

BOARD OF DIRECTORS – OPEN MEETING

Date: Monday, May 10, 2021
Special Session: 1400 – 1500 hours – SEAMO Strategic Planning Engagement Session (Closed)
SEAMO Mtg Link: <https://kingstonhsc-ca.zoom.us/j/92725425744>
Meeting: 1500 – 1830 hours
Board Mtg Link: <https://kingstonhsc-ca.zoom.us/j/94166746588>

Start	Time	Item	Topic	Lead	Purpose	Attachment
1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, CONSENT AGENDA ITEMS & APPROVAL OF AGENDA						
1500	5 min	1.1	Call to Order, Confirmation of Quorum, Conflict of Interest Declarations	O'Toole	Inform	Verbal
		1.2	Approval of Consent Agenda a) Approval of In-Camera Minutes: March 29, 2021 b) KHSC People Update c) KHSC Accreditation 2022 Update d) KHSC's Integrated Annual Corporate Plan 2021-22 & Strategy Performance Indicators	O'Toole	Decision	Briefing notes / reports
		1.3	Approval of Agenda	O'Toole	Decision	Draft agenda
2.0 PATIENT & FAMILY CENTRED CARE						
3.0 KEY DECISIONS & DISCUSSION						
1505	5 min	3.1	2021 Patient Safety & Culture Survey Results	McCullough/Carter	Discuss	Briefing note
4.0 REPORTING & PRESENTATIONS						
1510	15 min	4.1	KHSC President & CEO + External Environment Update	Pichora	Discuss	Written report
1525	20 min	4.2	COVID-19 – Pandemic Planning Update for KHSC	Pichora/Bardon/ Carter/Fitzpatrick	Discuss	Presentation @ meeting
1545	10 min	4.3	Medical Advisory Committee/COS Report	Fitzpatrick	Discuss	Written report
1555	5 min	4.4	UHKF President and CEO Update	Zsolnay	Discuss	Written report
5.0 BOARD COMMITTEE REPORTING						
1600	5 min	5.1	Patient Care & Quality Committee • Program: Clinical Labs	McCullough	Inform	Verbal / BN & Presentation
1605	5 min	5.2	Governance Committee	Hunter	Inform	Verbal
1610	5 min	5.3	People, Finance & Audit Committee	Thesberg	Inform	Verbal
6.0 IN-CAMERA SEGMENT						
1615	5 min	6.1	Motion to Move In-Camera	O'Toole	Inform	Verbal

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

BOARD OF DIRECTORS OPEN MEETING: MAY 10, 2021

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held by video-conference on Monday, May 10, 2021 from 1500 to 1830 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, Dr. Renate Ilse, and Dr. David Pichora.

Regrets: Dr. Sonal Varma.

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

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

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

David O'Toole called the meeting to order and confirmed that all board members participating by video-conference and phone were able to hear the proceedings. The Secretary confirmed quorum and invited declaration of conflict with no declarations being recorded.

The Chair extended his appreciation to Dr. Jane Philpott for the invitation to the KHSC Board and Executive team to participate in the strategic planning exercise that is underway in the Faculty of Health Sciences and Southeastern Ontario Academic Medical Organization.

The Chair drew attention to the date of the next Board meeting slated for Monday, May 10, 2021 at 1400 hours and joining the first part of the meeting will be the Southeastern Ontario Academic Medical Organization followed by the regular KHSC Board meeting. KHSC board members are welcome to attend any of the upcoming Hive Sessions scheduled to take place starting May 26 through to June 23, 2021 – the dates and timing were included in the pre-circulated materials.

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David O'Toole noted that, as outlined in the email communication to Board members on Friday, May 7, 2021 further work is needed on the research recommendations before presentation to the Board. Further details will follow in terms of timing.

KHSC Board committees will be meeting on Monday, May 31, 2021 and the date of the next Board meeting will be Monday, June 21, 2021 starting at 1500 hours and will be followed by the Corporation's annual general meeting and special meeting to elect the Officers.

The Chair thanked Board members for completing Accreditation Canada's governing functioning tool survey recently. The next self assessment survey requiring the Board's attention was released prior to the Board meeting. The survey link will be open until Sunday, May 16 and Board members were asked to send along a confirmation email to the recording secretary once they have completed the self assessment. The results from both survey tools will be presented to the Governance Committee at their May 31 meeting.

