

BOARD OF DIRECTORS – OPEN MEETING – VIDEOCONFERENCE CALL

Date: Wednesday, April 22, 2020
Meeting: 1600 – 1800 hours
Audio Link: to be provided
Video Link: <https://zoom.us/j/96914787029>

Start	Time	Item	Topic	Lead	Purpose	Attachment
1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, CONSENT AGENDA ITEMS & APPROVAL OF AGENDA						
1600	5 min	1.1	Call to Order, Confirmation of Quorum, Conflict of Interest Declarations	O'Toole	Inform	Verbal
		1.2	Approval of Agenda	O'Toole	Decision	Draft agenda
		1.3	Approval of Minutes: March 23, 2020	O'Toole	Decision	Draft agenda
2.0 PATIENT & FAMILY CENTRED CARE						
3.0 KEY DECISIONS/ELECTRONIC VOTE RESULTS						
1605	5 min	3.1	KHSC Governance – Results from April 8, 2020 Electronic Vote	O'Toole	Inform	Results
1610	5 min	3.2	Update on Integrated Annual Corporate Plan & Quality Improvement Plan F21	Pichora Bardon/Carter/ Jones	Decision	Briefing note
1615	5 min	3.3	Annual Financial Audit Date Change	Thesberg/Jones	Decision	Briefing note
4.0 REPORTING & PRESENTATIONS						
1620	20 min	4.1	COVID-19 Update	Pichora/Jones Fitzpatrick	Discuss	Presentation @ mtg
1640	5 min	4.2	KHSC Board Chair Update	O'Toole	Discuss	Verbal
1645	10 min	4.3	KHSC President & CEO + External Environment Update	Pichora	Discuss	Written report
1655	10 min	4.4	Medical Advisory Committee/Chief of Staff Report	Fitzpatrick/Carter	Discuss	Verbal
1705	5 min	4.5	Legislative Compliance Update for KHSC	Jones/Carter	Discuss	Briefing note
5.0 IN-CAMERA SEGMENT (Members of the Public/Guests depart meeting)						
1710	5 min	5.1	Motion to Move In-Camera	O'Toole	Inform	Verbal
8.0 REPORT ON IN-CAMERA MATTERS						
1825	5 min	8.1	Motion to Report on Decisions Approved In-Camera	O'Toole	Inform	Verbal
		8.2	Date of Next Meeting & Termination			

BOARD OF DIRECTORS OPEN MEETING: APRIL 22, 2020

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held by video-conference on Wednesday, April 22, 2020 from 1600 to 1800 hours. For staff members attending in person, the meeting was held at the HDH site in the Henderson Board Room, Sydenham 2. 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 by videoconference (voting): Alan Cosford, Anne Desgagnes, Brenda Hunter, Michele Lawford, Emily Leslie, Sherri McCullough, David O'Toole (Chair), Axel Thesberg, Glenn Vollebregt and Sandy Wilson.

Ex-officio Members Present by phone (voting): Cheryl Doornekamp and Dr. Richard Reznick.

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

Regrets: David Pattenden.

Administrative Staff by videoconference: Elizabeth Bardon, Sandra Carlton, Brenda Carter, Val Gamache-O'Leary, Chris Gillies, Renate Ilse, Steve Smith, Krista Wells Pearce and Tom Zsolnay.

Administrative Staff in person: Rhonda Abson (Recording Secretary), Troy Jones, and Theresa MacBeth.

Guests in person: Alan Hale, Reporter, Kingston Whig Standard

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. Roll call was completed by Chief Operating Officer Troy Jones and the Secretary, Dr. David Pichora, confirmed quorum. The Chair welcomed and introduced Alan Hale, reporter with the Kingston Whig Standard.

The date of the next KHSC board meeting is tentatively scheduled for Monday, May 11, 2020 at 1600 hours. As outlined in the Notice of meeting, the date of the regular board, annual general meeting of the Members of the Corporation, and the special board meeting that follows will be taking place towards the end of June. The recording secretary will be in touch to survey members for date availability once the timeline for the draft audited financial statements has been finalized. No conflict of interest declarations were recorded.

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Board members recognized front-line staff, physicians, and executive team members for their leadership during these difficult and challenging times. The Chair thanked KHSC staff for their commitment in providing care and to local and regional health care providers for their support.

