vaccine availability) and the focus will be adults aged 60-79, beginning with those aged 75 years and older (and then decreasing in five-year increments); people who live/work in high-risk congregate settings, i.e. shelters, community living) as well as some primary caregivers; individuals with high-risk chronic health conditions and some primary caregivers of those with highest risk health conditions; people who reside in hot spots with high rates of death, hospitalizations and transmission of infection; and certain workers who cannot work from home, including but not limited to first responders, education workers and those in the food processing industry.

On March 12, 2021, KHSC Burr 1 clinic administered its 10,000<sup>th</sup> dose of vaccine. Brenda Carter and the team have done a remarkable job. The focus remains healthcare workers, long-term care healthcare workers, long-term care essential caregivers, retirement home healthcare workers and essential caregivers. Vaccines have also been administered to the highest risk patient groups such as ALC, hemodialysis, and oncology patients, based on the provincial prioritization guideline. Plans are being developed to support vaccinations in other high risk patient groups as vaccine supply becomes available. An update provided by Dr. Kieran Moore the week of March 15 confirmed that we have collectively delivered in excess of 26,000 vaccine doses to our community.

## **11. Equitable Provincial Vaccination Campaign**

A joint letter from the Alliance for Healthier Communities / Association of Family Health Teams of Ontario / Nurse Practitioner-Led Clinic Association / Nurse Practitioners' Association of Ontario / Ontario College of Family Physicians / Ontario Hospital Association / Ontario Medical Association / and the General & Family Practice Group was issued to Premier Doug Ford and Deputy Premier and Minister of Health Christine Elliott on March 1 calling for equity in Ontario's Vaccination Campaign. A series of recommendations outlined in the letter call on the government to consider:

- A comprehensive, multilingual and culturally safe approach to addressing vaccine hesitancy to build trust and confidence in communities where distrust and marginalization exist. The letter encourages the government to work with already established community agencies that have existing links to these patient populations.
- A multi-pronged approach that builds access to the vaccine into existing partnerships, mobile units, community testing sites, and pop-up community campaigns with priority populations. Innovative solutions are suggested such as repurposing public buses to set up vaccination clinics outside of seniors' residences, social housing, and isolated areas.

- Collection, review and reporting of race-based and socio-demographic data as the rollout takes place across marginalized communities to ensure that people who are at the highest risk are helped first by the vaccine to prevent further outbreaks. This type of collecting and reporting will enable healthcare and community providers to know which of their clients require additional outreach immediately and inform a more just and equitable system going forward.

The letter reminds the government that mass vaccination sites alone, however well placed or advertised using social media and traditional advertising, only goes so far.

## **12. MPP Todd Smith – Meeting/Tour with KHSC & Profiling KidsInclusive**

For the benefit of new board members – KidsInclusive (KI) Centre for Child & Youth Development is one of 21 Children’s Treatment Centres (CTCs) in Ontario. Located at the HDH site of KHSC, KI offers rehabilitation and a range of other support services for children and youth with physical, neurological and/or developmental challenges, and their families, in Kingston, Frontenac, Lennox and Addington as well as in Lanark, Leeds and Grenville. Specialty services provide outreach in Prince Edward and Hastings Counties. KI also provides services in partnership with Ininew Patient Services and the Weeneebayko Area Health Authority to serve children in the James Bay region.

KI embraces a strengths-based, family-centred approach to care. Services are provided in centre as well as in home, school, childcare and community settings. A number of services are offered in partnership with other children’s services providers. In addition to system navigation and coordinated service planning, parent education, caregiver-mediated family capacity building, community consultation, and individual or group-based therapy and specialized programs.

KI is the Coordinating Agency for Coordinated Service Planning for children and youth with special needs in two MCCSS Service Delivery Areas: Kingston, Frontenac Lennox and Addington and Lanark Leeds Grenville. In this role, KI leads two active Special Needs Steering Committees and manages contracted agreements with 25 partner agencies to work together to provide coordinated care for families. As part of its system leadership role in this area, KI aligns and amplifies multiple provincial initiatives at the local level to support family-centred, coordinated care in children’s services. KI is also the contracted provider with the Children’s Hospital of Eastern Ontario (CHEO) to provide Autism Spectrum Disorder (ASD) diagnostics through the Eastern Ontario ASD Diagnostic Hub, and provides FASD diagnostics funded through the Provincial Programs Branch of the Ministry of Health.

