

## BOARD OF DIRECTORS - OPEN MEETING – CONFERENCE CALL OPTION ONLY

Date: Monday, December 14, 2020  
Meeting: 1600 – 1900 hours  
Zoom Link: <https://zoom.us/j/93304906522>

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	Opening Value Statement: KHSC Mission, Vision & Values	O'Toole	Share	<a href="#">Link</a>
		1.3	Consent Agenda Items a) Approval of Board minutes: October 26, 2020 b) KHSC Whistleblower Administrative & COI Policy c) KHSC Board Policy V-B-5 Board Meetings, Agenda Development & Use of Consent Agenda	O'Toole	Decision	Briefing note & materials
		1.4	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; PRESENTATIONS</b>						
1610	20 min	3.1	Assist Model Refresh – Decision-making in a COVID-19 Environment	O'Toole/Pichora/ Bardon & Committee Chairs	Discuss	Briefing note + Assist Tool
<b>4.0 REPORTING &amp; PRESENTATIONS</b>						
1630	10 min	4.1	KHSC President & CEO + External Environment Update	Pichora	Discuss	Written report
1640	15 min	4.2	COVID-19 – Pandemic Planning Update for KHSC	Pichora/ Jones/Fitzpatrick	Discuss	Presentation @ meeting
1655	5 min	4.3	Medical Advisory Committee/COS Report	Fitzpatrick	Discuss	Written report
1700	5 min	4.4	UHKF President and CEO Update	Zsolnay	Discuss	Written report
1705	10 min	4.5	Quarterly Performance Report: Q2	Bardon	Discuss	Briefing note, SPI + report Presentation @ meeting
<b>5.0 BOARD COMMITTEE REPORTING</b>						
1715	5 min	5.1	Patient Care & Quality Committee • Program & Service Presentation: Pharmacy • COVID-19 Modeling Backlog Management: Surgery	McCullough	Inform	Verbal
1720	5 min	5.2	Governance Committee	Hunter	Inform	Verbal
1725	5 min	5.3	People, Finance & Audit Committee	Thesberg	Inform	Verbal

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<b>6.0 IN-CAMERA SEGMENT</b>						
1730	5 min	6.1	Motion to Move In-Camera	O'Toole	Inform	Verbal
<b>10.0 REPORT ON IN-CAMERA MATTERS</b>						
1850	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: DECEMBER 14, 2020

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held by video-conference on Monday, December 14, 2020 from 1600 to 1945 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), David Pattenden, Axel Thesberg, Glenn Vollebregt and Sandy Wilson.

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

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

Regrets: nil.

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

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

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

David O'Toole called the meeting to order and confirmed that all board members participating by video-conference and phone were able to hear the proceedings. The Secretary confirmed quorum and extended congratulations to Dr. Chris Simpson on his new role as Executive Vice President Medical with Ontario Health. No declarations of conflict were recorded.

#### 1.2 Opening Value Statement: KHSC Mission, Vision and Values

As the last board meeting of the calendar year, the Chair reflected on how well KHSC has responded to the many challenges that faced the organization while caring for the community. The agility of the organization to mitigate and respond to these issues while always working collaboratively with partners and demonstrating compassion and commitment is unprecedented. The Chair was recognized for his leadership along with the David Pichora and the executive team, KHSC staff and physicians, patient advisors and volunteers for their unwavering commitment. The Chair thanked Board members for their support and contributions and shared his optimism for the year ahead as we await the arrival of vaccines for the community and region.

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## 1.3 Consent Agenda Items

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

- Approval of Minutes: October 26, 2020
- KHSC Whistleblower Administrative and Conflict of Interest policy
- KHSC board Policy V-B-5 Board Meetings, Agenda Development & Use of Consent Agenda

The Chair recognized a request to remove the draft October minutes from the consent agenda to allow for further amendments and there was consensus to bring the draft minutes forward to the next regular meeting of the Board.

Moved by Glenn Vollebregt, seconded by Axel Thesberg:

THAT the consent agenda be approved as amended.

CARRIED

## 1.4 Approval of Agenda

On Monday, December 7, 2020 the open agenda and supporting materials were circulated to board members and the Q2 media report was provided to members on Friday, December 11.

Moved by Sherri McCullough, seconded by Alan Cosford:

THAT the agenda be approved as circulated.

CARRIED

## 2.0 PATIENT & FAMILY CENTRED CARE

### 2.1 Connected Care – Ontario Health Team Update

On November 18, 2020, the provincial government announced the Frontenac Lennox and Addington (FLA) Ontario Health Team (FLA-OHT). A wide range of close to 60 partners has committed to build a health system that works together to help build a health system that works together to help people in the FLA region achieve their optimal health and wellbeing. Family health practices, home and community care agencies, mental health and addiction services, long-term care, patients, caregivers, hospitals, public health, community support services and municipalities have signaled their support. David Pichora confirmed that the City of Kingston has signed on however, Lennox and Addington and Frontenac and the Islands have not. The next step in the process will require the partners to sign the Collaborative Decision-Making Framework Agreement (CDMA) and work is now underway to finalize the Agreement and a copy will be circulated to the KHSC Board. The framework sets out how team members will work together, it will describe the parameters to establish a transitional leadership collaborative or council, and it will set out the rights and obligations of the team members. In response to a question relating to available funding to support this important work, David Pichora confirmed that the team has not received confirmation from the Ministry at this point.

