

BOARD OF DIRECTORS – OPEN MEETING – VIDEOCONFERENCE CALL

Date: Monday, October 25, 2021
Time: 1600 – 1900 hours
Zoom Link: <https://kingstonhsc-ca.zoom.us/j/85024114583>

Start	Time	Item	Topic	Lead	Purpose	Attachment
1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, CONSENT AGENDA ITEMS & APPROVAL OF AGENDA						
1600	5 min	1.1	Welcome, Call to Order, Confirmation of Quorum, Conflict of Interest Declarations	Thesberg	Inform	Verbal
		1.2	Consent Agenda Items a) Approval of Board Open Minutes: June 21, 2021 b) Approval of Board Special Minutes: June 21, 2021 c) KHSC People Report d) Critical Path for 2022-23 Board Nominations Process	Thesberg	Decision	Draft agenda
		1.3	Approval of Open Agenda	Thesberg	Decision	Draft minutes
2.0 PRESENTATIONS & GENERATIVE DISCUSSION						
1605	10 min	2.1	COVID-19 Pandemic Current State at KHSC	Pichora/Bardon	Discuss	Presentation @ meeting
1615	20 min	2.2	Generative Discussion: COVID-19 Recovery	Thesberg & Committee Chairs	Discuss	Briefing note
1635	10 min	2.3	Integrated Risk Management – Update on Top Organizational Risks	Thesberg/Pichora Carter	Discuss	Briefing note
3.0 KEY DECISIONS						
1650	5 min	3.1	2021-22 KHSC Board & Committee Work Plans	Thesberg & Committee Chairs	Decision	Briefing note
1655	10 min	3.2	Board Quality Improvement Initiative – Updated Evaluation Tools	Hunter	Decision	Briefing note
1705	5 min	3.3	KHSC – KGH Site – Naming of Women’s Clinic	Hunter	Decision	Briefing note
4.0 REPORTING & UPDATES						
1710	10 min	4.1	KHSC President & CEO + External Environment Update	Pichora	Discuss	Written report
1720	5 min	4.2	COS/MAC Report – October MAC Meeting	Fitzpatrick	Discuss	Written report to follow
1725	5 min	4.3	UHKF President and CEO Update	Zsolnay	Discuss	Written report
1730	10 min	4.4	Q1 Performance Reporting • Strategy Performance Index • Strategy Performance Report • Service Accountability Agreement	Theberg/Pichora & Committee Chairs	Discuss	Briefing note + reports with presentation @ meeting

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5.0 BOARD COMMITTEE REPORTING						
1740	5 min	5.1	Patient Care & Quality Committee <ul style="list-style-type: none"> Program: Mental Health & Addictions Care 	Leslie	Inform	Verbal
1745	5 min	5.2	Governance Committee	Hunter	Inform	Verbal
1750	5 min	5.3	People, Finance & Audit Committee	Cosford	Inform	Verbal
6.0 IN-CAMERA SEGMENT (Members of the Public/Guests depart meeting)						
1755	5 min	6.1	Motion to Move In-Camera	Thesberg	Inform	Verbal
10.0 REPORT ON IN-CAMERA MATTERS						
1830	5 min	10.1	Motion to Report on Decisions Approved In-Camera	Thesberg	Inform	Verbal
		10.2	Date of Next Meeting & Termination			
11.0 OPEN FORUM						
Opportunity for directors to reflect on how patients, families and the community were considered in today's discussions						
12.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY						
13.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT						

BOARD OF DIRECTORS OPEN MEETING: OCTOBER 25, 2021

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held by video-conference on Monday, October 25, 2021 from 1600 to 1855 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, Michele Lawford, Emily Leslie, Sherri McCullough, David O'Toole, David Pattenden, Axel Thesberg (Chair), and Sandy Wilson.

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

Ex-officio Members Present (non-voting): Dr. Lysa Boisse Lomax, Dr. Mike Fitzpatrick, Mike McDonald and Dr. David Pichora.

Regrets: Brenda Hunter.

Staff: Rhonda Abson (Recording Secretary), Amit Bansal, Elizabeth Bardon, Sandra Carlton, Brenda Carter, Val Gamache-O'Leary, Chris Gillies, Renate Ilse, Steve Smith, Krista Wells Pearce and Tom Zsolnay.

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

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

Chair Axel Thesberg called the meeting to order, confirmed that all participants were able to hear the proceedings, and noted that David O'Toole would be joining the meeting at approximately 1630 hours and that Dr. Jane Philpott would be departing today's meeting at approximately 1630 hours due to another commitment. The Chair confirmed quorum and invited declarations of conflict; no conflicts were recorded.

Upcoming Ontario Hospital Association education sessions were noted on the Notice of meeting; members interested in finding out further information should contact the CEO's Office. As a reminder, KHSC Board committee meetings will be held on Monday, November 29, 2021 and the next regularly scheduled KHSC Board meeting will take place on Monday, December 13, 2021 at 1600 hours. The Chair thanked members of the KHSC Board who recently attended the virtual staff forum.

1.2 Approval of Consent Agenda

Agenda materials were provided on Tuesday, October 19, 2021. The following items were provided as part of the consent agenda:

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- Approval of Regular and Special KHSC Open Board Minutes: June 21, 2021 Meetings
- KHSC People Report
- Critical Path for 2022-23 Board Nominations Process

Moved by Alan Cosford, seconded by Sandy Wilson:

THAT the consent agenda be approved as circulated.

CARRIED

1.3 Approval of Open Agenda

Moved by Emily Leslie, seconded by Sherri McCullough:

THAT the agenda be approved as circulated.

CARRIED

Dr. Mike Fitzpatrick joined the meeting at 1610 hours.

2.0 PRESENTATIONS & GENERATIVE DISCUSSION

2.1 COVID-19 Pandemic Current Status at KHSC

Elizabeth Bardon, Vice President Mission & Strategy Integration and Support Services, delivered the update on COVID-19. The first section of the presentation focused on Directive 6, issued August 17, 2021, requiring hospitals to establish, implement and ensure compliance with COVID-19 vaccination policy relating to proof of full vaccination; written proof to support medical exemption; and proof of completing an educational session about the benefits of COVID-19 vaccination prior to declining vaccination for any reason other than medical; and, where an employee, staff, contractor, volunteer or student does not provide proof of being fully vaccinated, the person must submit to regular antigen point of care testing.

KHSC continues to experience high occupancy rates and acuity levels as well as a significant increase in Emergency and Urgent Care volumes. Mike McDonald, Vice President Patient Care and Chief Nursing Executive, emphasized the increased level of acuity that care teams are encountering noting that volumes in the ER are now higher than pre-COVID numbers. Board members were briefed on KHSC's Life and Limb protocols and the impact that increased emergency admissions are having on KHSC's ability to ramp up services to address backlogs. KHSC is also working closely with Emergency Management Ontario and the transfer of COVID-19 patients from Saskatchewan. Current staff vaccination rate is 98% with 46 staff off on unpaid leave and a small percentage of staff have received medical exemptions.

Discussion focused on the alternate health facility at Union Street as well as opportunities to use the current beds located at the Hotel Dieu site. Dr. David Pichora noted that staffing and medical coverage remain barriers to fully utilizing the space available at both of these sites; funding is also a key consideration.