KI faces a number of challenges in terms of space at the HDH site. Currently the program occupies 14,500 square feet on two levels. KI has grown significantly over the years and the COVID-19 pandemic has presented even more challenges to ensure physical distancing. New planning standards for Children’s Treatment Centres were introduced by the Ministry of Children, Community and Social Services. It is important to note that very few children’s treatment centres in Ontario are operated within the hospital setting. Despite a shift in service delivery models to deliver some of the services in the community, at school, and through virtual visits, KI still requires safe and appropriate space for the provision of face-to-face services. KHSC does not have the space that is needed to provide this support and expert advice has confirmed that an off-site location would be optimal for improved access (including parking).

On Monday, March 1, I joined MPP Todd Smith, VP Brenda Carter, VP Krista Wells Pearce and Margaret van Beers, KI Program Director, for a zoom call to discuss this program and a way forward to ensure ongoing service delivery to our community and region. In follow up to this conversation, MPP Smith agreed to meet with us and to see, firsthand, some of the challenges faced by the team.

On Monday, March 22, MPP Smith is scheduled to meet with us and a further update will be provided at the March 29 board meeting and I wanted to share the following Tweet from the MPP's office.



Thank you

@KidsInclusive - for the rehabilitation and support services facility tour today! The work you do with Ontario families and community partners is empowering kids & youth with special needs to reach their full potential in our community!

### 13. Ontario Supporting Children & Youth with Complex Mental Health and Addiction Needs

The Ontario government has indicated that up to \$10.5M is available to expand the mental health Secure Treatment Program for the province's most vulnerable children and youth. This funding will add to 24 beds at the Syl Apps Youth Centre in Oakville and at the Roberts/Smart Centre in Ottawa. By expanding this program, an additional 52 children and youth with complex needs will receive direct mental health and addiction supports each year.

### 14. 3M N95 1870+ Respirators Available from Provincial Production Beginning April 1

Back in August, the federal and provincial governments announced a deal with 3M to produce Canadian-made N95 respirator masks. This is a five-year commitment to purchase the 1870+ model beginning in April 2021. Associate Deputy Minister Melanie Fraser has confirmed with member hospitals / supply chains that the models will be available April 1, 2021 for distribution – from the Brockville, ON manufacturing facility. KHSC will receive this product through 3SO and work is already underway to ensure that health care providers undergo appropriate fit testing. The government memo states that, given the new source of secure domestic production, hospitals are to move as many staff to the 1870+ model as possible. KHSC has already received its first shipment of N95s from 3M!

### 15. Southeastern Ontario Academic Medical Organization – Strategic Planning

As a signatory to the Alternate Funding Agreement, KHSC has been invited to participate in SEAMO's strategic planning work. SEAMO launched this exercise this past January and has now arrived at a point where they are seeking input from a variety of stakeholders to inform this important work with an aim to have a final product sometime in July 2021.

As the KHSC executive team will be engaged in this process in the coming weeks, SEAMO will also be looking to engage the KHSC Board and they will be hosting a stakeholder engagement session on April 21 from 1600 – 1700 hours from across the South East. To learn more:

<https://www.seamo.ca/about/2021-strategic-plan>

## 16. Kingston's Integrated Health Hub

Kingston's Integrated Health Hub opened its doors on November 1, 2020 located at 661 Montreal Street. A community based approach to providing much needed supports in our community (see slide below), the City of Kingston has partnered with lead partners at HARS Kingston—the HIV/AIDS regional services and Kingston Community Health Centre's Street Health Centre. For KHSC, statistics show that nearly 200 emergency hospital visits were diverted between January and March 11, 2021 alone.



On Wednesday, March 17, I joined a call with representatives of the City, Kingston Community Health Centres, Addictions and Mental Health KFLA, FLA-OHT lead Dr. Kim Morrison, and Ministry ADMs Mel Fraser (Health Services), Melanie Kohn (Mental Health & Addictions), Amy Olmstead (OHT Division), Tara Wilson, Allison Costello, Rachel Robins, and Fionnuala Donaghy, to discuss funding opportunities and support.

In follow up to the meeting, Mayor Bryan Paterson reached out to thank KHSC for bringing the parties together for this important discussion and work. More to follow...

### **17. Ontario Health: Transfer Orders**

On March 17, 2021, the Honourable Christine Elliott issued a series of orders transferring the Local Health Integration Networks health system planning and funding functions to Ontario Health. The transfer is effective April 1, 2021. None of the LHINs' direct patient care activities (i.e. delivery of home care and long-term care home placement services) are being transferred to Ontario Health – which will have a new operating name *Home and Community Care Support Services*.