## 3.0 KEY DECISIONS

### 3.1 ASSIST Model Refresh – Decision-making in a COVID-19 Environment

Elizabeth Bardon, Vice President Mission & Strategy Integration and Support Services, introduced the item confirming that the ASSIST Model refresh had been presented and discussed at the November KHSC Board committee meetings. The ASSIST tool at KHSC incorporates the legacy corporations approach to support ethical decision-making and is respectful of each sites traditions. The ASSIST guide is designed to support ethical discernment in the areas of governance, clinical, organization and research ethics. The ASSIST tool is designed to help people navigate toward resolution of an ethical dilemma and identify a clear course of action. Each of the KHSC sites has an ethicist available to support staff. KHSC Board and committee work plans call for a scenario-based educational exercise applying the ASSIST framework and the executive team has selected the topic of pandemic stockpile.

The case study presented at the November Board committee meetings looked at the implications of KHSC having available Personal Protective Equipment (PPE) and requests received from other regional partners in the South East requesting PPE supply from KHSC's pandemic supply. With KHSC serving as the regional tertiary care centre, ensuring hospitals and partners in the region have the necessary support to care for their patients safely is important, in their communities, is equally important to KHSC. During the exercise, each of the Board committees was asked to apply the ASSIST tool with a focus on their respective governance mandates: for Patient Care and Quality – access to care, risk management, safety; People, Finance & Audit – staff safety, legal obligations, stewardship; Governance – partnerships, reputational risk, stakeholder engagement; and finally the alignment decisions would have in keeping with KHSC's integrated annual corporate plan.

The Chair invited each Committee Chair to provide a brief summary of their committee deliberations. Axel Thesberg, Chair of the People, Finance and Audit Committee, noted that the committee focused much of its discussion on KHSC's health and safety obligations and the need for ensuring ongoing supply. This lead into a broader discussion about KHSC's fiduciary responsibilities first to KHSC and then to support the region beyond. The other area of focus from the committee deliberations was financial stewardship taking into consideration KHSC's past investment in pandemic supply and the government's directive that hospitals must use this supply first before accessing provincial inventory.

Sherri McCullough, Chair of the Patient Care and Quality Committee, reported that the committee's main focus of the discussion was on KHSC's obligations to provide safe care to its patients as well as considering how supply might be triaged in the community, region, and beyond. Committee members also reflected on how KHSC's values help to guide the decision-making process.

Brenda Hunter, Chair of the Governance Committee, provided highlights from the November committee discussion which focused mainly on reputational risks to KHSC as well as society obligations. As community members and leaders, the take-away from this exercise is to now look at how this tool can be embedded in all decisions and discussions by the Board as opposed to simply using the framework as part of an annual

exercise. All three Committee Chairs confirmed that, by using the ASSIST framework, it would help to support the decision-making process at meetings.

The Chair asked Board members to reflect on the types of questions posed at meetings but, more importantly, the need to bring this type of framework into the briefing note/committee recommendations and how to filter-out low risk decision-making. What can the Board do differently as it prepares for the next Board cycle? Management made a commitment, working with the Governance Committee, to update the briefing note template as well as including pre-populated/standard questions and suggested examples included: 1) what are the implications for partners? 2) what are the implications for access and patient flow? 3) what is the governance role in considering a particular matter? Discussion focused on the need to start building this into practice.

#### 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 materials. Discussion focused on the new surgical unit opened at the HDH site on Johnson 3 for short-stay surgeries. Dr. David Pichora explained that the goal of the unit is for surgical patients to have their entire episode of care at the HDH site for certain procedures. This should alleviate some pressure on operating room throughput and assist in dealing with back-log cases. The surgical team will continue to review caseloads and build up activity at the HDH site and every effort made to minimize patient transfers between the KGH and HDH sites. The CEO noted that one of the ongoing challenges for expanding surgical capacity is KHSC's ability to recruit operating room nurses and staff not only for HDH but also KGH.

A brief update was provided on the lab and pharmacy accreditations that are presently underway and comments from the surveyors have been very positive. Troy Jones, Chief Operating Officer, added that there are over 500 standards for the labs area with only minor recommendations being identified.

Dr. Stephen Vanner has been appointed interim Vice Dean of the Faculty of Health Sciences and interim Medical Director for the Southeastern Ontario Academic Medical Organization replacing Dr. Chris Simpson who has accepted a position with Ontario Health. Renato Discenza, CEO of Ontario Health East will be stepping down from his position on December 31, 2020 to assume the CEO position with HealthPRO. The management team awaits confirmation of Mr. Discenza's replacement.

The CEO noted that Ontario's Long-term Care COVID-19 Commission has released its second series of recommendations. The focus of this second report looks at effective leadership and accountability in the long-term care sector; the need for implementation of performance metrics to assess each home's readiness to prevent and manage outbreaks; and the need for inspections.