The KHSC Board recognized the start of National Nursing Week and, as an expression of gratitude, David Pichora shared with members of the Board the recent "Posters of Thanks" to recognize and share with staff, comments that have been made by members of the community. A series of posters have been created and placed at staff entrances at HDH and KGH sites so all can see, firsthand, how appreciative members of the community are – for all that they do.

The Chair recognized Sherri McCullough and her organizing team for their outstanding efforts preparing for this year's Rose of Hope Golf Tournament at the Cataraqui Golf Club – taking place on Tuesday, July 27, 2021. This year the group hopes to surpass the \$2M mark with proceeds going to the new Breast Assessment Centre.

David O'Toole invited each of the Board Committee Chairs to reflect on the significant contributions of Chief Operating Officer, Troy Jones, as he prepares for his retirement and last "official" working day of Friday, May 15. Sherri McCullough, Axel Thesberg, and Brenda Hunter recognized his many accomplishments, his commitment to the Kingston Health Sciences Centre, as well as his leadership abilities and support. Chair O'Toole remarked on Troy Jones' public service, Troy's ongoing support in bringing together HDH and KGH, and his commitment to ensuring the delivery of a regional health information system. The KHSC Board extended their best wishes for a healthful post-KHSC life.

1.2 Approval of Consent Agenda

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

- Approval of Minutes: March 29, 2021
- KHSC People Update
- KHSC Accreditation 2022 Update
- KHSC's Integrated Annual Corporate Plan 2021-22 and Strategy Performance Indicators

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Moved by Dr. John Leverette, seconded by Axel Thesberg:

THAT the consent agenda be approved as circulated.

CARRIED

1.3 Approval of Agenda

Agenda materials were circulated to board members on Tuesday, May 4, 2021 and additional materials were provided to members last Friday, May 7, 2021 which included the draft minutes of the March 29, 2021 board meeting.

Moved by Emily Leslie, seconded by Sherri McCullough:

THAT the agenda be approved as circulated.

CARRIED

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

3.0 KEY DECISIONS & DISCUSSION

3.1 2021 Patient Safety & Culture Survey Results

Sherri McCullough, Chair of the Patient Care and Quality Committee, drew attention to the briefing note circulated to members in advance of the Board meeting. As part of KHSC's Accreditation preparedness plan, a working group has been established to identify and implement 1-2 strategies to improve patient safety culture at KHSC going forward in 2021: 1) improving an understanding of "just culture" and improving psychological safety; and 2) understanding and addressing differences in the perception of patient safety culture between leadership and frontline staff.

Brenda Carter, Chief of Quality and Clinical Transformation, explained that surveys are conducted every two years as required under the *Excellent Care for All Act, 2010*. The purpose is to collect information on the satisfaction of employees and other persons with their experience working for or providing services and to solicit views about the quality of care provided by the health care organization. KHSC's annual corporate plan states that KHSC will support an engaged workforce by nurturing a positive, health environment and strengthening our culture of safety. KHSC undertook a survey in 2018 and again in 2020. A table showing comparison results from both survey years was included in the briefing note; Brenda Carter highlighted the fact that survey results were almost identical. Recommended actions undertaken in support of the 2018 results included building out safety huddles at KHSC; sharing practice information that contributes to positive perceptions of safety culture within portfolios; and looking at ways to further refine SAFE reporting to make it easier for staff to use and ensuring feedback was provided to those who submitted reports. Brenda Carter

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emphasized that staff concerns around reprisals due to errors remains a focus to ensure staff have a comfort level in reporting errors.

4.0 REPORTING & PRESENTATIONS

4.1 KHSC President & CEO and External Environment Update

The written report of the President and CEO was pre-circulated to members in the agenda package. Dr. Elizabeth Eisenhauer has been recognized for her outstanding leadership in medicine and medical science as the 2021 Canada Gairdner Wightman Award.

Discussion focused the 70 transitional care unit beds and how they have assisted KHSC in patient flow. Since its inception in 2017, the unit has care for and supported over 400 KHSC patients who required alternate level of care. The unit provides patients with access to restorative therapies as well as nursing and personal support services. Dr. David Pichora noted that the net effect has resulted in an additional 6,000 inpatient days being available for the sickest patients that KHSC serves.