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2.2 Generative Discussion: COVID-19 Recovery

David Pichora drew attention to the briefing materials discussed at recent Board committee meetings. The briefing note outlined the issue for discussion which focused on resumption of elective services that were paused under provincial Directive 2. Many Ontario hospitals remain unable to resume services fully due to ongoing clinical and staffing pressures. The briefing note the obstacles faced by KHSC in ramping up care relating to capacity, high acuity levels and patient flow challenges, staffing challenges, increased ALC numbers, funding, and the use of non-traditional/unconventional bed spaces. The briefing note was positioned for each committee member to reflect on the committee's mandate and reflect on a series of questions .

Emily Leslie, Chair of the Patient Care and Quality Committee, reported that committee members had a robust discussion focusing on the role of primary care and its impact on KHSC. The committee discussed challenges faced by patients accessing family physicians; caring for the homeless; as well as challenges faced by the elderly patient population as it relates to virtual care. Committee members discussed the operational impacts caring for primary care patients in a tertiary care hospital. In terms of virtual care deliverables, Patient Care and Quality Committee members discussed what metrics could be applied in measuring the quality of the care provided.

Alan Cosford, Chair of the People, Finance and Audit Committee, reported the committee's recent deliberations in terms of how one prepares for the unknown in terms of budget preparations as well as the implications of current vaccination policies on staff resources.

Michele Lawford, on behalf of Governance Committee Chair, Brenda Hunter, looked at the issue through a governance lens in terms of partnerships, stakeholders and reputational issues. Governance Committee members discussed how to sustain new partnerships post-COVID as well as discussing how the delays in care would impact KHSC's reputation. Committee members also talked about the regional health information system project, capacity issues, human resources shortages, and some of the changes in the executive leadership.

Axel Thesberg thanked Committee Chairs for their updates noting that work will continue on board material content and efficiencies/processes going forward. Board discussion focused on how helpful the exercise was, the usefulness of the probing questions that were included in the briefing note.

Dr. Jane Philpott departed the meeting at 1630 hours.

2.3 Integrated Risk Management – Update on Top Organizational Risks

Axel Thesberg drew attention to the briefing note on KHSC's top organizational risks noting additional risks added to the register since the Board session in January 2020: Pandemic, Health Information System and UHKF Performance.

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Brenda Carter, Executive Vice President Quality, Partnerships, confirmed that the management team is committed to providing a semi-annual review of KHSC's top risks. In April, the top risks and mitigation plans were reviewed by the Executive leads to ensure that any significant changes would be considered in the update to the annual plan.

3.0 KEY DECISIONS

3.1 2021-22 KHSC Board & Committee Work Plans

As part of the agenda package, the draft board and committee work plans were circulated following review at September committee meetings. Axel Thesberg noted that the plans outline the deliverables for the upcoming year and have been based on the committee terms of reference and bylaw requirements. Committee Chairs confirmed that members have reviewed and endorsed the plans for recommendation to the Board as well as the proposed adjustments to the committee terms of reference.

Moved by Anne Desgagnés, seconded by Mélanie-Josée Davidson:

THAT the KHSC Board of Directors approve the attached board committee terms of reference;
and

THAT the Board of Directors approve the 2021-22 KHSC board and committee work plans.

CARRIED

3.2 Proposed Approach to Evaluating Board Effectiveness

Michele Lawford drew attention to the recommendations of the Governance Committee on evaluating Board effectiveness. The briefing note outlined three recommended evaluation tools relating to committee chair conversations with members; board chair 1:1 meetings for January; and a board/committee member meeting tool. Based on the results from the Governance Functioning Tool, five areas were identified by KHSC Board members as areas requiring improvement with four pertaining to board or board member effectiveness.

Moved by Michele Lawford, seconded by Emily Leslie:

THAT, as recommended by the Governance Committee, the KHSC Board of Directors introduces the following processes this year to evaluate Board effectiveness:

- 1) Regular opportunities for board and committee members to provide feedback about meeting effectiveness;
- 2) At least an annual opportunity for committee members to engage directly with the Committee Chair about their experience with committee work;
- 3) Sample questions to guide conversations at the Chair's annual 'fireside chats' with Board members for consistency and shared learning.

CARRIED

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3.3 KHSC – KGH Site – Naming of Women’s Clinic

At the September Governance Committee meeting, a recommendation was brought forward from the executive team to support the renaming of the Women’s Clinic at the KGH site. Michele Lawford highlighted two key considerations are to support a gender neutral environment and access. It was noted that, as outlined in KHSC Board policy, naming assets is a responsibility of the Board.

Moved by Sandy Wilson, seconded by Dr. John Leverette:

THAT the Women’s Clinic on Dietary 1 be renamed to the Lakeside Clinic to reflect gender diversity and promote inclusion for our patients.

CARRIED

4.0 REPORTING & UPDATES

4.1 KHSC President & CEO and External Environment Update

The written report of the President and CEO was circulated in advance of the meeting. In addition to the report, Dr. Pichora provided the following verbal update on the regional Hospital Information System which is now at the “Align Phase” which focuses on recruitment for key positions as well as identification of subject matter experts. The executive team continues to monitor position assignments to ensure staff are backfilled. Dr. Pichora provided an update on personnel shortages, particularly in the areas of nursing as well as other staff categories and leadership positions.

Staff flu vaccination clinics are operating with over 1,000 staff receiving their annual flu vaccine. Vaccination clinics are also underway in the community local pharmacies as well as through some local family health teams. KHSC was well prepared for this year’s Homecoming activities by ensuring additional staffing being in place and budget impacts are not yet known.

Both the KGH and HDH sites were affected by flooding stemming from the October 23, 2021 microburst. Incident Command was put in place immediately to assess the damage and in preparation of reporting to KHSC’s insurer.

Dr. David Pichora also highlighted a number of key meetings that took place with Matthew Anderson, CEO of Ontario Hospital. Kingston City Councillors were invited to tour the KGH site to recognize and thank City leaders for their ongoing support of redevelopment. The CEO recently participated in the Catholic Health Association of Ontario’s annual conference held on October 21, 2021; the theme of this year’s conference was on social justice. Dr. Pichora also confirmed that the KGH, Hotel Dieu Boards met in late September along with the Partnership Council and that no significant issues were identified.

The KHSC executive team continues to participate in ongoing budget deliberations in preparation for the 2022-23 budget cycle.

The Ontario Hospital Association's Academic Hospitals CEO Committee met on October 26, 2021 and one of the key discussions points pertained to the current staff shortages being experienced across the Province resulting in a letter to the Premier. Dr. Pichora confirmed that he will be participating in the upcoming Southeastern Ontario Academic Medical Organization's two-day retreat in early November.

Discussion focused on solutions to address the recent flooding as well as the impact this will have going forward on KHSC's insurance coverage and rates. Attention was drawn to the recent cyberattack at the Kemptville District Hospital; Dr. Pichora that KHSC IT continually monitors and ensures that preventative patchwork is up-to-date. Ontario Health also provides regular communications to hospitals providing guidance on best practice. Val Gamache-O'Leary, Chief Information Officer, added that KHSC completes daily surveillance protocols. Dr. David Pichora noted that KHSC's insurer also provides guidance and is continually monitoring such threats.