The Office of the Auditor General of Ontario has recently released its annual report. Value of money audits were carried out in thirteen areas. Of particular interest to the executive team at KHSC will be sections that

focus on blood management and safety; Indigenous Affairs; virtual care and use of communication technologies for patient care; and to understand the implications for vulnerable residents who may not receive the care and protection that is needed under the Retirement Homes Regulatory Authority. Appended to the CEO report was the OHA's recommendation to initiate an independent formal review of Ontario's public health framework.

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

In advance of the presentation, David Pichora reported that wave 2 pandemic cases continue to rise with more local outbreaks. Troy Jones, Chief Operating Officer, provided the Board with an update on current COVID-19 activity across the public health units served by KHSC. At the time of preparing the presentation, KHSC had two inpatients and fourteen patients in isolation due to exposure. Screening volumes remain high at both the Beechgrove and Queen's Assessment Centres. A test pilot screening centre has been established to serve the North Kingston community averaging 35 patients per day. In terms of lab testing capacity, KHSC is averaging 1,000 tests per day and testing remains focused on admitted patients and healthcare workers for KHSC and its lab partners. It was noted that the KHSC labs also provide support to the Public Health lab for overflow requirements.

At KHSC, the KGH site COVID inpatient unit is operational and alternate level of care is decreasing through optimizing Transitional Care Programs. The team continues to closely monitor emergency room volumes where there has been a slight decrease. KHSC continues to do well with personal protective equipment supply and it has been decided that KHSC will not have to reprocess N95s. It was noted that a more immediate concern is a shortage of Chlorhexidine gluconate which is widely used for skin preparation for procedures. 3SO has been very helpful in securing limited supply. Board members were briefed on the patient safety and feedback to-date with no areas of concern being identified.

The Board was briefed on the impact COVID-19 has had on staff at KHSC. The management team continues to monitor and ensure the necessary supports are in place for staff who have been exposed to the virus. The infection control and communication team continue to deliver key messages to staff surrounding the festive season and need for holiday protocol adherence.

Construction is well underway at the Union Street site (former St. Mary's of the Lake Hospital) to provide additional capacity to care for patients within the system. KHSC will be using a portion of the main floor (70 beds) and Providence Care will provide a transitional care centre. The current owner of the property, Queen's University, has been a very supportive.

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.

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The other directive from Ontario Health has been the implementation of Infection Prevention and Control (IPAC) Hub and Spoke Framework. KHSC has been identified as the Hub Hospital for the South East and will provide leadership to the Hub and Spoke model working closely with Public Health units and Spoke Hospitals. The framework is designed to strengthen local IPAC readiness and response in long-term care homes, retirement homes and other congregate settings.

In response to a question regarding ICU capacity, Board members were assured that KHSC has capacity and can easily expand operations to provide ventilated beds. It was noted that KHSC works closely with Critical Care Services Ontario (CCSO) and receives daily monitoring capacity reports across the province and Clinical COVID-19 operations is also monitoring patient flow. It was noted that the team is also monitoring influenza season. Discussion focused on staff impact if KHSC mobilizes MESTs and what the approach is to populating each of the teams. Sandra Carlton, Chief Human Resources Officer and Joint Vice President, confirmed that the MESTs are staffed depending on the requirements/expertise that is needed to be deployed. The CEO noted Incident Command will continue to monitor staffing resources/requests carefully. Modelling data is demonstrating that the next significant wave will be mid-February.

The final part of the presentation focused on the vaccination distribution system which is being led by General (ret'd) Rick Hillier. The Ontario government is collaborating with experts in a variety of sectors to finalize a plan for the safe and efficient distribution of vaccine. First doses are expected to be ready at the end of December 2020.

#### 4.3 Medical Advisory Committee/COS Report

The written report of the Chief of Staff and Chair of the Medical Advisory Committee was provided to members in advance of the meeting. Dr. Mike Fitzpatrick confirmed that the MAC met on November 10, 2020, and the focus of the meeting included an update on the Davies 4 ICU clinical model. Dr. Elizabeth Eisenhauer provided an update on the innovation portfolio work including an overview of the three workshops that were held in 2020 focused on digital health; interventional medicine and minimally invasive procedures; and the elimination of wait times for specialty access. The MAC also received a briefing on KHSC's transitional care models.

At the most recent December 8, 2020 MAC meeting, discussion focused on the plan to staff the Johnson 4 surgical inpatient unit. As well, the MAC was briefed on the distribution of Southeastern Ontario Academic Medical Organization funding plan. The MAC also discussed ICU readiness and planning in the current COVID-19 environment. There was an excellent update from the Chief Information Officer on the regional Hospital Information System project.

Discussion focused on transcription turnaround times as outlined in the November 2020 COS/MAC report. Dr. Fitzpatrick confirmed that the team has done a tremendous job to improve turnaround times for reports. A number of strategies have been implemented and are yielding positive results. While it is recognized that the current slowdown is attributed to COVID-19 and changes in the staffing model, the next significant deliverable will be full back-end speech recognition by February 2021. The new HIS will also result in improved turnaround times allowing front-end speech recognition.