David Pichora highlighted the upcoming retirement of Rev. Dr. Neil Elford, Director of Spiritual Health in mid-July. Under his leadership, Dr. Elford worked to support change as Spiritual Health Practitioners became eligible to join the College of Registered Psychotherapists; he help to nurture the relationship with the RHSJ Sisters; and to support activities to advance mission and values across the sites. An insightful and thoughtful leader, Dr. Pichora acknowledged Dr. Elford's invaluable contributions in the development of Medical Assistance in Dying protocols at KHSC.

Discussion focused on the Federal Minister of Health's announcement in establishing a Critical Drug Reserve to ensure key drugs used in the treatment of COVID-19 symptoms being available across the country. Troy Jones, Chief Operating Officer, confirmed that KHSC has increased drug inventories noting that they are careful monitored by the Pharmacy team.

David Pichora provided a brief overview of his recent interview with the Office of the Auditor General of Canada which focused on the following areas: cyber security challenges and opportunities within the health care setting; health data and how this information is shared; access to care; digital health and health information systems; the need for standardization of care across the system; the need for a single system of data access; the impact of health human resources supply with an aging workforce and the challenges that providers face to keep up with demand; pandemic preparedness; drug supply challenges; and the need for domestic supply system for vaccines.

The update also included an overview of federal and provincial budget allocations as well as a detailed listing of recent legislative updates. The final section focused on a number of "Mission Moments" at KHSC including a patient story from KHSC's ICU who recently recovered from COVID-19.

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4.2 COVID-19 Pandemic Planning Update for 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 the Emergency Orders issues by government on April 9, 2021 relating to patient transfers and consent as well as providing the government with the ability to deploy LHIN and Ontario Health staff to hospitals in order to support staffing and capacity pressures.

Current COVID-19 case counts for KFL&A, Hastings Prince Edward, and Lanark, Leeds and Grenville were highlighted. KHSC COVID-19 patient volumes were also shared including an overview of patient transfers information. On April 8, 2021, Ontario Health directed ramp down focusing on elective surgeries and non-emergent/non-urgent acute care activities. Incident Command continues to monitor patient volumes and procedures closely.

The Alternate Health Facility on Union Street is now complete and fully equipped and, while this facility is available and ready to receive patients, Incident Command has determined that patient volumes and bed flow availability has not dictated the need to open this facility.

Screening volumes remain high with the labs averaging 1,000 daily tests. No issues with the supply chain and, in partnership with KFLA Public Health, vaccination roll out continues. KHSC continues to support the Hub and Spoke Framework and Mobile Enhancement and Support Teams.

The April Stay-at-home Order prompted additional restrictions to the family presence/visiting policies at KHSC. With the guidance of patient experience advisors, family presence has been retained for highly vulnerable patient populations. A new Care Partner Program is being piloted this month and special protocols are in place for patients who are imminently dying to facilitate last moments with loved ones. Ensuring a safe environment for patients and staff members is one of the many considerations in ensuring a balanced between risk mitigation and compassion when changes are needed to the family presence guidelines. Patient safety incidents are closely monitored and tracked and the majority of patient feedback continues to be in the areas of visitor restrictions, seeking clarification, and ensuring effective and consistent communication. There has been a marked increase in the number of compliments in Q4.

The component of the presentation focused on KHSC People. To-date, zero cases of work-related COVID-19 at KHSC. Previously KHSC had 150-200 staff on work isolation due to COVID-19 risk factors and now that the red/grey zone restrictions have been lifted, KHSC is experiencing 15-20 staff on work isolation per day. No staffing issues or reductions to-date. KHSC continues to offer a series of webinars to support wellness and to reduce stress.

Discussion focused on inpatient impact in critical care and the volume of GTA transfers of COVID-19 patients to Kingston. Renate Ilse, Vice President Clinical Care, highlighted the nursing staff ratios required to support ICU patients. In response to a question relating to cancer care volumes, clinical leaders connect on a regular basis to discuss ramp down impacts on patient volumes and care delivery. Provincial guidelines provide direction in

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terms of the types of procedures that are completed. Mike McDonald, Executive Vice President Patient Care and Community Partnerships, confirmed KHSC's overall mental health census has been trending downwards over the last several months with the exception of child and adolescent numbers which have increased. Addiction caseloads are rising in the emergency department and urgent care centre and KHSC continues to work closely with the Health Hub on Montreal Street.

4.3 Medical Advisory Committee/COS Report

The written report of the Chief of Staff and Chair of the Medical Advisory Committee was pre-circulated in the agenda package. Reports and presentations from the Physician Quality Committee and from Dr. Gerald Evans on COVID-19 were shared with the Board as part of the COS/MAC report. The Physician Quality Committee report confirmed that KHSC is seeking certification as part of the Choosing Wisely Canada program.