Regarding the upcoming SEAMO Retreat, discussion focused on whether this group would be looking at regional human health resource issues. Dr. David Pichora noted that Ontario Health is currently looking at developing a framework to address these issues. Regarding hiring practices at both KHSC and Providence Care, Sandra Carlton, Joint Vice President and Chief Human Resources Officer, noted that both organizations face similar recruitment challenges.

4.2 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. The annual report of the Physician Quality Committee was received by the MAC at its last meeting and Dr. Fitzpatrick's report included a listing of activities and achievements by the committee. Other reports received at the MAC meeting included the annual report of the Resuscitation Committee, an update on HIS was provided to MAC members along with Accreditation information. Dr. Boisse-Lomax, President of the Medical Staff, also reported at the MAC meeting. Dr. Fitzpatrick also drew attention to the annual report of the Transfusion Advisory Committee.

4.3 UHKF President and CEO Update

The written report of UHKF President and CEO was distributed in advance of the meeting. UHKF remains on track to meet its fundraising goals. UHKF President Tom Zsolnay reported that Bill Leacy has recently joined the team. Axel Thesberg acknowledged two significant fundraising events this past year – the Rose of Hope golf tournament and the new Power of Hope golf tournament which raised \$94K to support the prostate surgery program at KHSC.

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4.4 KHSC Performance Reporting: Q1

Elizabeth Bardon, Vice President Mission & Strategy Integration and Support Services, drew attention to the Q1 briefing materials recently reviewed and discussed at the September Board committee meetings. In Q1, only 1 indicator of the 16 is trending red pertaining to compliance with Accreditation Canada's Required Organizational Practices (ROPs). Leads for each of the ROPs have now been identified and work plans are being developed for each one. Several yellow indicators were affected by COVID-19 ramp downs, i.e. activity volumes, and the management team continues to monitor these areas carefully. Work continues on streamlining quarterly reporting. Axel Thesberg acknowledged the need to look at the current reporting processes noting that quarterly reporting is already discussed by the committees and captured in their respective minutes; there may be a way to roll this information up to the Board to be more succinct.

5.0 BOARD COMMITTEE REPORTING

5.1 Patient Care & Quality Committee

- Program & Service Presentation: Mental Health & Addiction Care

Emily Leslie, Chair of the Patient Care & Quality Committee, provided an update on September committee deliberations. A copy of the Mental Health and Addictions report was circulated to members with the Board package and Patient Care and Quality Committee members were briefed on a number of initiatives undertaken by the program to improve patient care support in the Emergency Department and Urgent Care Centre. Staffing remains a challenge for the program that the team continues to try and address.

5.2 People, Finance & Audit Committee

Alan Cosford, Chair of the People, Finance & Audit Committee, reported that the committee had a good discussion and report on talent management at KHSC. Committee members were briefed on KHSC's financial position and Amit Bansal, Chief Financial Officer, confirmed that KHSC is approximately \$1M behind based on the September results. Management hopes to have all funding letters by the end of December in order to understand the year-end financial position.

5.3 Governance Committee

Michele Lawford, on behalf of the Governance Committee Chair, confirmed that the committee continues to focus on recruitment for a chartered/professional accountant to fill the current vacancy. Outreach will continue to accounting firms. At the September meeting, committee members debriefed on the Board's September education session and there is agreement that the committee needs a greater focus on diversity when recruiting for Board vacancies in future. The Committee will be reaching out to peer organizations to gain a better understanding of their recruitment practices. The Joint Steering Committee looking at research expects to bring forward recommendations to the Governance Committee at its next meeting.

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6.0 IN-CAMERA SEGMENT

6.1 Motion to Move In-Camera

The Chair invited a motion to move in-camera and an invitation was extended to the executive team to attend. It was agreed that the Board would recess for five-minutes with the in-camera portion of the meeting starting at 1755 hours.

Moved by Anne Desgagnés, seconded by David Pattenden:

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 was briefed by the President and CEO on several items.
- The Board approved the headship recommended to extend Dr. Bagg's appointment as the Head of the Department of Physical Medicine and Rehabilitation until June 30, 2022 and approved a new Head effective July 1, 2022.
- The Board received an update on the redevelopment project at the KGH site
- approved the closed minutes of the May board meeting;
- The Board received an update on the KHSC/UHKF Partnership Ad Hoc Committee.

10.2 Date of Next Meeting & Termination

The date of the next KHSC Board meeting is Monday, December 13, 2021 at 1600 hours. The meeting terminated at 1855 hours on motion of Anne Desgagnés.

11.0 OPEN FORUM – no session was held.

12.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY – a session followed the meeting.

13.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT – a session followed the meeting.

Axel Thesberg
Chair



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Briefing Note

Topic of Report:	CEO Update	For Decision
Submitted to:	KHSC Board of Directors	For Discussion X
Submitted by:	Dr. David R. Pichora, President and CEO	For Information
Date submitted:	October 19, 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 my written report was provided at the June Board meeting and subsequent verbal update provided at our August 25, 2021 meeting. As always, I welcome feedback and suggestions in terms of content and focus for these regular updates.

Current State

1. KHSC Organizational Updates

- Executive Director Appointments – Clinical Portfolio

Following the organizational changes shared with the Board in early September, Mike McDonald has now announced the appointment of Interim Executive Directors in the patient care portfolio and I am very pleased to share this additional information with members of the Board. Christine Wilkinson has accepted this appointment and will have oversight accountability for cardiac, critical care and perioperative services. Tom Hart has agreed to take on a similar role having accountability for medicine, professional practice, emergency services, KHSC@Home, transitional care unit and the KHSC Union Street site. As previously announced, Brenda Carter will be accountable for the women and children's program, renal, cancer, mental health and addictions, community programs, KidsInclusive, Ininew Patient Services and central ambulance communication centre.

As well, KHSC will be working with Promeus Executive Search services to support our search for an Executive Vice President and Chief Nursing Executive as Mike McDonald's prepares for his well deserved retirement in the new year.

- Director, Workforce Planning & Utilization for KHSC and Providence Care

KHSC welcomed Alan Archer to his new role on September 20. Alan brings with him over 25 years of professional and managerial experience in both the private and public sectors, including most recently at Winchester District Memorial Hospital where he held accountabilities related to recruitment, retention, and credentialing, and has experience with labour management, change management, information technology and health and safety. Alan holds a Masters of Business Administration, coupled with his education in Mechanical Engineering Technology, project management and having earned a green belt in Lean Six Sigma.



- Director, KidsInclusive

Margaret van Beers will be leaving KHSC in December 2021. Margaret has worked at KHSC/HDH for over 20 years, the last 8 of which she was Director of KidsInclusive (KI). KI is the largest hospital based children's treatment centre in Ontario and receives most of its funding from the Ministry of Children, Community and Social Services (MCCSS) and delivers its mandate through strong partnerships in multiple sectors. Margaret is a recognized leader in this arena, frequently called on for her knowledge, vision and experience to shape provincial initiatives and influence directions. Every step of the way, Margaret has ensured all efforts are guided by the voice of children and families and has made improving the family experience her mission. Recruitment for this position is now underway.