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#### 4.4 UHKF President and CEO Update

The written report of UHKF President and CEO, Tom Zsolnay, was distributed with the agenda materials. The report included a breakdown of pledge commitments in terms of major gifts, planning giving, annual giving, special/third party events, and tributes and memorials. The report highlighted the arrival of new members to the UHKF fundraising team and profiled the work of the Campaign Team. Members of the Leadership Giving Team continue to meet with donors, volunteers and allied professionals. Tom Zsolnay noted that there has been an increased response to direct marketing appeals. UHKF staff continue to monitor results to ensure the Foundation stays on track in meeting its financial goals. The Chair thanked UHKF CEO for the detail provided in the report and recognized the commitment and performance of the UHKF team.

#### 4.5 Quarterly Performance Report: Q2

In advance of the meeting, Board members received KHSC's Q2 Strategy Performance Indicators Report (SPR) and Service Accountability Agreement Performance Report. Elizabeth Bardon, Vice President Mission & Strategy Integration and Support Services presented the Q2 slide deck and highlighted the Board's accountabilities under the Accreditation Standards, Bylaws and board policy. At the end of Fiscal 2020, the executive team was focused on KHSC's pandemic response so work on the integration annual corporate plan was postponed. In Q1, work resumed and the Board provided guidance to set realistic targets in the context of KHSC's COVID-19 response. The IACP was finalized and approved by the Board in August 2020 and tactics plans were developed and teams were formed.

Overall progress at Q2 confirms 12 of 15 (80%) of KHSC's strategy targets are on track and 2 of 2 (100%) of the Quality Improvement Plan targets are currently red. 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 creation of MESTs, planning and delivery support for the vaccination distribution requirements, and South East regional back-off and integration work that is ongoing. Some of the work associated with the integrated annual corporate plan was not initiated until Q2 but the management team and leaders are optimistic that results will improve by Q4.

Axel Thesberg, Chair of the People, Finance and Audit Committee, indicated that one of the areas of concern for the committee is the COVID-19 cost recovery and budget for the next fiscal year. The Committee remains concerned in terms of what the process will look like going forward.

Sherri McCullough, Chair of the Patient Care and Quality Committee, reported that the committee was pleased with the progress that has been made on virtual health service initiatives to improve access. An area of the concern for the committee is the rate of hospital-acquired pressure ulcers. Discussion focused on virtual care delivery and how KHSC will track the overall quality of patient and provider experience. Brenda Carter, Chief of Quality and Clinical Transformation, confirmed that the team will be discussing this further as part of the integrated annual corporate plan discussions and how virtual care fits in the overall quality framework. Dr. Elizabeth Eisenhauer and Dr. Genevieve Digby, Chair of the Patient Safety & Quality Committee, will be

developing a measurement framework. Board discussion focused on some of the opportunities that virtual care presents in terms of space requirements, potential impacts the alternative funding plan, the ease of interface between family physicians and specialists, fewer in-person visits in the ambulatory care setting, implications for privacy/confidential space requirements. Mike McDonald, Executive Vice President Patient Care and Community Partnerships confirmed that mental health activity statistics continue in an upwards trend and that KHSC continues to work closely with mental health agencies in the community by providing mobile services, working with partners in the shelter system, as well as looking at ways to improve interactions and support in the emergency and urgent care centre and also the introduction of addiction specialists to hospital care teams.

Brenda Hunter, Chair of the Governance Committee, confirmed that the committee discussed the Q2 results at its November meeting and no areas of concern were identified.

## 5.0 BOARD COMMITTEE REPORTING

### 5.1 Patient Care & Quality Committee

- Program & Service Presentation: Pharmacy
- COVID-19 Modeling Backlog Management: Surgery

Sherri McCullough, Chair of the Patient Care & Quality Committee, provided a brief update on November committee meeting activities. The quarterly Patient Safety and Quality Report as well as the Patient Feedback Report was discussed in detail at the meeting. The annual report of the Patient and Family Advisory Council was also reviewed. Highlights were provided from the Department of Pharmacy report and the committee discussed how KHSC is addressing surgical backlogs.

### 5.2 Governance Committee

Brenda Hunter, Chair of the Governance Committee, drew attention to the Consent Agenda items and the committee's recommended changes to KHSC Board policy #V-B-5 on the electronic voting process. The remaining items discussed by the Committee will be addressed during the in-camera session of the Board.

### 5.3 People, Finance & Audit Committee

Axel Thesberg, Chair of the People, Finance & Audit Committee, provided a brief update on the committee's November deliberations. The Committee continues to focus on workplace violence initiatives and the goal for this year is to achieve a reduction of incident numbers. The annual insurance update and claims review was also completed at the November meeting. Members remain focused on confirming government funding and committee discussions continue to focus on the need for budget preparation and COVID-19 impacts on that process.

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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.

Moved by Emily Leslie, seconded by Sherri McCullough:

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 October 26 board meeting;
- The board received the draft board committee minutes from the November 30 meetings and the final board committee minutes from the September 28 meetings;
- The board received the final package for the month ending October 2020;
- 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 on the regional hospital information system project;
- The board received an update from the President and CEO;
- The board received additional information regarding pandemic planning;
- The board was presented with the recent board survey results;
- The board approved an appointment of a KHSC board member to the AMHS-KFKA board;
- The board was briefed on the process for the selection of officers for 2021-22;
- The board was briefed on a research matter;
- The board was briefed on a personnel matter.