4.4 UHKF President and CEO Update

The written report of UHKF President and CEO was distributed with the agenda materials. Tom Zsolnay confirmed that pledges remain on track. Nominations for the Ian Wilson, Davies and Sister Dorothy Fournier awards are underway.

Discussion focused on the reference to the Operating Agreement on page 1 of the report and that, although some of the funds are donated with specific designations/restrictions, the total monies raised this past year are shared, after expenses, between KHSC and Providence Care. Tom Zsolnay confirmed that sharing ratios are based on the Ministry of Health Healthcare Indicator Tool (HIT) resulting in allocations of 84% to KHSC and 16% to Providence Care, and is applied to unrestricted donations.

5.0 BOARD COMMITTEE REPORTING

5.1 Patient Care & Quality Committee

- Program & Service Presentation: Clinical Labs

Sherri McCullough, Chair of the Patient Care & Quality Committee, provided a brief update on April committee meeting activities. Committee members received an outstanding presentation from the Clinical Lab leaders which focused on quality and patient safety activities as well as overall performance. A copy of the briefing note and slide deck on the labs was also shared with the KHSC Board.

5.2 Governance Committee

Brenda Hunter, Chair of the Governance Committee, confirmed that the committee's minutes were available to the board as part of the in-camera consent agenda materials. The Governance Committee is in the process of preparing a recommendation to the Board for the appointment of Patient Experience Advisors on Board committees for 2021-22.

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5.3 People, Finance & Audit Committee

Axel Thesberg, Chair of the People, Finance & Audit Committee, provided key highlights from the April 19, 2021 meeting which focused mainly on the regional health information system project and funding requirements and the committee's endorsement to move forward with the Integrated Annual Corporate Plan for 2021-22. Committee discussion focused on KHSC capacity, COVID-19 recovery, organizational capacity, and how KHSC would decide to ramp down, if required. The Committee receives regular HR/People updates and committee discussion continues to focus on how employees are responding. Axel Thesberg confirmed that the HR/People update will be provided to the Board going forward.

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.

Moved by David Pattenden, seconded by Alan Cosford:

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 March board meetings;
- The board received the final board committee minutes from the March Patient Care and People, Finance & Audit Committee and Governance Committee meetings along with the draft committee minutes from their April 19, 2021 meetings.
- The board received the final package for the month ending February 2021;
- The board approved appointments and reappointments to the medical, midwifery, RN extended class staff, and housestaff;
- The board received confirmation that the annual CEO and COS sudden succession plans are in place and confirmed;
- The board received the compliance report which will be presented at the May Partnership Council meeting.
- The board received an update on the Trillium Gift of Life Program at KHSC;
- The board received an update from the President and CEO;
- The board received an update on the redevelopment project;
- The board was briefed on the regional hospital information system project and further information to the community will follow once partner organizations have considered the matter that is before their boards.

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- The board was briefed on a research matter;
- The board was briefed on a partnership 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, June 21, 2021 at 1500 hours followed by the annual general meeting and special board meeting. The meeting terminated at 1830 hours on motion of Emily Leslie.

11.0 OPEN FORUM – no session was held.

12.0 IN-CAMERA ELECTED MEMBERS SESSION & CEO ONLY – no session was held.

13.0 IN-CAMERA ELECTED MEMBERS SESSION WITHOUT MANAGEMENT PRESENT – no session was held.

David O'Toole
Chair



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Briefing Note

Topic of Report:	CEO Update	For Decision
Submitted to:	KHSC Board of Directors – May 10, 2021 KHSC Medical Advisory Committee – May 12, 2021	For Discussion X For Information
Submitted by:	Dr. David R. Pichora, President and CEO	
Date submitted:	April 29, 2021	

Background

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

Current State

1. Dr. Elizabeth Eisenhauer – 2021 Canada Gairdner Wightman Award

The 2021 Canada Gairdner Wightman Award is described as: “*Outstanding leadership in medicine and medical science*” and I know that members of the MAC will join me in congratulating **Dr. Elizabeth Eisenhauer** as the recipient of this year’s recognition! The prestigious award recognizes a Canadian health researcher who has demonstrated extraordinary leadership paired with exceptional science. Successful nominees demonstrate research excellence in the health sciences at an international level. Recipients also show superior leadership among their peers, with local, national, and international impact within their professional communities. Dr. Eisenhauer is being recognized for her international leadership in transforming and establishing new standards for cancer treatment as well as contributing to the clinical evaluation of new anti-cancer agendas, cancer research strategies, and clinical trials development. Her insight has been key to the creation of new treatments for ovarian cancer, malignant melanoma, and brain tumours. At KHSC, we are so very fortunate to have Elizabeth as a clinical-scientist and as our Innovation Lead.