The Minister's transfer order specifies the employees, assets, liabilities, rights and obligations including funding agreements and other contracts are part of this transfer including all accountability agreements. The communication from the SE LHIN assumes that Ontario Health will accept all the terms and conditions as outlined in these agreements.

### **18. Ontario Health Memo: Health System Recovery**

On March 4, Ontario Health CEO, Matt Anderson, provided health system partners with an update on system recovery. This communication highlighted the government's commitment to renewing the focus on health system modernization and planning to restore routine access to non-COVID-19 related health services for all Ontarians. The memo notes the need for a coordinated approach and to build on what the system has learned throughout the pandemic. Key elements for consideration are a need to continue with regional planning structures, a provincial lab network, virtual care, supply chain operations, as well as Ontario Health Teams. Planning must also include enhanced access to mental health and addiction services through the Mental Health and Addictions Centre of Excellence. The communication emphasizes the need for health equity and the active commitment to enhance supports for the most vulnerable populations.

The government remains committed to ensuring we all work together to action a broader health system recovery that tackles issues such as the impact of deferred preventive screening, diagnostic, surgical and non-surgical services based on the lessons learned from the pandemic. Ontario Health recognizes that forward-looking planning will be a challenge but that it must concurrently occur with ongoing pandemic response requirements and a commitment to public health measure to restore and rebalance care in the near future.

### **19. Federal Budget Update**

Canada's next federal budget is expected to be presented by Finance Minister Freeland sometime in 2021. The Canadian government did not table a budget in 2020 due to the COVID-19 pandemic. While the government has presented a number of economic updates and stimulus plans this past year, Ontario hospitals remain hopeful that the federal government will deliver a comprehensive budget soon.

Recently, Canada's Premiers held a virtual news conference to continue their arguments for the Prime Minister to significantly increase the Canada Health Transfer in the federal budget. Currently the provinces and territories are paying 78% of health care costs. Premiers have urged the federal government to immediately increase its share of health care costs from 22% to 35% of total health care spending representing \$28B (from the current \$42B to \$70B) including an annual escalator of 5%.

## **20. Ontario Budget Update**

The OHA continues to advocate on behalf of member hospitals with government in advance of Ontario's next budget to be tabled on March 22, 2021. The OHA has stated that the government must ensure hospitals are:

- Reimbursed for all COVID-19 expenses and lost revenue
- Ensure appropriate funding to help manage the provincial backlog of surgeries
- To increase base funding of 4.3% or \$860M to address new labour costs, growth and additional volumes

One of the key learnings from the global pandemic is the need to fundamentally strengthen the health research sector in Ontario. The OHA is calling on government to ensure sustained investment in the Ontario Research Fund. Further, the need for a national discussion on how to strengthen Canada's health system, including an overhaul of the system of transfer payments, must be undertaken. More will follow at our meeting on March 29.

## **21. Provincial Government Announces \$1.2B Funding for Hospitals**

The Ontario Hospital Association delivered a brief update to members following the tabling of the provincial budget on March 22, 2021 announcing over \$1.2B in funding to help Ontario's public hospitals recover from financial pressures created by COVID-19. The OHA will hold a briefing on Thursday, March 25, when we will find out more details regarding this allocation. Of the amount noted above, a total of \$696.6M will be allocated to help cover historic working fund deficits for qualifying public hospitals with a focus on small- and medium-sized hospitals as well as specialty and rehabilitation hospitals that carry a large fiscal strain due to their unique situations and historical funding challenges. Up to \$572.3M has been set aside to reimburse qualifying portions of lost revenues incurred by hospitals due to COVID-19.

Premier Ford and Minister of Health Elliott recognized the important role hospitals play in the province's pandemic response when the announcement was made. The government also stated that it will continue to work with the federal government to advocate for increased funding through Canada's Health Transfer Tax system.

## **22. Ontario Nurses' Association Files Judicial Review of Directive #5**

At the end of February, ONA filed an application for judicial review of the Chief Medical Officer of Health's Directive #5 which sets out the appropriate use of personal protective equipment for healthcare workers in the delivery of care to suspected/presumed or confirmed COVID-19 positive patients. Under the current directive, contact/droplet precautions are required for most interactions with suspected, presumed or confirmed COVID-19 positive patients. The directive also requires that all regulated healthcare professionals conduct a point of care risk assessment prior to every patient interaction to determine the appropriate PPE precautions.

In its application, ONA is seeking changes to Directive #5 to recognize aerosol transmission and to require healthcare workers to adopt airborne precautions as the appropriate standard when providing care to suspected/presumed/confirmed COVID-19 patients.