- Director, Professional Practice

Leanne Wakelin has decided to retire from KHSC after 37 years of service. During Leanne's tenure she has been a passionate advocate for patients, clinical practice and education in roles as a registered nurse, administrative coordinator, clinical educator, clinical nurse specialist, advanced practice nurse, nurse practitioner and as Director of Professional Practice. As Leanne prepares for her last date in November, all at KHSC wish her all the very best in retirement. A transition plan is underway.

2. KHSC Virtual Open Forum – October 21

Please join us for the next KHSC virtual open forum being held on October 21 at 1200 noon. Joining me will be Dr. Gerald Evans and members of the infection control team to discuss KHSC's post-COVID planning and variant updates. A calendar invitation to join has been extended to the KHSC Board, Hotel Dieu Board and KGH Board. Watch for the link to the live event which will be sent to members that morning.

3. United Way Workplace Campaign Kick-Off

Nicholas Axas, Christine Maloney, Mike McDonald, Kimberley Miller and Sarah Moore-Vasram are leading this year's United Way Workplace Campaign which launched on October 4. Last year KHSC raised over \$64K and I am confident we will break this amount. I encourage all to consider supporting our local United Way – just a click away: <https://www.unitedwaykfla.ca/>

4. Queen's Homecoming

Once again, KHSC worked with a variety of partners in preparing for unsanctioned Homecoming events. Mike McDonald coordinated our efforts to ensure that patients were well cared for and staff across the two sites were supported. Of course, our greatest worry going into the weekend was the fact that the KGH site continues to experience high levels of acuity and occupancy. Unfortunately, we have learned that additional unsanctioned parties are anticipated for the weekend of October 23/24th and so a second strategy is in place to prepare for any increased volumes in our ED as a result that weekend too.

5. KGH & HDH Sites Flooding

As we prepared to respond to clinical needs resulting from unsanctioned Queen's Homecoming events this past Saturday, a deluge of rain caused flooding in several areas at both our HDH and KGH sites. As always, staff responded immediately preventing what could have been much more significant damage. This past weekend serves as yet another example of how teams at KHSC work together to just "do what needs to be done".

6. KHSC Partnering with the Street Health Centre

Kingston Health Sciences Centre (KHSC) has partnered with the Street Health Centre (SHC) and the University Hospitals Kingston Foundation (UHKF) to bring innovative ultrasound services where it is needed most for vulnerable populations in Kingston. SHC provides care to vulnerable populations by operating low-threshold, barrier-free access to primary care and addiction services for those who are homeless or precariously housed, may have been incarcerated, and may be affected by or at risk of acquiring Hepatitis C. SHC's Hepatitis C program is one of 20 provincially funded teams in Ontario providing access to education, testing and treatment for individuals who have difficulty accessing mainstream healthcare services. KHSC partnered with the Street Health Centre to deliver the ultrasound imaging at its Barrack Street site rather than at the hospital. This innovative collaboration will bring care to the patient's location for the best outcome and best use of resources.

As part of the Kingston Community Health Centre, the Street Health Centre is open 365 days a year to deliver health services through a wrap-around care model for people who face barriers accessing mainstream health services. SHC began as a needle exchange program in 1992 and has evolved into a multi-service model providing health, disease prevention, primary care, and treatment services.

7. Trillium Gift of Life Virtual Special Event

Outside the spiritual centre in the Kidd 2 hallway of the Kingston General Hospital site, there is a special glass wall that changes a little every year. Known as the Organ and Tissue Donor Memorial Wall, it recognizes those who pursued the opportunity to give others the gift of life through organ and or tissue donation. Twice a year the Critical Care team hosts an intimate event where the friends and families of donors are invited to return to the hospital to place the name of their loved one onto the memorial. This year the event, held on October 7, looked a little different as it was adjusted to a virtual one to be as inclusive as possible during a time where COVID restrictions are in place.

8. New Ontario Health Teams Announced in September

In mid-September, the government announced eight additional Ontario Health Teams bringing the total number to 50 OHTs representing 92% of the province's population. New teams in our catchment area include the Hastings Prince Edward OHT; the Upper Canada, Cornwall and Area OHT. In the most recent press release, the government has also confirmed that it will be providing each new team up to \$1.1M in one-time funding over the 2021-22 and 2022-23 fiscal years. The funding can be used to support the ongoing pandemic response, coordinate programs that strengthen health system capacity by linking hospitals, primary care, home care and community services.

9. FLA-OHT www.flaoh.ca

The FLA-OHT is hosting and profiling a number of upcoming events on their website. On Wednesday, October 20 and Wednesday, November 24, Queen's Health Sciences Continuing Professional Development, in partnership with Drs. Justyna Nowak and Leonie Herx will be hosting a new on-line series for primary care providers interested in palliative care. Patients with palliative care needs are underserved in FLA region with some of the higher rates of ED visits and acute care admissions. On Thursday, October 21, The Indigenous Primary Health Care Council will be presenting an interactive webinar for Ontario Health Teams on building inclusive and reciprocal relationships with Indigenous organizations and communities.

10. KFL&A Medical Officer of Health Appointment

Dr. Piotr Oglaza will serve as the new Medical Officer of Health for the KFL&A region. Dr. Oglaza is well known to our region having served as the Medical Officer of Health at Hastings Prince Edward Public Health. Prior to these appointments, he served as a rural family physician in Verona and Sharbot Lake as well as a public health inspector in the southeast region. Dr. Oglaza is a public health and preventive medicine specialist. Dr. Hugh Guan has been Acting Medical Officer of Health recently.

11. Ontario Lifting Capacity Limits in Select Settings

On October 8, 2021, the Chief Medical Officer of Health confirmed that the province is cautiously lifting capacity limits in select indoor and outdoor settings where proof of vaccination is required. Effective October 9, 2021, capacity limits are now 100% in the following settings: concert venues, theatres and cinemas; spectator areas of facilities for sports and recreational fitness; meeting and event spaces with indoor meeting and event spaces having to limit capacity to the number that can maintain physical distancing. KHSC continues with its cautious approach to ensure we limit potential for exposures within KHSC.

12. COVID-19 Vaccine Certificates with QR Code

The Ontario government is making the enhanced vaccine certificate with official QR code and the free, made-in Ontario verification app, Verify Ontario, available for download. Together, these tools will make it easier, more secure and convenient for individuals to provide proof of vaccination where required to do so, and for businesses and organizations to verify vaccine certificates while protecting people's privacy. If you have not downloaded your code, Board members can obtain their certificate and a QR code at: [click here](#).

13. Visitors Required to Show Proof of Full COVID-19 Vaccination

As of October 22, KHSC will require all individuals visiting inpatients to show proof of COVID-19 vaccination. Registered family visitors will be asked to show proof of full vaccination along with photo ID, similar what is already required to access venues such as restaurants and theatres. We anticipate that exemptions to this policy will be rare, but may be made in situations such as life-threatening emergencies where family presence without delay is absolutely vital for the patient, family partner and care team. Any exemption will be reviewed on a case-by-case basis. As well, additional planning is underway to address situations where an essential care partner is unvaccinated (e.g. partner of a woman in labour; parent of an admitted child) is unvaccinated. Please also be reminded that registered family members must clean their hands and wear masks at all times - even at the bedside. Visitors may not eat or drink in a patient's room.