1.2 Approval of Agenda

On Monday, April 20, 2020 the open agenda and supporting materials were circulated to board members. The Chair invited a motion to approve/amend the agenda as circulated.

Moved by Axel Thesberg, seconded by Alan Cosford:

THAT the agenda be approved as circulated.

CARRIED

1.3 Approval of Minutes: March 23, 2020

In advance of the meeting, the draft March board minutes were provided to members.

Moved by Ala Cosford, seconded by Anne Desgagnes:

THAT the open minutes of the March 23, 2020 KHSC Board of Directors are approved as circulated.

CARRIED

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

3.0 KEY DECISIONS

3.1 KHSC Governance – Results from the April 8, 2020 Electronic Vote

On April 6, 2020, a series of motions were circulated to board members by electronic means for consideration by voting members of the Board proposing the suspension of all committee meetings until further notice; seeking support for the KHSC board to continue to meet monthly during Q1 of Fiscal 2021 (April/May/June); ensure regular briefings to the KHSC board on COVID-19 pandemic planning; as well as providing the executive team with the ability to move significant issues forward and report back to the Board at their earliest convenience. The Chair confirmed unanimous support of the motions and a copy of the electronic vote results were provided and will be filed on the corporate record. Also appended to the materials and shared with the Board was a copy of a white paper prepared by Borden Ladner Gervais *“What Should the Hospital Board and Board Leaders be Doing?”* along with a copy of the Terms of Reference of the KHSC Board’s Executive Committee which outlines the process for calling an urgent meeting.

3.2 Update on Integrated Annual Corporate Plan & Quality Improvement Plan F21

Brenda Carter, Chief of Quality and Clinical Transformation, drew attention to the pre-circulated briefing note prepared in partnership with Troy Jones, Chief Operating Officer, and Elizabeth Bardon, Vice President of Mission, Strategy Integration and Support Services, outlining management's recommendations to delay the work that would be necessary in support of the Fiscal 2020-21 Integrated Annual Corporate Plan as well as delaying the submission of KHSC's Quality Improvement Plan.

The Executive team started work on the framework to support the Integrated Annual Corporate Plan back in January 2020. In developing this framework, the four proposed Quality Improvement Plan indicators were captured along with additional high priority, resource intensive work that would move KHSC forward on our strategy. Brenda Carter confirmed that, following approval of the Quality Improvement Plan 2020-21 by the Board back in March, Ontario Health (Quality) announced that the requirement to submit the document would be re-evaluated in June 2020. The Executive team felt it would be important await the outcome of this re-evaluation by Ontario Health (Quality) in order to determine the best course of action. Previously, the Board had a half day planning session slated for May 11, 2020, to discuss and finalize the Integrated Annual Corporate Plan. The Executive team continues to be focused on pandemic planning and, with no clear timeline for resolution in this regard, it is difficult to predict when resources can be redirected to the IACP and Quality Improvement Plan. At this point, the province has only committed to provide an update in June 2020. The other policy statement that the team will need from government is how this impacts pay for performance legislative requirements.

Brief discussion ensued regarding the impact of COVID-19 and the types of adjustments that may be required to KHSC's Strategy "Transforming Care, Together". While it is recognized that some of KHSC's priorities articulated in the IACP will require adjustment, it was agreed that it is too early to commence this work. In some instances, indicators may require a reset of target timelines. Discussion on the impact to move forward with the regional Hospital Information System was discussed with Troy Jones confirming that two other partner hospitals have yet to consider the recommendation.

Moved by Sherri McCullough, seconded by Brenda Hunter:

THAT the Fiscal 2020-21 Integrated Annual Corporate Plan (IACP) be put on hold until such time as the pandemic situation stabilizes within Ontario and any necessary work to return to normal tertiary and elective case volumes has been implemented; and

THAT the Quality Improvement Plan submission to Ontario Health (Quality) be paused and reconsidered in June 2020.