### 10.2 Date of Next Meeting & Termination

The date of the next KHSC Board meeting is Monday, January 25, 2021 starting at 1600 hours. The meeting terminated at 1940 hours on motion of Anne Desgagnes.

### 11.0 OPEN FORUM – no session was held.

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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>	Medical Advisory Committee Meeting – December 8, 2020 Board of Directors' Meeting – December 14, 2020	For Discussion X For Information
<b>Submitted by:</b>	Dr. David R. Pichora, President and CEO	
<b>Date submitted:</b>	December 7, 2020	

## Background

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

## Current State

### 1. New Surgical Unit Opened at KHSC

As reported previously, KHSC has successfully opened a short-stay unit on Johnson 3 at the HDH site. The first phase involves 19 beds to accommodate patients who have had joint replacements and other short-stay surgeries. The second phase will involve opening up 12 more beds in the new year. A number of programs were affected by this and I want to acknowledge and thank the breast assessment unit, ophthalmology, and the diabetes education centre who is sharing space with the bariatric program. The extended post-anesthesia care unit (EPACU) at HDH has been expanded from 12 beds operating Monday to Friday to 16 beds operating Monday to Saturday. A total of up to 23 beds in EPACU/Phase 2 will be used to better manage the flow of patients and accommodate patients who have had operations other than the current joint replacement and bariatric surgeries. It is anticipated that these new beds will allow KHSC to continue to perform scheduled surgeries that may not otherwise happen if there was limited bed availability. They may also help to decrease KHSC's need to once again ramp-down surgical activity should the second wave of the pandemic cause an influx of COVID patients needing hospital care or cause the need to quarantine units and thereby limiting admissions.

### 2. KHSC Patient & Family Advisory Council

For the benefit of new board members, KHSC's Patient and Family Advisory Council is comprised of a minimum of 12 former patients or family members of patients who have received care at our HDH and KGH sites, plus four staff members. The Council includes individuals who have had an experience in medicine, emergency, urgent care, surgery, cardiology, oncology, obstetrics/gynecology, critical care, pediatric and outpatient clinics. The Council is co-chaired by a Patient Experience Advisor and a staff member.

Our Patient & Family Advisory Council continue to be engaged in decision making around family presence at KHSC during COVID. They regularly receive updates about current state, challenges, concerns and provide input into how best to support our patients/families during these restrictions. This is now a standing agenda item at the monthly PFAC meetings.

At the November Patient Care & Quality Committee, the annual report of Council was presented and we have provided a copy of this report as part of the Board's consent agenda.

### **3. Dr. Kirk Leifso Recognized by Pediatric Chairs of Canada**

Dr. Kirk Leifso has been named the recipient of the inaugural COVID Leadership Award by the Pediatric Chairs of Canada. Since the beginning of the pandemic, Dr. Leifso has supported the development of policies to ensure that pediatric patients and staff at KHSC are as safe as possible. During the summer months, his focus was on preparing for the return to school by hosting virtual town halls to answer questions of patients and their families regarding the safe reopening of schools. As director of the residency training program, he has also faced the challenge of providing meaningful learning experience for student physicians who have shifted to the virtual learning platform.

Dr. Leifso will receive his award virtually at the PCC annual awards ceremony on Friday, December 11, 2020.

### **4. City of Kingston Council Meeting – Update by Dr. Kieran Moore**

At the December 2 Council meeting, the KLFA Medical Officer of Health, Dr. Kieran Moore, addressed City Council providing an update on COVID-19 as well as the plan for the distribution of the Moderna and Pfizer vaccines early next year. A link to the article is available on the Kingstonist website: [click here](#).

### **5. Ontario Health East**

Matt Anderson, President and CEO of Ontario Health, announced the departure of Renato Discenza, CEO of Ontario Health (East) effective December 31. Late last week the HealthPRO Board announced Renato's appointment as the new President and CEO effective January 1, 2021. While I will miss working closely with Renato going forward, I am pleased that he will remain associated with the health system. With over 1,300 member healthcare facilities, including the Kingston Health Sciences Centre, HealthPRO provides procurement services. We await further information regarding Renato's replacement at Ontario Health (East).

### **6. Federal Economic Update**

For Canada, the Deputy Minister and Finance Minister Chrystia Freeland tabled a financial update confirming that Canada's budget deficit is now forecast to hit \$381.6B on COVID-19 emergency aid with the government considering a \$100B stimulus to be rolled out once the virus is under control. The forecast deficit is 11.2% higher than projected in July, mostly due to \$25.1B in new COVID-19 and recovery spending. The total federal debt is now pegged at \$1.12T this year.

The Prime Minister has confirmed that he would be open to negotiations on additional health care funding for the provinces. Provincial leaders feel that the recent economic update did not contain a pledge to increase the rate at which annual health care transfers from Ottawa will rise. The federal government will be meeting with provincial and territorial premiers on December 10 – stay tuned.