14. Patient Ombudsman Releases Second COVID-19 Special Report

Ontario's Patient Ombudsman has released a special report [Honouring Voices and Experiences - Reflections from Waves 2 and 3 of the Pandemic](#). The report provides an overview of the complaints the Patient Ombudsman's Office has heard related to COVID-19 from July 2020 through to the end of April 2021. The report provides insights into Home and Community Care during the pandemic as well as providing a breakdown of the most frequent complaints about hospitals.

15. Queen’s Faculty of Health Sciences Launches New Strategic Plan

Queen’s Health Sciences has launched its new strategic plan, Radical Collaboration. The plan is anchored in five strategic priorities that champion collaboration across the faculty: interdisciplinary research, integrated health sciences education, clinical impact in the community and beyond, a commitment to equity, diversity, inclusion, Indigeneity, and accessibility, and thriving people and nurturing culture: <https://www.queensu.ca/gazette/stories/fostering-radical-collaboration>

16. Four Health Leaders Named to Canadian Academy of Health Sciences

Queen’s University administrators and researchers — Jane Philpott, Kieran Moore, Doug Munoz, and John Muscedere — have been elected to the Canadian Academy of Health Sciences (CAHS) Fellowship, one of Canada’s premier academic honours. As world-renowned researchers and leaders in health, the new Queen’s Fellows have been awarded this distinction for their innovative research, leading roles in public health initiatives, and extensive experience in the public health sector. In this work, all have focused on bettering the lives of Canada’s disadvantaged populations through scientific research and the improvement of our nation’s health care systems. The new Fellows will join the ranks of other Queen’s CAHS members, including Janet Dancey, Marcia Finlayson, Graeme Smith, Michael Green, Robert Ross, Anne Croy, Susan Cole, Roger Deeley, Stephen Archer, Jacalyn Duffin, John Rudan, Chris Simpson, Elizabeth Eisenhauer, and others.

17. St. Lawrence College – Stand Alone Four-Year Bachelor of Science Nursing Degree

St. Lawrence College has received approval from the Ministry of Training Colleges and Universities and the College of Nurses of Ontario to begin a stand-alone Bachelor of Science in Nursing Program. The college will welcome the first cohort of new nursing students this year. The Ontario government recently announced \$35M investment to increase enrolment in nursing education programs in publicly assisted colleges and universities across the province. Through this investment, SLC will receive up to \$877K to help increase enrollment in nursing education programs supporting the training of 48 additional practical nursing students and 48 additional Bachelor of Nursing students. This is great news – our next task is to encourage grads to join KHSC on graduation!

18. Updates from Our Hospital Partners

- **Brockville General Hospital www.brockvillegeneral.ca**

MPP Steve Clark joined BGH Board Chair Michael Adamcryck and CEO Nick Vlacholias to announce the government’s \$25.6M investment to address BGH’s accumulated debt. In 2016, BGH was appointed a provincial supervisor by the Province to review BGH’s financial challenges. The final report included a series of recommendations to help address the Hospital’s working capital. Nick Vlacholias has indicated the funds will be used to pay off debt, stabilize hospital finances, and make investments in healthcare workers and hospital services.

In other news, Dr. Andrew Hamilton joined BGH in early July as the new Chief of Staff. Prior to this appointment, Dr. Hamilton served as Chair of Cardiac Surgery at KHSC and as Deputy Chief of Surgery.

- **Perth Smiths Falls District Hospital www.psfhdh.on.ca**

MPP Steve Clark joined BGH Board Chair Gardner Church and Interim CEO Nancy Shaw to announce the government's \$7.1M investment to address Perth Smiths Falls District Hospital's accumulated debt.

The Board has announced the appointment of Michael Cohen as the new President and CEO effective November 2. Prior to this appointment, Mr. Cohen served as the President and CEO of the Glengarry Memorial Hospital in Alexandria, Ontario. He has also held a number of senior positions at the Queensway Carleton Hospital.

- **Quinte Healthcare Corporation www.qhc.on.ca**

This fall, Quinte Health Care is embarking on a journey to re-imagine the future of QHC and input into their strategic planning process is underway. I have been invited to participate in the process and on November 1 will be speaking with the consultants who have been retained to gather input.

- **Providence Care's new Transitional Care Centre Now Open www.providencecare.ca**

Providence Care has partnered with Queen's Department of Family Medicine and the Southeastern Ontario Academic Medical Organization for 24/7 physician coverage to support patients in the new centre. The new centre will accept referrals from acute care hospitals, emergency departments, family doctors and home and community care agencies. Once a patient is admitted, they will work with an interprofessional team to create an individualized care plan focusing on a patient's goals. Patients will be admitted gradually to the first 30-bed unit over the coming weeks and the second 34-bed unit will open at a later date contingent on staffing.

19. Legislative Updates

On October 19, 2021, the Ontario government will proclaim the Ontario *Not-for-Profit Corporations Act, 2010*. The ONCA received royal assent on October 25, 2010 with amendments in 2017 and 2021. Relevant for hospitals, this Act will, among other things, clarify the rules of governance and simplify the incorporation process for not-for-profit corporations incorporated in Ontario. Not-for-Profits will have a three year transition period to review and amend governing documents to conform to the new Act. KHSC has reached out to Nick Pasquino at BLG to seek further advice on how this will affect key corporate documents. Management will work with the Governance Committee of the Board going forward as information becomes available.

20. Mission Moments

HDH and KGH Legacies - Article 4 of the Operating Agreement between the RHSJ Hotel Dieu, Kingston General, and the Kingston Health Sciences Centre Board requires KHSC to: *recognize and respect the unique histories and traditions of HDH and KGH by ensuring the HDH Campus and KGH Campus continue to operate in a manner consistent with their respective histories, traditions, missions and values, by adopting separate campus-specific mission statements."*

To learn more about this history, please take a few minutes and visit [HDH Legacy](#) and [KGH Legacy](#).

Catholic Health International Volunteer Award was given out in October to staff member Brittany Marshall in the Child and Youth Mental Health Program. Here is how Elizabeth described why we chose to put Brittany's name forward to CHI:

"Each year, we are invited to submit nominees to Catholic Health International for the CHI Volunteer Award. These awards are annually given to people who demonstrate a spirit of volunteerism and mission passion within and about the CHI facilities, including Hotel Dieu. At Hotel Dieu, past winners include Michael Hickey (former Board Chair) and Carol Hazell (St. Joseph's School of Nursing Alumna and former Volunteer Services President).

This year, Neil and I spoke about nominating Brittany Marshall for the many ways that she has embodied the Hotel Dieu spirit through her volunteerism on the M&V committee, within her program, and for the 175th anniversary celebrations."

HDH Mission Awards honour of past and present Religious Hospitallers of Saint Joseph (RHSJ), the Hotel Dieu Hospital Mission Awards honour the Venerable Jeanne Mance and Venerable Jérôme Le Royer. The group and individual who receive these distinguished awards are recognized for embodying the legacy Hotel Dieu Hospital Mission and Values.

Nominations will highlight how the nominees exemplify the spirit and qualities of the honoured Religious Hospitaller, as well as how they live the HDH Mission and Values. All nominations will be reviewed by a selection committee based on information provided within the nomination form. I look forward to attending this year's event slated for November 4.