### **23. Training of Personal Support Workers**

The Ontario government has announced an investment of \$115M to train up to 8,200 new personal support workers for high-demand jobs in Ontario's health and long-term care sectors. In collaboration with Colleges Ontario, all 24 publicly assisted colleges will offer this fully funding program starting in April 2021. Ontario Colleges are now accepting applications for the accelerated six month course which includes three months of coursework along with onsite learning in clinical settings with the final three months being paid onsite training in a long-term care home or in a home and community care environment.

### **24. Ontario Investing in Retirement Home Sector**

This past week, the Ontario government announced \$30M to help the retirement home sector cover COVID-19 related costs such as hiring, training and testing additional staff, sanitizing residents and purchasing supplies to prevent and contain the spread of infection. This funding is in addition to the \$30.9M that the province provided earlier in the pandemic. Ontario has more than 770 licensed retirement homes and many are run by small operators who urgently require the government's support. The recent news release also confirmed that over 56,000 residents and over 23,000 workers in the retirement home setting have received their first dose of the COVID-19 vaccine. At mid-March, over 35,000 residents and 15,000 staff have received both doses.

### **25. Supply Ontario CEO Announced**

In February the provincial government announced the appointment of Frank Rochon as the first Chief Executive Officer of Supply Ontario – the province's new centralized procurement agency. As the agency becomes operational, Mr. Rochon will be responsible for leveraging Ontario's buying power as the largest public sector buyer in Canada – driving efficiency and productivity and creating new market opportunities for provincial businesses.

### **26. Mental Health and Addictions Centre of Excellence Update**

On March 3, the Mental Health and Addictions Centre of Excellence released a memo to all Ontario Mental Health and Addictions stakeholders. The announcement of the Mental Health Addictions Centre of Excellence in February 2020 was the start of a provincially led, integrated system of care for patients, families and their providers in Ontario.

Over the coming weeks and months the focus will be:

- A slate of initial transfer payment agreements (TPAs) with mental health and addictions organizations, to deliver provincial programs, are in the process of being assigned to Ontario Health. These are TPAs that are currently managed by the Ministry of Health. This is consistent with the overall plan to consolidate oversight of funding and build a provincial program. The team has reached out to those organizations involved in this round of TPA transfers to ensure a seamless transition.
- With the success of the pilot phase of the Ontario Structured Psychotherapy Program, we are expanding this impactful program to reach Ontarians across the province. We will shortly be confirming an increase of Network Lead Organizations from four to ten. Regional service delivery planning will be the next step in making the six new psychotherapy networks come to life. Together, these ten networks will bring a wide range of community and hospital partners together to build out access to coordinated regional psychotherapy services across Ontario.

- Partnering with the sector, we will hold a provincial Action Plan Session to look at how mental health and addictions (MHA) will transition to a provincial program structure, the COE's planned activities in the 2021-22 fiscal year and to discuss where the sector is best positioned to come together in areas of high need to drive short-term impact.

### 27. Ontario Increasing Mental Health Supports for Indigenous Peoples

The provincial government recently confirmed \$12.8M to immediately expand and enhance culturally appropriate mental health and addictions services for Indigenous peoples, families and communities across the province. This is part of the \$176M commitment being invested in the government's mental health and addictions plan.

### 28. Centre for Aging & Brain Health Innovation

Over the next five years, the government has committed to investing \$23.5M to help the Centre for Aging & Brain Health Innovation to improve the life of seniors with dementia and Alzheimer's disease. The funding will support research and programs to help seniors with brain health issues to live at home longer and reduce the cost of care delivery.

### 29. Ontario Hires Additional Health & Safety Inspectors

The Ontario government has hired over 100 new occupational health and safety inspectors to support business inspection campaigns and help ensure employees, businesses and the public are protected. The new inspectors have begun a condensed training program and will begin making field visits, with a mentor, within five weeks of their start date – training will be completed by July 1, 2021.

### 30. Ontario Hospital Association – Call for Board Nominations

The OHA is seeking applications for fill four positions on its Board beginning in September 2021 with nominations being completed by Friday, March 26. Along with seeking individuals who have expertise in information technology including governance of cyber security as well as data analytics to support system decision-making, they are also looking for **clinical leaders** (e.g. Chief of Staff, Chief Nursing Executive, physician or nurse CEOs, community physicians or nurse practitioners with governance experience or **hospital-based health research leaders**. Finally, the OHA is also seeking at least one active voting member of a hospital board. To receive a nominations package and to find out more, contact Melinda Moore, Manager of Corporate Governance, at 416-205-1330 / [mmoore@oha.com](mailto:mmoore@oha.com).