2. National Volunteer Week

In mid-April we celebrated KHSC’s volunteers and it is clear – this year has been like no other. Our volunteers continue to find ways to respond to the pandemic and the impact it has had on the hospital community. It has been a very difficult year as many volunteers are on a leave of absence but their commitment is unwavering. I, along with members of the Executive team, look forward to the day when we can welcome everyone back when the time is right. Close to 90 Volunteers have remained active, both on and off site, supporting virtual visits, appointment calls, ICU visitor support, retail services and more.



What we know for certain is that, collectively, KHSC volunteers are *all* here in spirit. True to the National Volunteer Week theme—*The Value of One, The Power of Many*—they continue to demonstrate that one’s spirit cannot be vanquished. KHSC volunteers give tirelessly and selflessly to ensure that our patients and families have the welcome, support, equipment and comforts that they need when they come to KHSC for care. While we still have some rough days ahead in this pandemic, we all look forward to the day when each and every volunteer will return in full force to the KHSC community.

And, to the volunteers who serve on the KHSC Board, my heartfelt thanks for your commitment and support during this challenging year.

3. Kidney Foundation – Ontario Branch Recognition

The Kidney Foundation of Canada, Ontario Branch, has recognized KHSC – Regional Renal Patient & Family Advisory Committee with the Programs and Services Award! This award is presented in recognition of an individual or group for their outstanding contribution to programs and services through education and awareness of kidney health, kidney disease, and organ donation. In the spirit of volunteerism, such an individual or group would exemplify leadership, reliability, and commitment to activities that have demonstrated significant impact on the kidney community and support the vision and mission of The Kidney Foundation of Canada.

This is particularly special given the current challenges to patient engagement during the pandemic. Lori VanManen, Program Operational Director of Renal and Palliative Care, has not only been leading the vaccine roll out but also continues to prioritize the importance of the patient and family perspective in the work of the Renal Program.

4. Virtual KHSC Staff Forum – April 13, 2021

On Tuesday, April 13, 2021, at 1200 noon, a virtual staff forum was held to discuss and respond to questions on service reductions, third wave variants of concern, current capacity and patient flow, and address other items raised in the recent Ministry directives. The forum was well attended and the following link was shared with KHSC board members post-session who were unable to join: [click here](#)

5. Transitional Care Unit Update

There are now seventy beds available to help patients transition safely out of hospital to get the care they need before returning home. What started with 10 beds in a Bayshore Healthcare retirement home has expanded over the years and, this past month, reached a total of 70 beds in the Transitional Care Unit that helps patients gain the level of wellbeing they need to return home. Since inception in the fall of 2017, the unit has care for and supported over 400 KHSC patients, who required alternate level of care at completing the complex care provided in the hospital setting. The TCU gives patients access to restorative therapies as well as nursing and personal care support that helps prepare for a return to life at home or admission to a rehabilitation facility. The added benefit is freeing up over 6,000 patient days of hospital beds to allow KHSC to care for the sickest patients in our region.

6. Meeting with the Archbishop

In 1847, immigrants from Ireland infected with typhus arrived in Kingston by ship sparking an epidemic. It is estimated that 1200 – 1400 people were buried in a mass grave to the west of the existing KGH hospital building between 1847 and 1848. Those buried in the mass grave are predominantly Irish famine refugees. In 2020, archaeological assessments were completed at the KGH site to determine if

human burial remains were present near Etherington Hall and the Douglas Wing. Human skull fragments were found in test pits in preparation for redevelopment of the KGH site.

Following the protocol for the discovery of human remains, the Kingston Police were notified of the discovery and excavation was halted. The remains were ruled not to be of forensic interest and an investigation order was issued by the Bereavement Authority of Ontario to determine the extent of the human remains at the KGH site. Ground Truth Archaeology Ltd. was retained and a draft report was prepared outlining the results of the archaeological assessments to satisfy the concerns of both the BAO and the Ministry of Heritage, Sport, Tourism and Culture. Ongoing consultations have continued with the Kingston Irish Famine Commemoration Association out of respect for the Irish immigrants that would have been interred at this burial site.