Remembrance Day - consistent with our policy to honour Remembrance Day, Spiritual Health will coordinate a reading and moment of silence at both HDH and KGH sites on November 11th through the overhead paging system. The Canada flags are also lowered that morning.

Christmas/Holiday Events: Planning is underway for Christmas and holiday events across the sites. With input from the Infection Control team, KHSC will proceed with COVID-safe activities (e.g. Christmas tree lighting at HDH site on December 8th at 2:30pm; sprinkle some joy as alternatives to the Holiday Open House at KGH site and Christmas tea at HDH site). The sock/mitt/hat drive will be undertaken by staff to collect warm items for the needy in November, with distribution to the UCC/ED, Detox, Social Work group, and St. Mary's Parish hall in December. An internal KHSC-only coat drive will also be undertaken, with all collected coats distributed through the St. Mary's Parish Hall again this year.

Sharing the **September CEO Message** to all staff, physicians and volunteers at KHSC -

Keep on fighting the good fight.

September has rolled around again, typically a time of new starts fueled by a re-energizing summer break. I hope that positive outlook holds true for everyone but recognize that it may sound too rosy as we stare down a fourth wave of a virus that just keeps turning our home and work lives upside down.

For now, COVID-19 is not taking a vacation, and that has left you tired, stressed and, in many cases, without any rejuvenating break this summer.

We also know that things are difficult right now with staff shortage in so many areas. This same pressure is being experienced at every hospital in Ontario—there just are not enough health care professionals to meet our collective needs at the moment. Our People Services team is pulling out all the stops to support recruitment, and we are working with government and the Ontario Hospital Association to address what is a system-wide pressure.

But here's the thing: you are the pride of this community.

Your knuckle-down approach to the pandemic has been universally praised by patients, families and all those who are grateful you will be here when they need you. That praise has been echoed by our regional health care partners and government.

Our patients and families describe you as amazing, incredible, helpful and kind. "Even in hard times, your staff was so professional and positive...everyone was calm and kind," read a recent social media post, while another emphasized that the community "couldn't have asked for a better health care team over the last 18 months" and urged KHSC to "keep on fighting the good fight."

Another gentleman wrote asking us to make sure we thanked "each one of your staff for what they do every day. They work long hours, away from loved ones. I can only imagine how hard each nurse, doctor, cleaner, admin, pastoral care, lab technician and other staff is working to ensure everyone is safe."

You deserve each and every accolade. In the clinics, Emergency Department, ICU, elevators or screening stations I see staff greeting each other warmly and caring for patients and families expertly. Our frontline teams have seen the worst of COVID-19 and know how dangerous the virus can be. Still, those teams, along with everyone else across KHSC, just keep digging deep to protect our patients and all those who care for them.

The pandemic has pulled all of us at KHSC together with a shared calling to serve and protect the health of our patients, community and region, our families and each other. It has tested our commitment and resilience but we are meeting that challenge every day and we will continue working hard to put this behind us and be better prepared for the future.

Keep on fighting the good fight.

21. Q1 Media Report

The Q1 media report is appended to my report.

Respectfully submitted,



David R. Pichora
President and CEO

fiscal
2021-2022 **Q1**
First quarter ended June 30, 2021

KHSC **this** quarter



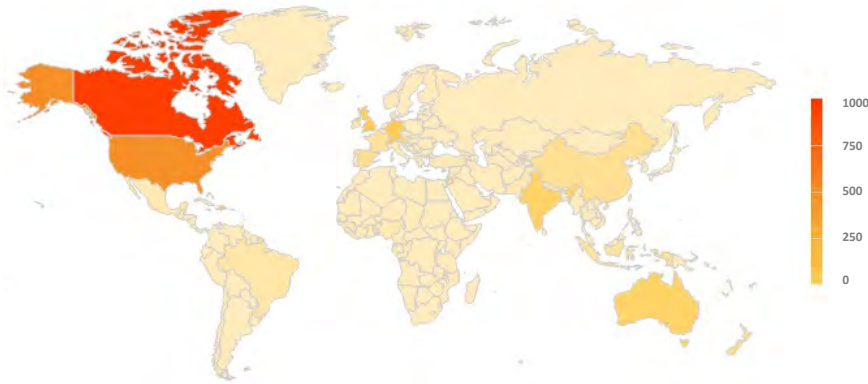
Media Report

MEDIA OVERVIEW

The data compiled for this report was collected between **April 1 and June 30, 2021**. During Q1, **KHSC was mentioned in 1,545 stories** that were tracked across local, provincial, national and international media. As a result of increased media activity related to the COVID-19 pandemic, this is well above our pre-pandemic average of 225 media stories per-quarter, and 86% more coverage than the previous quarter.

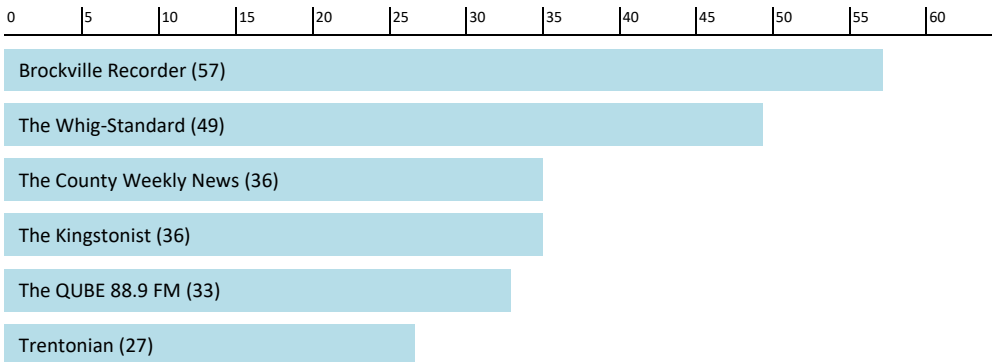
Breadth of news coverage

Sixty-four per cent of our media mentions were from Canadian news outlets in Q1. We also appeared 482 times in stories published by **United States** news outlets, the majority of which were stories about new Cloud DX contracts that mentioned KHSC as an existing customer. Other international appearances include 15 stories in the **Dominican Republic**, 14 in the **United Kingdom** and 10 in **Germany**.



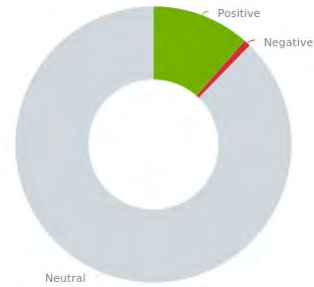
Top news sources

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



Tone of news coverage

Of the approximately 1,545 stories that appeared in the media this quarter, **99.1 per cent were positive or neutral** in tone, and **0.9 per cent was negative**. Most of the negative coverage is from stories about a former child psychiatrist being charged with sexual exploitation and assault for crimes that occurred in Alberta in the early 1990s.



Value of news coverage

According to our media-monitoring platform, Meltwater, KHSC's traditional media efforts in Q1 are estimated to be worth over **\$19.9 million**. Generally, this value is calculated using an algorithm created by our media monitoring software, which considers the total number of individuals who were exposed to our news coverage. Considering that 11.5 per cent of our media coverage this quarter was positive in tone, our traditional media activities generated **\$2.2 million worth of positive profile** for KHSC in Q1.