CARRIED

3.3 Annual Financial Audit Date Change

Axel Thesberg, Chair of the People, Finance and Audit Committee, drew attention to the recommendation prepared by KHSC's Chief Financial Officer, Amit Bansal, to postpone the Fiscal 2020 audit. At the February

2020 committee meeting, members received and endorsed the audit planning report which was subsequently provided to the KHSC Board at its March meeting. As outlined in this plan, the hospital audit was scheduled for the week of May 4 with the audited financial statements being presented to the committee at its May 25, 2020 meeting for recommendation to the June 15, 2020 board and annual general meeting. On March 30, the Ministry of Health announced an extension to various reporting deadlines as well as granting a one-time approval to the 2019-20 year-end reconciliation policies for volume-based hospital programs. COVID-19 expenses could also be material to the KHSC financial statements. It is therefore recommended that the audit for the hospital be deferred until the first week in June with an expectation that financial statements will be available for presentation the last week in June with the annual general meeting taking place in the summer.

In response to a question regarding legal obligations to receive the audited statements, Axel Thesberg confirmed that KHSC would meet its reporting requirements by filing the statements by the end of September.

Moved by Axel Thesberg, seconded by Glenn Vollebregt:

THAT the KHSC Board of Directors endorses the postponement of the Fiscal 2020 KHSC annual financial audit to the week of June 1, 2020.

CARRIED

4.0 REPORTING & PRESENTATIONS

4.1 COVID-19 Update

Troy Jones, Chief Operating Officer, presented an update on COVID-19 preparedness at KHSC. The presentation focused on current patient activity, structures, provincial priorities, clinical activity, operational impact, legislative and directive compliance and media coverage.

An overview of the Ministry of Health's response structure was shared including the membership of the provincial planning table, led by Matt Anderson, CEO of Ontario Health. Ontario Health has assembled leaders to inform the provincial planning table in the areas of patient and family advisors, human resource, supply chain, communications, emergency care, clinical services, data and analytics, critical care, bioethics, primary care, mental health and addictions and diagnostic services. The East Planning table, led by Renato Discenza, brings together leaders from the Champlain, South East, and Central East Local Health Integration Networks.

A South East Hospital and Non-Hospital planning tables are also in place with Cynthia Martineau, VP Strategy, Planning and Integration, and David Pichora co-leading a group that includes critical care, infection control, emergency medicine, bioethics labs and diagnostics, public health, pharmacy, tertiary/non-urgent services, and hospital operations and assessment centres. David Pichora confirmed that a local and regional hospital CEOs table is in place to address issues that arise from the lead tables. Discussion focused on the current public health reporting structure and how this may impact the long-term care structure. Planning tables have already started to discuss opportunities to strengthen support for long-term care agencies.

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An Incident Command group is led by Troy Jones and includes leaders in the areas of infection disease, infection prevention and control, protection services, communications, operations, logistics, planning liaison, human resources, finance, supply chain, and Queen's Faculty of Health Sciences. Troy Jones confirmed that the group currently meets on a daily basis. Following the daily Incident Command meetings, outcomes are reported to KHSC's leaders in daily calls where issues can be clarified, input can be obtained on specific issues, and feedback provided.

An overview of primary and secondary screening site locations and the critical role they play in supporting capacity and flow for patients in the community was provided. KHSC leaders are also working in partnership with the City of Kingston and Addictions and Mental Health Services to support homeless isolation shelters by providing expertise in the area of infection control. Mike McDonald, Executive Vice President Patient Care and Community Programs, highlighted the significance of having the testing centres in place in order to divert patients from the Emergency Department and Urgent Care Centre. A new testing centre has also opened in Napanee which will help with patient flow.

KHSC Board members were briefed on lab testing volumes and capacity with current testing focusing on admitted patients and health care workers from local and regional hospital. KHSC has also provided support for overflow volumes from the public health lab located in Kingston. Troy Jones confirmed that KHSC has capacity to complete 560 tests per day and staff training is underway with the lab team hoping to reach this output by April 30. Discussion focused on the types of testing and availability of equipment.