In March 2021 communication was initiated with leaders of Christian denominations thought to be representative of the 1847-48 Irish immigrants' possible religious affiliations: the Archbishop of the Roman Catholic Archdiocese of Kingston, the Bishop of the Anglican Diocese of Ontario and the minister of St. Andrew's Presbyterian Church, Kingston. Involvement of the religious leaders may include appropriate ceremonies, respectful notations in church records of this transition of the remains to a new location and possible negotiation of a disposition agreement. In April 2021, I had an opportunity to meet with the Archbishop of Kingston and shared a detailed briefing note with the Archbishop outlining the history and work to-date.

7. Director of Spiritual Care at KHSC

Rev. Dr. Neil Elford, Director of Spiritual Health at the HDH site and Director of Spiritual Care at the KGH site will be retiring in mid-July. Neil joined Hotel Dieu Hospital in a shared position with Providence Care in late 2015 to serve as Director of Spiritual Health, Mission & Ethics. He had been at Providence Care since his recruitment from Alberta in 2010. Under his leadership at HDH, Neil worked to support change as Spiritual Health Practitioners (SHP) became eligible to join the College of Registered Psychotherapists; to stabilize the SHP resources at the HDH site; to nurture the relationship with the RHSJ Sisters; and to support activities to advance mission and values. Neil has also supported ethics education, policies and ethical discernment consistent with the *Catholic Health Ethics Guide*.

Neil has been a wonderful and insightful leader at KHSC and we will miss him. A sharing arrangement with Providence Care is now in place to recruit this leadership position.

8. Auditor General of Ontario Special Report on Pandemic Readiness/Long-term Care

On April 28, 2021, the Auditor General released a [Special Report on Pandemic Readiness and Response in Long-term Care](#). Key findings from the report note that:

- Ministry bedroom standards are intended to limit the number of residents sharing one room to two people. Data reported found that at least 30% of the home's residents became infected at the same time – almost two-thirds had bedroom designs that housed up to four residents in one room. The Ministry and LHINS did not know how many residents were actually housed in three or four-bed wards when the pandemic hit.
- Transfer of patients designated at ALC from hospitals to long-term care homes also contributed to crowding in homes. The Auditor General noted that, in the month of March 2020, 761 transfers of ALC patients were made from hospitals to long-term care homes – 50% more than the average of 508 transfers per month throughout 2019.

- A directive issued to long-term care homes to only allow essential visitors was extremely difficult on long-term care home residents resulting in physical and mental deterioration of residents.
- Infection prevention and control measure were not consistently applied / practiced nor necessarily well understood in long-term care homes even prior to the pandemic. Ministry inspections (January 2015 to December 2019) found that about two-thirds of the 626 homes were cited for a total of 765 instances of non-compliance.
- Long-term care homes had insufficient staff and staff training to provide appropriate care.
- Long-term care homes were not initially partnered with hospitals or public health units to benefit from expertise in infection disease outbreak management.
- A problematic endorsement practice culminated with the Ministry completely discontinuing, in the fall of 2018, its proactive compliance inspections of homes to focus on clearing a backlog of critical incidents and complaints. This occurred despite the fact that the annual comprehensive inspections identified areas of significant non-compliance, including the above referenced IPAC non-compliance.
- Ministry inspectors responsible for inspecting IPAC practices – but this expertise resides with public health units. The report notes that there are only three staff in the Ministry's Inspection Branch who have extensive IPAC expertise.
- The Chief Medical Officer of Health issued his first mandatory instructions to long-term care homes on March 22, 2020 – directing homes not to permit residents to leave the home for short-stay absences and to limit the number of homes that employees were working at. When requirements were eventually issues to the long-term care home operators, they were often unclear and open to interpretation.

The Auditor General of Ontario stated that following conclusions:

- *Despite concerns about the care and safety of long-term-care home residents raised over several years by our Office and others prior to the pandemic, the Ministry of Long-Term Care and the long-term-care homes were not sufficiently prepared or equipped to respond to the issues created by the pandemic in an effective and expedient manner.*
- *Beginning in February 2020, the province implemented a number of measures to deal with the impact of COVID-19 in long-term-care homes and minimize its spread. However, these measures had unintended consequences on the homes' residents and staff by further contributing to crowding and staffing shortages.*

9. Office of the Auditor General of Canada

On Thursday, May 6, I will be interviewed by members of the AG's team regarding the federal government's responsibility in the health sector specifically looking at virtual care, digital health and medical devices.