## 7. Province Tables 2020 Ontario Budget

Ontario's 2020 Budget sets out a total of \$45B in support over the next three years to make available the necessary resources to continue protecting people, deliver critical programs and tax measures to support Ontarians impacted by the pandemic. The Budget also includes a longer-term economic recovery plan and confirmed the provincial deficit at \$38.5B this year. The Budget includes \$572M for hospitals to support additional costs of COVID-19 to supplement the \$341M announced on March 25 including testing, assessment centres, lab and medical equipment and PPE. This brings the total funding to hospitals to \$2.5B. Also noted in the OHA's recent update to members, there is \$1.2B remaining in dedicated health contingencies this year to maintain the flexibility that will be essential to respond to emerging health needs. An additional \$4B in 2021-22 and \$2B in 2022-23 is being provided in flexible funding to help the health sector address its changing needs.

## 8. Financial Accountability Office of Ontario

The Financial Accountability Office of Ontario was established by the *Financial Accountability Officer Act, 2013*, to provide independent analysis on the state of the province's finances and trends in the provincial economy.

On November 26, the office released a report that provides an overview of the infrastructure assets owned by the province and assesses the state of repair of those assets and estimates of cost to bring into a state of good repair. The FAO found that 34.7% of provincial assets are currently not in a state of good repair with the hospital sector assets contributing greatly to this percentage. The FAO estimates that the cost to bring the province's assets into a state of good repair (in other words, to eliminate the infrastructure backlog) was \$16.8 billion in 2020-21. Hospital sector assets represent the largest share of the infrastructure backlog at \$4.8 billion, followed by transit (\$4.0 billion) and schools (\$3.7 billion).

## 9. Auditor General of Ontario Special Report on COVID-19 <https://www.auditor.on.ca/>

Auditor General Bonnie Lysyk released a special report on the province's response to COVID-19 last month finding systemic issues and delays. The audit included three chapters focused on: emergency management and pandemic response; outbreak planning and decision-making; and laboratory testing, case management and contact tracing.

The report stated that there were a number of contributing factors leading to a slower pandemic response, including outdated provincial emergency plans, insufficient staff and significant changeover in leadership at Ontario's Provincial Emergency Management Office as well as systemic issues such as the lack of lab surge capacity and outdated IT systems.

The Auditor General said much of this was avoidable as Ontario failed to act on key lessons identified after the 2003 SARS outbreak that had not been implemented.

The Auditor General is now working on a second special report on Ontario's response to COVID-19. It will look at management of health-related COVID-19 expenditures; personal protective equipment; and long-term care issues.

On pages 73-75 of the report, the KFLA-Public Health unit was "one of the public health units that outperformed most other public health units..." The report notes:

- *Despite the majority of its population living in urban regions, Kingston Public Health Unit had one of the lowest rates of COVID-19 cases in the province, at about 53 cases per 100,000 residents (or 112 total cases) as at August 31, 2020. It had no deaths due to COVID-19.*
- *The Kingston Public Health Unit has 11 long-term-care homes and 19 retirement homes in its region. As of August 31, 2020, only one staff member at a long-term-care home tested positive for COVID-19 (on April 1, 2020), and no residents contracted COVID-19.*
- *The low rate of COVID-19 cases in the region can be at least partially attributed to Kingston Public Health Unit's early preparation. The unit began preparing the community before COVID-19 became a crisis in the province, and focused on infection and prevention control practices in long-term-care homes. For example, the Kingston Public Health Unit did the following:*
  - *hosted its annual influenza preparedness workshop in August 2019 to bring together health-care partners from across the region to have an interactive discussion on how to prepare for a severe influenza season in the region;*
  - *in early March 2020, began conducting compliance health audits at each long-term-care home to ensure that proper infection prevention and control procedures were in place and that staff were adequately trained to identify and manage a resident with suspected COVID-19; and*
  - *prepared a manual for long-term-care homes to guide them in implementing necessary precautions during a viral outbreak. The manual contained information and resources to guide the homes in their response efforts, such as:*
    - *the criteria for when a home should declare an outbreak;*
    - *a Respiratory Outbreak Control Measures Checklist that includes steps to take during an outbreak such as who to notify, which droplet and contact precautions to implement, environmental controls to implement such as cleaning measures, and restrictions and measures to put in place for the residents, staff and visitors; and*
  - *instructions on how to administer the collection of a specimen for COVID-19 testing, and how to store and deliver the specimen for COVID-19 laboratory testing.*

*Additionally, page 42 of the report highlights the percentage of lab tests completed within one day or two days of specimen collection, by Public Health unit, January to August 2020: "The second target was met for only four public health units: more than 80% of positive results were sent to each of Hastings & Prince Edward Counties; KFL&A Public Health; Leeds and Grenville and Lanark District; and Ottawa within 2 days of specimen collection."*

The Ontario Hospital Association reached out to Premier Doug Ford following release of the report on behalf of member hospitals (see attached). In the correspondence, CEO Anthony Dale requests the government to *"initiate a full and independent review of Ontario's public health system and its legal framework once the immediate crisis has passed, with an eye towards strengthening its efficacy into the future..."* The letter further suggests the need work together and to ensure the support of the Legislature for the appointment of the next Chief Medical Officer of Health.

A further update will be provided at the Board on December 14 as the Auditor General is set to release her annual report on December 7, 2020.