In terms of elective surgical and procedure volumes, while KHSC has ramped down activity overall, it continues to have available emergency services in areas such as cardiac, renal, cancer etc.). A COVID-19 unit has been created on Connell 3. Board members received an update of the KGH site bed census, the number of critical beds and ventilators available, as well as the number of alternate level of care patients. KHSC continues to work closely with community partners to transition patients from acute care into long-term care and retirement home settings. Mike McDonald provided an update on the multiple strategies that are being deployed to improve patient flow and capacity and Providence Care Hospital's response in accepting over 85 transfers has helped tremendously. A risk that the team continues to monitor is how the closure of long-term care and retirement homes will impact the overall census as well as continued monitoring of emergency department volumes. A bed management dashboard has been created to provide Incident Command with bed availability by service, ventilator use, unit occupancies, personal protective equipment availability, staffing levels, emergency department visits, and information about COVID-19 cases.

An update on preparations for an alternate health facility or field hospital was provided. KHSC, KFLA Public Health and the City of Kingston have worked together to identify the Invista Centre as a suitable location if and when a field hospital is required. KHSC would be accountable for the clinical operations at the site. Mike McDonald is leading this work and staff from Infrastructure Ontario has also been engaged to assist with the project.

Dr. Mike Fitzpatrick, Vice President Medical and Academic Affairs and Chief of Staff provided an update on KHSC increasing planned activity. This work requires medical leaders to prioritize caseloads and to develop a framework that considers patient outcomes, COVID-19 prevalence, availability of hospital resources and

capacity, supply chain volumes and pharmaceuticals. Dr. Fitzpatrick described the ethical principles that must be in place to help guide this work all in keeping in provincial guidelines. A Clinical Operations Committee meets throughout the week comprised of KHSC program leaders, KFLA Chief Medical Officer of Health, Dr. Chris Simpson from the Faculty of Health Sciences, to help develop and guide this work for KHSC. Dr. Fitzpatrick also noted that the local and regional Chiefs of Staff meet on a weekly basis to address any issues that may arise from planning tables. Dr. Fitzpatrick confirmed that KHSC will be guided by the work that Dr. Chris Simpson and his team are doing at the provincial level to prepare for ramping up services. As noted earlier, emergency department volumes are monitored and messaging has been delivered to the community to provide assurance that they should attend the ER for care.

Virtual care has increased significantly and feedback from physicians has been positive; a slide depicting the top 10 clinical areas by virtual visit was shared. Chris Gillies, Chief of Medical and Academic Affairs, described the Ontario Telemedicine Network strategy for virtual care visits and the considerable work that has been completed by the KHSC information technology and project management teams to roll-out the various platforms. With over 600 credentialed staff at KHSC, approximately 70% have registered and are using the technology. Discussion focused on the efficiencies that are gained through the use of this technology and the links that are being made with primary care teams.

Brenda Carter, Chief of Quality and Clinical Transformation and regional Vice President, South East Regional Cancer Program, reporting that there have been no critical incidents reports associated to care at KHSC since mid-March and that the overall reported incidents have decreased in volume and the team assumes this is in direct correlation to decreased activity volumes. Incidents related to COVID-19 are tracked and no significant concerns have been identified. The majority of patient/family concerns and inquiries relates to visitor restrictions/infection control protocols and clarification around the use of personal protective equipment. Overall, the patient experience office is not seeing an increase in concerns.

Troy Jones provided an update on the work of 3SO in coordinating and purchasing supplies. Monitoring of personal protective equipment and ensuring compliance with conservation policies has been important. Continued monitoring of pharmaceuticals, surgical gowns, N95 masks, specimen collection and testing kits, and imaging supplies is critical and will inform teams when the organization starts to ramp up procedures. Balancing current PPE levels to support increased activity while ensuring pandemic supply levels are maintained is managed by Incident Command.

Elizabeth Bardon, Vice President Mission & Strategy Integration & Support Services, provided an update on active screening protocols and business access logistics. Screening statistics were presented as well as brief overview of the registration requirements for visitors. Patient and Family Council has continued to meet virtually and engaged since the start of COVID-19. Advisors input have been invaluable, particularly in relation to the family presence/visiting requirements, messaging around partnership for patient and staff safety, processes for virtual visits, guidance around screening questions, and input relating to access challenges for patients with mobility issues. Elizabeth Bardon briefly highlighted the work around virtual solutions for family presence.