### 31. Legislative Updates

Bill C-7, An Act to amend the Criminal Code (medical assistance in dying) was introduced in the House of Commons by the Minister of Justice on February 24, 2020. On March 17, 2021, the Senate passed Bill C-7 to expand access to medical assistance in dying. The government rejected a Senate amendment to allow people who fear losing mental competence to make advance requests for an assisted death.

The bill was triggered by two Quebecers with severe disabilities who went to court to successfully fight for their right to choose an assisted death even though their natural deaths were not 'reasonably foreseeable'. Many mental health advocates have also weighed in against the eventual inclusion of people suffering solely from mental illness pointing out that patients who wish to die is often a symptom of the illness.



The amendment also drops the requirement that a person must be able to give final consent immediately before the procedure is performed as well as the requirement that a person must wait 10 days after being approved for an assisted death before receiving the procedure. Finally, the amendment also reduces the number of witnesses required to one from two. People not hearing death will have to wait a minimum of 90-days for assessments of their requests and they will also be made aware of all alternatives, including counselling, and they must be able to give final consent immediately before receiving the procedure.

### 32. Mission Moments

Every February 2 our HDH site celebrates **Founders' Day**, when we honour Jérôme le Royer de la Dauversière and Marie de la Ferre, co-founders of the Religious Hospitallers of St. Joseph (RHSJ). We know how deeply our Sisters live Jérôme and Marie's vision of providing compassionate health care, especially to the vulnerable and needy. They have entrusted that same Mission to each of us.

Like our Sisters, we are called to be a compassionate healing presence to all and to build a caring and just community. Coffee coupons were provided to staff at the HDH site on Founders' Day reminding them of this important part of our history. Similarly, notes of appreciation were sent to our Sisters honouring Founders' Day, a day when the RHSJ traditionally renew their vow and celebrate their commitment to the Order and their calling to serve as women religious.

On Friday, March 19, our Hotel Dieu Hospital site celebrates the **Feast of Saint Joseph**, the patron Saint of HDH as well as the patron Saint of Canada and all workers. In fact, Pope Francis has declared 2021 the year of St. Joseph. A celebration of St. Joseph the Worker is especially relevant in this time of COVID-19 turmoil, when so many have lost or are having difficulty finding employment, and when we are becoming more aware of how much we owe to ordinary, hardworking people like Joseph. Honouring him is also relevant because many people, like Joseph, have made hidden sacrifices this year to protect others. Like him, they have likely gone unnoticed, a daily, discreet presence that quietly supported and guided others in times of trouble. The HDH site Mission & Values Coordinating Committee, which meets on a monthly basis, is helping to guide manners through which the Feast of Saint Joseph can be safely celebrated this year in the context of a pandemic. While the tradition of offering bread and jam for staff to share together over fellowship cannot happen this year, virtual celebrations are planned to carry on this important tradition.

*From a KHSC staff member ...*

**From:** Colgrave, James V  
**Sent:** Thursday, March 11, 2021 10:15 AM  
**To:** Pichora, David  
**Subject:** Thank you

Hello Dr. Pichora,

I'm retiring as of March 31, 2021 after 42 years of working in Health Care in Kingston. I worked for many years at Hotel Dieu hospital and it was there I witnessed the importance of compassionate health care delivery which is what I have always tried to follow. When the integration came between KGH and HDH it was with some mixed feelings for me as I was not sure that the two cultures could be brought together however I took comfort with having you as the CEO for the new cooperation.

Time has shown that the two organizations are now better as one and this is due in no small part to your vision and guidance.

I have spent my last 2 and a half years at KGH with only the occasional trip to the HDH site but I have enjoyed my time at KGH as well. I find it to be an exciting and dynamic work environment and I only wish I had another 10 or so years to experience it fully but I think it is time for me to retire and start to do what retired people do. I'm not sure if you get many of these emails but since we have worked together at HDH I thought it appropriate to reach out.

All the best and thank you,

James Colgrave C.E.T, C.B.E.T /

Charge Technologist / Laser Safety Officer

*From an email shared with one of our KHSC VPs by Ininew Program Director Midge Rouse:*

A Cree patient in ICU turned 80 on Wednesday but his wife wasn't able to visit him because it wasn't her visiting day. She saw him yesterday and found that his night nurse had decorated his area during the night so that he awoke to an 80 + one day birthday celebration. They were very touched by her thoughtfulness – and impressed by her decorating skills.

### **33. Q3 Media Report**

The Q3 media update is appended to my report.

Respectfully submitted,



David R. Pichora

President and CEO