## 10. Ontario Hospital Association Update

### OHA Academic Hospital CEOs

The Academic Hospital CEOs Committee met on December 4, 2020 and Paul-Emile Cloutier, President and CEO of HealthCareCAN joined us for an update on federal advocacy initiatives that are underway. Other discuss points included an update pandemic response, new OHA committees (see below), financial positions for hospitals, as well as some of the challenges that the hospital sector is facing in placements for final year nursing students.

OHA Education Committee: At the December 4, 2020 Academic Hospital CEO's meeting, we discussed the outcomes of the small education working group that was struck this past summer to better understand the impacts of COVID-19 on the education mandate of hospitals. The working group discussed issues relating to reduced educational placement opportunities, the impacts of physical distancing on hospital education, virtual learning, etc. This working group was transitioned to a broader committee structure in September. The OHA Education Committee has members across academic and large community hospitals that aims to incorporate the perspectives of academic hospitals and distributed learning sites and to incorporate education issues of all hospital learners. This committee has developed a work plan for 2021/22 that will focus on: health human resources; funding for education; learner environment, experience and wellness; and strengthening the education mandate through collaboration. I am pleased to confirm that Chris Gillies will be serving on this committee as co-chair.

OHA Research & Innovation Committee: A working group of hospital CEOs and VPs of Research has now been struck to guide and shape the development of a bold new mandate for the Research & Innovation Committee. This working group will meet throughout the year starting in January 2021 and will consider vulnerabilities and opportunities identified since the start of the COVID pandemic, research funding and its fragility, relationships with governments and system stakeholders, national and international comparators, and advocacy needs. I am pleased to report that Dr. Steven Smith, President and CEO of the KGHRI and VP Health Sciences Research, has agreed to serve on this committee.

Further updates will be provided to the Board and MAC as the committee's commence their work.

## 11. Mission Moments

- On Monday, October 30 the launch of the annual **KGH Auxiliary's Teddy Bear Campaign** took place to raise funds for the pediatric program. Once again the Royal Canadian Legion Branches have partnered with the Auxiliary to support the purchase cost for the teddy bears. To-date over \$400K has been raised for the purchase of equipment and projects. To learn more and to purchase a bear: [click here](#)
- **KFL&A United Way** – KHSC Workplace Campaign - thanks to our workplace campaign volunteers and donors who have, once again, demonstrated our "Local Love" having raised nearly \$66K this year. Over 250 donors surpassed last year's goal to support this important fundraiser. During the first four months of the COVID-19 pandemic, 42,000 individuals received support through the 87 programs offered by the United Way. This year's overall campaign raised \$3.547M. My thanks to all who contributed to this year's campaign.

- **2020 HDH Mission Awards** were held on November 6 to celebrate individuals and teams who exemplify the HDH Mission and Values in the way they care for patients, families and each other. This year's **Jeanne Mance Award** recipient is **Stephen Ash**, Addictions Care Worker in the Detoxification Centre. Steve was recognized as a morale booster, his empathy and selflessness. I am also pleased to announce the recipient for the **Jerome Le Royer Award** – the **Environmental Services Team** who consistently provide a very high level of service and, when asked by their manager to complete a task, team members arrive with a smile on their face, are committed collaborators, undaunted in spirit and always keen to get the job done.
- On Monday, October 30 the launch of the annual **KGH Auxiliary's Teddy Bear Campaign** took place to raise funds for the pediatric program. Once again the Royal Canadian Legion Branches have partnered with the Auxiliary to support the purchase cost for the teddy bears. To-date over \$400K has been raised for the purchase of equipment and projects. To learn more and to purchase a bear: [click here](#)
- Employees, physicians, learners and volunteers were invited to this year's **virtual HDH site Christmas Tree Lighting and Laying of Baby Jesus ceremonies** on Wednesday, December 2. By live streaming the event we will honour our HDH site tradition while keeping our KHSC community safe through physical distancing. Everyone is welcome to watch as we bring welcome light to the Christmas season.
- Special thanks to our compassionate and generous staff across KHSC who collected and donated warm, gently used coats for the annual coat drive and new hats, socks and mitts for our **annual sock drive**. Coats will be provided to St. Mary's for distribution. Socks, hats and mitts will be divided amongst Detox Centre, UCC, ED and St. Mary's for distribution to those in need of warmth this winter. We are also grateful for the support of our local United Way who organized community agencies and the City to have coat collection and distribution areas across Kingston in a year when our hospital was on restricted access and we couldn't do our usual "public" coat drive.
- A letter of appreciation was sent recently to **Brittany Marshall**, HDH site staff member who enthusiastically led the charge on the HDH 175<sup>th</sup> anniversary celebrations. Brittany has been invited to participate in the next Catholic Leadership Program to nurture her passion for the HDH site mission.

## 12. Holiday Events Update for KHSC

In my December report each year, I usually describe all the activities that are underway in celebration of the holiday season but, for 2020, this section will be very different. Holiday teas and open houses at both sites have been cancelled this year and staff are being asked to find ways to celebrate more safely. Sharing food items cannot be done safely in the context of COVID-19. We have asked staff not to order or make meals to share with co-workers this year. Staff have been reminded of the importance of following public health guidelines and to be vigilant at break times – to wear their mask, to ensure physical distancing at all times. Limiting travel outside of the immediate Kingston area now and over the holiday period is equally important.