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Sandra Carlton, Chief Human Resources Officer and Joint Vice President, provided employee statistics in relation to non-work related exposures and confirmed that staff who were quarantined or self-isolated have been compensated as if they were at work in keeping with the directive provided by Ontario Health. Approximately 200 staff have been redeployed across the hospital sites and working remotely guidelines are in place for the 310 staff who meet the criteria to do so. KHSC has ensured additional resources are available to support employee and physician wellness. Sandra Carlton also provided the Board with assurance that the team has a contingency plan in place for executive leadership positions should a member fall ill. As well, a COVID-19 Wellness and Psychiatry Response Team is available providing urgent response and support to staff.

Media coverage continues to be extensive. Between March 4, 2020 and April 19, 1,233 articles mention KHSC or one of its sites; 24 interviews have been completed; 14 media statements issued; 12 responses for additional information completed; and 5 media releases and 1 information bulletin released.

The final component of the presentation focused on the key public health measures that have been enacted since January 24, 2020 including a listing of each legislative and directive change implemented both federally and provincially. KHSC leadership, incident command and risk management are monitoring legislative updates daily. The Risk Management Team consults with representatives of the Health Insurance Reciprocal of Canada – KHSC insurer. Legal advice is obtained from Borden Ladner and Gervais as required. The *Emergency Management and Civic Protection Act* emergency order has now been extended to May 12, 2020.

Discussion focused on the redeployment of staff and impact on full-time versus part-time employees, particularly for employees that had been working for more than one organization. Sandra Carlton confirmed that part-time employees are not receiving as many hours and that HR support available to help part-time employees navigate the various government programs. Regular meetings are also taking place with union leaders and occupational health and safety assists with work refusals, requests for redeployment, etc.

Richard Reznick departed the videoconference at 1830 hours.

4.2 KHSC Board Chair Update – no report.

4.3 KHSC President and CEO & External Environment Update

A brief written report of the President and CEO was pre-circulated with the agenda materials. The report provided updates on federal and provincial budgets, Ontario Health teams, and confirmation of the transfer of the Ontario Telemedicine Network to Ontario Health effective April 1, 2020. Recognition of National Volunteer Week was highlighted.

4.4 Medical Advisory Committee / Chief of Staff Report

Dr. Mike Fitzpatrick provided a verbal update on MAC activities from the April meeting. Recommendations for appointments and reappointments will come forward to the May Board meeting.

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4.5 Legislative Compliance Update for KHSC

Brenda Carter drew attention to the briefing note / report on KHSC legislative compliance. A current list of KHSC applicable federal and provincial legislation was created in 2018 with support from DDO Health Law. KHSC has operationalized a compliance process which includes Leadership and Risk Management continually scanning legislative requirements for applicable updates. A full review to ensure overall compliance will be undertaken every three years. Of the 106 pieces of legislation that is tracked, KHSC is compliant with 101 with three being partially met and 2 that are under review. The report included a listing of the Acts that are partially compliant and under review which the team is currently addressing. In terms of next steps, Brenda Carter confirmed that the next formal review is planned for late 2021; the risk management team will continue to identify MRPs for new legislation that is enacted and updates to KHSC administrative policies undertaken as required. A copy of KHSC's Legislation Compliance Management was appended to the briefing and the report also included a breakdown of key Statutes by clinical, employment, facilities/environmental, employment, tax/corporate and charity, political and research.

5.0 IN-CAMERA SEGMENT

5.1 Motion to Move In-Camera

The Chair thanked Alan Hale for attending the meeting and confirmed that Theresa MacBeth, Director of Strategy Management and Communications, was available to follow up on additional information he may require. Alan Hale and Theresa MacBeth departed the meeting. The Chair invited a motion to go in-camera and for executive committee members to attend the session.

Moved by Brenda Hunter, seconded by Glenn Vollebregt:

THAT the Board move into an in-camera session.

CARRIED

8.0 REPORT ON IN-CAMERA MATTERS

8.1 Motion to Report the Decisions Approved In-Camera

The Chair reported on the following in-camera decision/discussion items: the board deferred approval of the in-camera board minutes from the March board meeting; the board received additional information relating to COVID-19 pandemic planning; the board was briefed on the KHSC redevelopment and Queen's Etherington Hall project; and the approach to the pay for performance process for 2019-20 was supported.

8.2 Date of Next Meeting & Termination

The date of the next KHSC Board meeting is tentatively scheduled for Monday, May 11, 2020 at 1600 hours by videoconference. The meeting terminated at 1830 hours on motion of Alan Cosford.