There are a number of media highlights to share this quarter. They have been broken down into three categories – earned media (below), issues and reactive media (pg. 5), and other mentions in the media (pg. 6).

EARNED MEDIA

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

Health partners to adopt single health information system

The SMC team worked with the regional Health Information System (HIS) Project Team, the HIS vendor Cerner and regional communicators from partner organizations to announce the signing of an agreement to implement a shared HIS and transform the experiences of those providing and receiving health care in the southeast Ontario region. Outlets from the Postmedia Network in the region picked up the news, as did trade publications such as Canadian Healthcare Technology.



KHSC responds to third wave with service reductions

Our local media – the Kingstonist, members of the Postmedia Network in the region (Kingston Whig-Standard, Belleville Intelligencer, etc.) and Global CKWS – picked up the media release issued by the SMC team about the need to postpone non-urgent procedures in response to the demands of the COVID-19 pandemic’s third wave. This was followed by additional stories about the ongoing transfer, to Kingston from overwhelmed ‘hot zones’ in the province, of patients needing acute and intensive care for COVID-19.



Other stories shared with the community in Q1 that gained coverage:

- Steph Crosier with the Whig-Standard worked with the SMC team to write a series of four stories highlighting the work of those in the Intensive Care Unit (ICU) during the third wave of the pandemic. Critical care doctors David Maslove and Gordon Boyd were interviewed, as were an ICU nurse and social worker. Dr. Boyd’s interview titled **Kingston doctor studies after-effects of ICU on COVID-19 patients** was published throughout the Postmedia Network, across the country, almost 80 times.



- **Kingston’s Beechgrove assessment centre to double as COVID-19 vaccination site**
- **More operating room staff a priority to decrease wait times**
- **President and CEO of Kingston Health Sciences Centre discusses the impact COVID-19 is having on local hospitals**
- **ICU transfers to Kingston from the GTA increase as COVID-19 cases surge in Ontario**

ISSUES AND REACTIVE MEDIA

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

COVID-19 Pandemic - Third Wave

The third wave of the pandemic continued into Q1, resulting in more news stories about the transfer of patients from outside of the southeast region and stories related to surgical backlogs.

After the Province announced it would be ordering hospitals to ramp down non-emergency surgeries, the SMC team issued a media release explaining the need to make critical care capacity available to those in life-threatening situations. The release also communicated the continuation of emergency care, diagnostic imaging and non-deferrable care. The KHSC external website continued to be updated daily with the number of patients being cared for from outside southeastern Ontario.

KHSC's social media channels were used to share human-interest stories about patients with COVID-19 who were transferred from the Greater Toronto Area to KHSC for critical care. These channels were also used to share stories about patients receiving emergency care during the third wave and community partnerships that help KHSC create inpatient capacity.

Child psychiatrist charged

Queen's University and Kingston Health Sciences Centre issued a joint statement when asked to comment on a now retired child and adolescent psychiatrist who was charged with (and later pleaded guilty to) sexual assault that took place in the early 1990s in Alberta. In addition to the joint statement, local media reports about the case included interviews with several of the doctor's former Kingston-area patients who shared their negative experiences with the media and on a reddit thread containing 109 comments.

OTHER MEDIA OF NOTE

KHSC was mentioned in the following highlighted stories in Q1. While these were not initiated through specific earned media activities, the SMC team usually provides support to the development of these stories.

Dr. Eisenhauer wins prestigious award for leadership in cancer research

The Gairdner Foundation issued a media release about the 2021 scientists being recognized with awards for their transformative contributions to research. Dr. Elizabeth Eisenhauer received the Canada Gairdner Wightman award for outstanding leadership in medicine and medical science. Queen's University promoted the recognition with an article in the Queen's Gazette that was picked up by the Kingstonist. The SMC team provided the Kingstonist with a quote about the significance of the award.



Record-breaking CFL kicker may be the one screening you at Kingston, Ont. hospital

CTV News produced a story on a KHSC access control screener who also happens to be a CFL kicker for the Ottawa Redblacks. In the article, Lewis Ward explains the role of screeners and shares his new awareness about hospitals and the people who provide care. The SMC team provided b-roll of Lewis working inside KHSC and facilitated an interview with him outdoors.

"He'll give you a straight answer," colleagues say of Ontario's next top doctor, Dr. Moore

The Canadian Press published an article about the appointment of Dr. Kieran Moore to the role of Ontario's chief medical officer of health. The article included several quotes from Dr. Gerald Evans, KHSC's medical director of infection prevention and control, about Dr. Moore's success. It was published over 70 times throughout Ontario. Other outlets such as the Postmedia Network and Global News also reported on the news.

KHSC COMMUNICATION CHANNELS

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

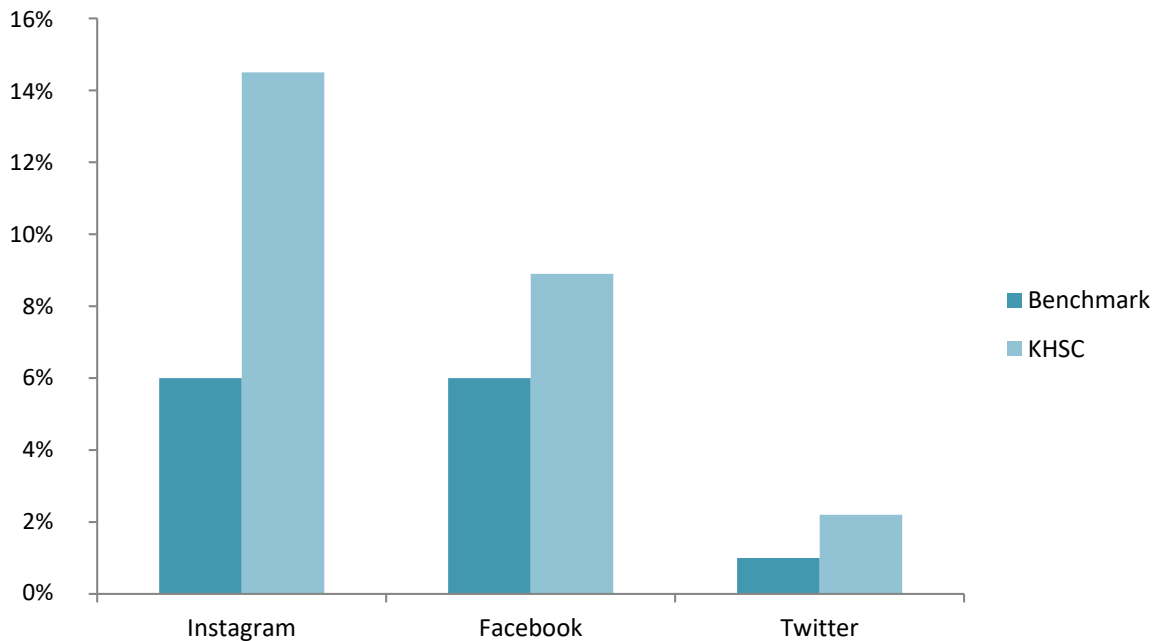
Social Media Performance in Q1

In Q1, Strategy Management and Communications continued to provide visually engaging storytelling experiences for KHSC's social media audiences by being people-focused and creating a human connection between the organization and the communities it serves.