While never easy to deliver messages like this, particularly over the holiday period, it is absolutely necessary. The headline in the London Free Press last week “*Officials probe if staff potluck fueled University Hospital’s deadly COVID surge.*” The article describes that the death toll from an escalating COVID-19 outbreak at the London Health Sciences Centre and, while the staff gathering has not been verified, LHSC’s chief medical officer noted that transmission between staff in hospital break rooms, where they should be wearing masks, is believed to be a factor in the massive outbreak that has now infected over 100 patients and staff. London has now cancelled most surgeries, halted most outpatient appointments, and banned visitors with few exceptions.

We know that for many of us, being asked to avoid travel, cancel regular holiday celebrations with co-workers, and stick with only our own households as we enter the holiday period may feel upsetting and compound other stresses that we are already experiencing. There are regular and ongoing messages to all at KHSC to access the wellness resources that are available for staff and physicians.

### 13. Q2 Media Report

The Q2 media report will be provided in advance of the meeting (under separate cover).

In closing my report this month, I want to take a moment to reflect on the significant contributions of Sister Rosemarie Kugel who died peacefully at the Providence Motherhouse on Tuesday, November 10. Until 2008, Sister Kugel served as President of the RHSJ Health System. In this leadership role, she worked to ensure that RHSJ-run hospitals and programs across North America remained rooted in the values of justice, compassion and respect for the dignity of others, especially people who are in need, sick and vulnerable. She was a visionary and strong supporter of the health care model that eventually positioned HDH as an academic care centre in the region.

Wishing all a safe holiday season,



David R. Pichora  
President and CEO

November 26, 2020

The Hon. Doug Ford  
Premier of Ontario  
Legislative Building  
Queen's Park  
Toronto ON M7A 1A1

**Re: OHA recommendation to initiate independent formal review of Ontario's public health framework**

Dear Premier Ford,

On behalf of Ontario's hospitals, thank you for the commitment and support that you and your government continue to provide to Ontario's hospitals during the COVID-19 pandemic. We are grateful for your request to stay in close ongoing communication on significant matters. It is in that spirit that we would like to raise with you our recommendation that the Government of Ontario initiate an independent review of Ontario's public health system and its legal framework as soon as the pandemic reaches its conclusion.

When the *Health Protection and Promotion Act* was amended in 2004 following the SARS crisis, it received the unanimous support of all parties in the Legislature. The COVID-19 pandemic is the first true test of this framework – and it is hard to imagine a more challenging one. In order to restore the spirit of common cause that was present when the Act was first created, the OHA asks the government to initiate a full and independent review of Ontario's public health system and its legal framework once the immediate crisis has passed, with an eye towards strengthening its efficacy into the future.

The Auditor General of Ontario's special report on COVID-19 preparedness and management is one of several contributions to the assessment of Ontario's response to pandemic. Given the number of organizations and individuals consulted by the Auditor General, we believe there is merit in closely considering its analysis. Other important independent analyses include recommendations recently released by the Patient Ombudsman respecting the long-term care sector, and, of course, the ongoing work of the independent Long-Term Care COVID-19 Commission itself. Given the historic nature of the COVID-19 pandemic, its consequences for our society, and your stated concerns about the Auditor General's recent report, we respectfully submit that a purposeful, comprehensive and non-partisan review of our public health framework is a necessary and responsible action given the trial by fire it has received.

Premier, as you have emphasized repeatedly, it remains vitally important that all members of the Legislature work together to protect Ontarians and support hospitals and the broader health system. While vigorous public debate is healthy, we also know that demonstrations of

unity are essential in order to minimize the damage done by this pandemic and retain the confidence and cooperation of Ontarians at this crucial time. Now that the proposed extension of Dr. Williams' term as Chief Medical Officer of Health for Ontario has been confirmed, we encourage all parties to immediately work closely so that the appointment of his successor by September 2021 is met with the unanimous support of the Legislature.

In the meantime, it is essential that we all remain focused on what is most important – protecting the health and safety of the people of Ontario. We are still in the midst of a crisis, with rising rates of infection and hospitals facing serious capacity pressures and doing everything they can to avoid disruption to services and the cancellation of surgeries and procedures. Although promising vaccines offer a light at the end of the tunnel, their full deployment will take time and an enormous collaborative effort. As you know, the fight is far from over, so it is more important than ever that we continue to work together – in your words, as Team Ontario.

I have also written to the opposition party leaders to advise them of our recommendations and ask for their support. We appreciate your leadership and hard work on behalf of the people of Ontario, and your openness to our feedback and ideas. Thank you for your consideration, and we look forward to your response.

Sincerely,



Anthony Dale  
President and CEO

CC: The Hon. Christine Elliott, Deputy Premier and Minister of Health  
Ontario Hospital CEOs  
Ontario Hospital Board Chairs  
OHA Board of Directors  
Steven Davidson, Secretary of the Cabinet  
Helen Angus, Deputy Minister, Ministry of Health  
Heather Watt, Chief of Staff to the Deputy Premier and Minister of Health  
Mark Lawson, Deputy Chief of Staff, Policy  
James Wallace, Chief of Staff to the Premier of Ontario