David O'Toole
Chair

Briefing Note

Topic of Report:	CEO REPORT	For Decision
Submitted to:	Board of Directors	For Discussion X
Submitted by:	Dr. David R. Pichora, President and CEO	For Information
Date submitted:	April 20, 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 our March Board and February MAC meetings. As always, I welcome feedback and suggestions in terms of content and focus for these regular updates.

Current State

1. National Volunteer Week 2020

National Volunteer Week is April 19 to 25 – each and every one of KHSC's volunteers give freely of their time, support causes and programs that they believe in, and ask for nothing in return. In 2019, KHSC's patients, families and staff benefitted from the contribution of just over 900 volunteers who provided support through conversation, diversion, providing comfort and encouragement, directions, information and raising funds that purchase equipment, support the redevelopment project, and provide much needed items for KHSC's patients. The following thank you was launched on Monday, April 20 to thank all who volunteer at KHSC: [click here](#)

2. Coronavirus Preparedness

A briefing was provided to the KHSC Board at their meeting held on March 23, 2020 and daily briefings are available to the Medical Advisory Committee members to support ongoing dialogue and information sharing. For KHSC's Incident Command, we are guided by federal and provincial government directives and the team continues to refine a staged-approach model for surge capacity to support patients as information is received and confirmed. Appreciating the fluidity of information, a reminder of where latest information can be sourced:

Health Canada: [click here](#)

Public Health Ontario: [click here](#)

KFLA Public Health: [click here](#)

Ministry of Health: [click here](#)

For KHSC, COVID Incident Command is led by Troy Jones and meets on a daily basis and the COVID Clinical Operations Committee is led by Dr. Mike Fitzpatrick with this group providing and provides regular reports to Incident Command. Output from these meetings is shared with senior leaders at both the KGH and HDH sites. My team and I will be presenting a comprehensive presentation regarding COVID activities at the meeting.

3. Federal Budget Update

On March 25, 2020, Bill C-13, the *COVID-19 Emergency Response Act*, received Royal Assent guaranteeing the rapid implementation and administration of measures to protect Canadians' health and safety and to stabilize the Canadian economy. The authorities in this legislation makes sure that the government can do what it takes support Canadians and Canadian businesses and the economy as a whole. The government's release of the **COVID-19 Economic Response Plan** provides support to Canadian workers and businesses including \$55B in tax deferrals. On April 9, the Parliamentary Budget Officer posted that the 2021 federal deficit is expected to reach \$184B.

4. Provincial Budget Update

The Ontario Finance Minister released *Ontario's Action Plan: Responding the COVID-19 – March 2020 Economic and Fiscal Update*. The government's action plan includes \$7B in additional resources for the health care system and direct support for people and jobs. It will also make available \$10B in support for people and businesses through tax and other deferrals to improve cash flow, protect jobs and assist with household budgets. A further \$1B contingency fund has been established dedicated to health care investment as well as a \$2.5B reserve and an increased contingency fund of \$1.3B to provide flexibility to respond to changing global circumstances.

5. Ontario Health Teams Update

While the Ministry of Health is committed to continuing to support teams during this time, it recognizes the significant amount of time and resources that are required to complete a full application – a decision has been made to postpone the next round of invitations. Government has also confirmed a more flexible approach for the approved Ontario Health Teams to implement their new models of care. The Ministry has made a commitment to reassess the evolving situation and to communicate a new 'start date' that best reflects the readiness of approved OHTs. External OHT support partners will be postponing scheduled events and activities that require participation from OHTs until further notice. In the communication received at the end of March, the Ministry confirmed that it will continue to work to support teams in areas such as digital health and community care. For the FL&A OHT, co-lead Dr. Kim Morrison and I have suspended our monthly meetings with the steering committee for now.

6. Legislative & Regulatory Update

A transfer Order has been issued by the government under the **Connecting Care Act, 2019** to transfer all assets, liabilities, rights, obligations, contracts and employees of the Ontario Telemedicine Network into Ontario Health effective April 1, 2020. Ontario Health will assume the operations and activities of OTN. Work locations and reporting obligations will remain the same.

Respectfully submitted



David R. Pichora, President and CEO