10. Critical Drug Reserve Announcement

In mid-April, the Federal Minister of Health announced the establishment of a Critical Drug Reserve – an additional safety net of key drugs used in the treatment of COVID-19 symptoms. Canada is procuring an initial 3-month supply of 12 drugs ([click here for list](#)) – the reserve targets the drugs that hospitals rely on most to treat patients who are critically ill with COVID-19 and are at risk of shortage. In selecting the drugs to procure, experts look at Canada's experience with COVID-19 to-date as well as taking advice from the provinces and territories.

11. Federal Budget Update

Canada's federal budget was released on April 19, 2021 which announced investments in the life sciences sector proposing \$2.2B over seven years that would provide foundational investments to help build Canada's talent pipeline and research systems. The Ontario Hospital Association and HealthcareCAN issued statements post-budget highlighting the following:

- \$500M over four years, starting in 2021-22, for the Canada Foundation for Innovation to support the bio-science capital and infrastructure needs of post-secondary institutions and research hospitals.
- \$250M over four years, starting in 2021-22, for the federal research granting councils to create a new tri-council biomedical research fund.
- \$45M over three years, starting in 2022-23, to the Stem Cell Network to support stem cell and regenerative medicine research.
- \$250M over three years to include clinical research capacity through a new Canadian Institutes of Health Research Clinic Trials Fund.
- \$59.2M over three years for the Vaccine and Infectious Disease Organization to support the development of its vaccine candidates and expand its facility in Saskatoon.
- \$50M over five years to create a life sciences stream in the Venture Capital Catalyst Initiative.
- \$1B in funding for various mental health supports across program areas.
- \$3B in financial support to develop national standards for long-term care.

12. Ontario Budget Update

Following the release of the federal budget, Ontario's Finance Minister released a statement on the provincial government's disappointment that no enhancements/adjustments are being made to the Canada Health Transfer allocations to the provinces.

13. Ontario Appoints New Patient Ombudsman

The Patient Ombudsman investigates and facilitates the resolution of complaints from patients and caregivers concerning public hospitals, long-term care homes along with home and community care services that are provided or coordinated through the Local Health Integration Networks. Earlier this month, the government announced the appointment of Craig Thompson as Ontario's new Patient Ombudsman. Over the last four years, Mr. Thompson has served as the Executive Director of this Office.

14. Catholic Health Alliance of Canada – Annual Conference

On Thursday, May 6 and Friday, May 7, 2021, I will be participating in this year's annual virtual conference which will seek to examine the response to the pandemic within each of our organizations – to reflect on the way we have delivered care and cared for those who deliver it. We will share lessons learned, reflect on how we are doing, and to explore how vulnerable populations in the world that have been most affected.

15. Legislative Updates

Bill 284, the **COVID-19 Putting Workers First Act, 2021** was passed by the Ontario legislature and received Royal Assent on April 29, 2021 and introduces a new paid leave under the *Employment Standards Act* to provide up to \$200.00 per day for up to three days for those employees who do not already have access to paid leave. In order to be entitled to the paid leave, an employee must be absent from work for one of the following reasons related to COVID-19: under medical investigation, supervision or treatment related to COVID-19; employee is acting in accordance with a public health order; the employee is in quarantine or self-isolation; the employee is under a direction from their employer due to a concern of the employer that the employee may expose others in the workplace; the employee is providing care or support to a family member who is under medical investigation, supervision or treatment related to COVID-19 or is in quarantine or self-isolation or is subject to a control measure.

On April 28, 2021, the government announced changes to O. Reg. 272/21 of the **Emergency Management and Civil Protection Act**, to facilitate the transfer of patients that have been designated alternate level of Care with discharge destination of long-term care or retirement home through a temporary, emergency-based removal of individual consent requirements. Transfers can only occur when necessary to respond to major surge events that threaten to overwhelm hospitals and when medical professionals are confident the transfer will not compromise the patient's medical condition. Every effort will also be made to ensure patients are fully immunized from COVID-19 before a transfer takes place. The government has also confirmed that patients will retain their priority on the long-term care waitlist for their first choice of home.