By developing content with which our followers connect, such as photo essays, this strategy has the goal of building relationships and increasing engagement. It is also in line with how audiences today prefer to consume information. In addition to focussing on engagement, impressions and reach are helping KHSC increase its brand awareness.

Industry professionals suggest that less than 1% = low engagement rate. Between 1% and 3.5% = average/good engagement rate. Between 3.5% and 6% = high engagement rate.¹ However, Twitter typically has a lower engagement rate with 1% considered high or very high engagement (this could be because it uses impressions, not reach, to measure engagement).

This quarter, our Facebook posts received on average an 8.9% engagement rate, our Twitter posts had an average engagement rate of 2.2%, and our Instagram posts saw a 14.5% engagement rate. The Instagram engagement rate is likely a result of fewer (11 for Q1) high-engagement posts on this channel compared to other channels with approximately 100 posts.



¹ <https://www.scrunch.com/blog/what-is-a-good-engagement-rate-on-instagram>

FACEBOOK

During Q1, our KHSC account saw steady growth and engagement, and added **338** new followers in for a total of **8,306** followers. Our posts this quarter had a reach of **434,604**. Reach is measured by the number of ‘unique’ people who have seen a post. The post with the highest reach and the most engagements is also the post below with the highest engagement rate.

Top 5 Facebook posts by engagement rate

1.

Reach	Engagements	Engagement Rate
38,171	11,108	29%



‘They saved my life’ - #COVID19 patient Lewellyn Allworth is one of more than 60 critically ill people who have been transferred across Ontario to #ygc for care in KHSC’s ICU. He shares harrowing story & thanks the #healthcare teams that saved him.

2. Post: **The Tasevskis share their experience having a loved one in critical care with COVID-19**

Reach	Engagements	Engagement Rate
12,668	3,617	28.5%

3.

Reach	Engagements	Engagement Rate
4,478	1,245	27.8%



Hats off to the #myKHSC team caring for patients needing #healthcare on #COVID19 inpatient units. Patients say they are grateful for the smiles behind the masks, and for the team’s effort to ‘go an extra mile’ during this feat of resilience and grace.

#ygc #onhealth

4. Post: **Third wave access to care one week into surgical ramp down**

Reach	Engagements	Engagement Rate
29,107	7,843	26.9%

5. Post: **Third wave access to care one month into surgical ramp down**

Reach	Engagements	Engagement Rate
6,184	1,470	23.7%

TWITTER

The posts on the @KingstonHSC Twitter account earned approximately **988,200** impressions this quarter. The post with the most impressions, 63,683, was the media release announcing the postponing of all non-urgent surgeries, procedures and clinic visits. The post with the most engagements is also the post with the highest engagement rate below. Total impressions are measured by the number of times a tweet appears in users' timelines. This account also added approximately **294** new followers in Q1 for a total of **6,893** followers.

Top 5 Twitter posts by engagement rate

1. Post: **COVID-19 patient shares his story and thanks the teams that saved him**

Impressions	Engagements	Engagement Rate
44,405	4,225	9.5%

2. Impressions: 11,219; Engagements: 1,046; Engagement Rate: **9.3%**



'He lives for us [his family], and before he was hospitalized he made my day, every single day.' The Tasevskis share their experience having the strong, independent patriarch of their family, Aleko, in critical care at #myKHSC with #COVID19. #yvk

3. Impressions: 11,592; Engagements: 938; Engagement Rate: **8.1%**



As of today, the #myKHSC vaccination clinic has administered over 25,000 doses of #COVID19 #vaccine, 13,000 of which are second doses! Celebrating #TeamVaccine and all those who have been to the clinic to be #vaccinated. #yvk #onhealth

4. Post: **COVID-19 assessment centre adjusts hours to accommodate vaccination clinic**

Impressions	Engagements	Engagement Rate
4,818	355	7.3%

5. Post: **COVID-19 assessment centre adjusts hours to accommodate vaccination clinic**

Impressions	Engagements	Engagement Rate
2,378	165	6.4%

INSTAGRAM

Our Instagram account continues to mostly feature our People of KHSC profiles that celebrate individuals across KHSC who capture the spirit of caring deeply for patients, families and each other. In Q1, our audience increased steadily for a total of **1,989** followers. Our posts this quarter had a reach of approximately **14,174**. The post with the highest reach and the most engagements is also the post with the highest engagement rate below.

Top 5 Instagram posts by engagement rate

- | Reach | Engagements | Engagement Rate |
|-------|-------------|-----------------|
| 2,282 | 564 | 24.7% |




Photo gallery: Third wave access to care messages, one week into the surgical ramp-down.
- Post: COVID-19 patient shares his story and thanks the teams that saved him**

Reach	Engagements	Engagement Rate
1,227	267	21.7%
- | Reach | Engagements | Engagement Rate |
|-------|-------------|-----------------|
| 1,275 | 272 | 21.3% |




Photo gallery: This #NationalNursingWeek, we express our gratitude for the 1,700 nurses working at our hospital sites.
- Post: ICU team gives neon heart to acute COVID-19 unit (C3)**

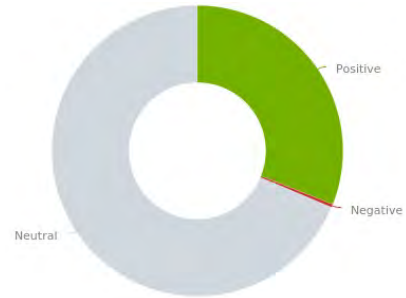
Reach	Engagements	Engagement Rate
1,661	258	15.5%
- Post: People of KHSC: Lisa Thorburn**

Reach	Engagements	Engagement Rate
1,003	127	12.6%

Tone of Social Media Mentions

When monitoring the tone of the conversations that mention KHSC on social media, we received a very small number of negative comments (0.4 per cent). The negative activity that was received mostly related to the charges laid against former child and adolescent psychiatrist.

The majority of our mentions, 99.6 per cent, were either positive or neutral in tone. This is a considerable achievement and is an informal indication of the positive reputation the organization has amongst the communities it serves.



OTHER SOCIAL MEDIA ACCOUNTS

KHSC continues to see regular use of YouTube and LinkedIn channels, with all showing modest growth in Q1. Our following on LinkedIn has grown to approximately **9,500** and we now have over **250** YouTube subscribers. LinkedIn also continues to allow us to connect with a unique audience of talented individuals who may be interested in working at KHSC.

Corporate Website Performance in Q1

During Q1, the KHSC corporate external website had close to **172,000 visitors** who generated just over **552,000 total page views**. Of those, **135,427 viewed the home page**. The next most popular pages were about the **COVID-19 assessment centre** and the **KHSC vaccine screening form** with a total of more than **72,000 page views**. Rounding out the top five pages for page views was the **careers external opportunities** section with just over **20,000 page views**. The news item that received the most number of page views at **3,120 views** was the story about **Mr. Allworth**, a patient transferred from the Greater Toronto Area to KHSC for intensive COVID-19 care.