The General Regulation under the **Long-term Care Homes Act, 2007**, has also been filed resulting in a licensee of a long-term care home being prohibited from charging a person for accommodate where that person is moved from a hospital bed and is admitted to that long-term care home in order to reduce the capacity pressures facing hospitals during the pandemic.

Orders under the **Reopening Ontario (A Flexible Response to COVID-19 Act, 2020), 2020**, amends several Regulations (Limiting Work to a Single Retirement Home and Limiting Work to a Single Long-term Care Home) to exempt fully immunized long-term care home and retirement home employees.

Also on April 28, 2021, the Ministry of Health released information about the Medical Residents Redevelopment Program (MRPP) following an emergency order that was issued on April 22, 2021 under the **Emergency Management and Civil Protection Act**, O. Reg. 305/21 that authorizes health care professionals to provide patient care services outside their regular scope of practice and enables hospitals to engage regulated health professionals from out of province. The MRPP allows medical residents without restricted registration license to be redeployed under appropriate supervision within the hospital setting.

A memo to all hospital Chief Nursing Executives dated April 26, 2021 from Ontario Health to invite staff volunteers, across all disciplines, who are available for redeployment to other hospital sites. The Ontario Hospital Association and Ontario Health met with unions at the provincial level to discuss this activity and hospital members have also been encouraged to engage with local bargaining units. The OHA is also working with the Healthcare Insurance Reciprocal of Canada on information that will assist if and when such deployments are required including the necessary template agreement between hospital sites.

The government has also recently introduced Bill 283, the **Advancing Oversight and Planning in Ontario's Health System Act, 2021**. If passed, this omnibus Bill creates two new Acts and further amendments to two existing Acts:

- **COVID-19 Vaccination Reporting Act, 2021**: would require persons or entities who administer COVID-19 vaccine to disclose the Ministry of Health vaccine related data collected from individuals who consent to the disclosure of this information.
- **Health and Supportive Providers Oversight Authority Act, 2021**: would establish a new regulatory body that provides oversight of personal support workers. The proposed Authority is also designed to allow for the addition of other health and supportive care workers in future.
- **Medicine Act, 1991**: proposed amendments would result in a new class of members and protects the title of "Physician Assistant" in Ontario.
- **Psychology Act, 1991**: would be repealed and replaced with the **Psychology and Applied Behaviour Analysis Act, 2021** to regulate the profession of Applied Behaviour Analysis as a new profession under the current College of Psychologists of Ontario.

16. Mission Moments

"They saved my life"... COVID-19 patient transferred to KHSC ICU shares his story. Sharing with the Board and MAC, the story of patient Lewellyn Allworth who transferred to Kingston from Ajax and, after 23 days of care, has now returned home to his family - [Click here](#)

KHSC redeploying staff to support critical care ... more than 200 staff members have been retrained and redeployed across KHSC to deliver patient care during the third wave. For the last month, KHSC has been working to identify nurses, allied health professionals and administrative staff across the organization who could support the surge of critically ill patients. KHSC's professional practice team has ensured that staff have received the right training and onboarding to support new roles. Physicians from areas of medical specialty are working around the clock to ensure that care continues for KHSC's most urgent patients. Many are providing care in new spaces at HDH and Providence Care sites.

From Cindy at the Assessment Centre: Thank you to **Ashley, Laurie and Shayna** for helping a 90 year old gentleman man with his quarantine swab that was issued after his flight from the UK. This patient was blind and unable to administer the mandatory test he was given. He was given a testing kit and told to "watch a YouTube video" to figure it out, which he clearly would not have been able to do. He was very kind and appreciate of the help (as was his wife). He sat patiently in the side room waiting to connect to the online process for instructions. He was one of the highlights of the day. We also discovered he is not vaccinated and will connect him with an appointment as soon as his quarantine is complete.

In closing off this month's update, I want to take a few moments to recognize and thank **Troy Jones**, KHSC's Chief Operating Officer for his many contributions. As many of you know, Troy is preparing to move into semi-retirement and his last day on-site at KHSC is Friday, May 14. It seems rather appropriate, at our May 10 board meeting, to hold an engagement session with the Southeastern Ontario Academic Medical Organization as Troy started his career with our Centre in 1996 as an information consultant with SEAMO.

I know that members of the Board and MAC join me in thanking Troy for his tremendous support and leadership having served KHSC for over 25-years. We extend our best wishes for a well-deserved retirement and thank Troy for his many contributions to KHSC.

Respectfully submitted,



David R. Pichora
President and CEO