

BOARD OF DIRECTORS – OPEN MEETING – VIDEOCONFERENCE CALL

Date: Thursday, August 27, 2020
 Time: 1330 – 1415 hours – Regular KHSC Board Meeting – Open Segment
 1415 – 1500 hours – Regular KHSC Board Meeting – Closed Segment
 Zoom Link: <https://zoom.us/j/93816060057>

Start	Time	Item	Topic	Lead	Purpose	Attachment
1.0 CALL TO ORDER, CONFIRMATION OF QUORUM, CONSENT AGENDA ITEMS & APPROVAL OF AGENDA						
1330	5 min	1.1	Call to Order, Confirmation of Quorum, Conflict of Interest Declarations	O'Toole	Inform	Verbal
		1.2	Approval of Open Agenda	O'Toole	Decision	Draft agenda
		1.3	Approval of Open Minutes: <ul style="list-style-type: none"> • June 25, 2020 – Regular Board Meeting • June 25, 2020 – Special Meeting following AGM 	O'Toole	Decision	Draft minutes
2.0 PATIENT & FAMILY CENTRED CARE						
3.0 KEY DECISIONS/ELECTRONIC VOTE RESULTS						
1335	5 min	3.1	KHSC 2020-21 Integrated Annual Corporate Plan & Strategy Performance Index	O'Toole/Pichora	Decision	Verbal – Debrief from Planning Session
1340	5 min	3.2	Electronic Vote Results: Headship, Department of Surgery & KHSC Signing Authority	O'Toole/Pichora	Inform	Results
1345	10 min	3.3	Draft KHSC Board & Committee Work Plans for 2020-21 Update	O'Toole/Hunter/Jones	Discuss	Verbal
4.0 REPORTING & PRESENTATIONS						
1355	20 min	4.1	KHSC President & CEO + External Environment Update <ul style="list-style-type: none"> • COVID-19 update 	Pichora	Discuss	Written report
5.0 IN-CAMERA SEGMENT (Members of the Public/Guests depart meeting)						
1415	5 min	5.1	Motion to Move In-Camera	O'Toole	Inform	Verbal
8.0 REPORT ON IN-CAMERA MATTERS & DATE OF NEXT MEETING						
1450		8.1	Motion to Report on Decisions Approved In-Camera	O'Toole	Inform	Verbal
		8.2	Date of Next Meeting & Termination Board Orientation: Wednesday, September 9, 2020 – 1600 to 1900 hours Next Regular Board Meeting: Monday, October 26, 2020 1600 to 1900 hours			

BOARD OF DIRECTORS OPEN MEETING: AUGUST 27, 2020

A regular meeting of the Board of Directors of the Kingston Health Sciences Centre was held by video-conference on Thursday, August 27, 2020 from 1345 to 1535 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 by videoconference (voting): Alan Cosford, Mélanie Josée Davidson, Anne Desgagnes, Brenda Hunter, Michele Lawford, Emily Leslie, Sherri McCullough, David O'Toole (Chair), David Pattenden, Axel Thesberg and Sandy Wilson.

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

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

Regrets: Mike McDonald and Glenn Vollebregt.

Administrative Staff by videoconference: Rhonda Abson (Recording Secretary), Amit Bansal, Elizabeth Bardon, Sandra Carlton, Brenda Carter, Val Gamahe-O'Leary, Troy Jones, Renate Ilse and Steve Smith.

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

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

The Chair called the meeting to order, confirmed quorum and welcomed new members Mélanie Josée Davidson and Dr. John Leverette to their first board meeting. The Chair advised members that Mélanie Josée Davidson has confirmed her intent to abstain from voting on matters before the Board in light of the fact that she has not yet completed her orientation to the board. No conflict of interest declarations recorded.

1.2 Approval of Open Agenda

On Monday, August 24, 2020 the open agenda and supporting materials were circulated to board members.

Moved by Sandy Wilson, seconded by David Pattenden:

THAT the open agenda be approved as circulated.

CARRIED

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1.3 Approval of Closed Minutes: June 25, 2020 – Regular Board Meeting

The draft minutes of the June 2020 open board meeting were provided to members in advance of the meeting.

Moved by Sherri McCullough, seconded by Axel Thesberg:

THAT the open minutes of the KHSC Board of Directors' meeting held on June 25, 2020 be approved as circulated.

CARRIED

A special board meeting was held following the annual general meeting of the Members of the Corporation on June 25, 2020. The draft minutes were circulated with the agenda package.

Moved by David Pattenden, seconded by Sandy Wilson

THAT the minutes of the special board meeting held following the annual general meeting of June 25, 2020 be approved as circulated.

CARRIED

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

3.0 KEY DECISIONS/ELECTRONIC VOTE RESULTS

3.1 KHSC 2020-21 Integrated Annual Corporate Plan & Strategy Performance Index

Prior to the meeting, members of the board and executive team participated in a planning session focusing on KHSC's 2020-21 annual corporate plan. The Chair thanked members for their contributions and to the executive team in preparing the materials that were discussed.

Moved by Sherri McCullough, seconded by Axel Thesberg:

THAT the 2020-21 Integrated Annual Corporation Plan and strategic performance indicators presented at the August 27, 2020 board and executive planning session are approved.

CARRIED

The Board acknowledged and thanked staff for their efforts in preparing this important work during challenging times. The presentation deck that accompanied the planning agenda was informative and provided the Board with an understanding of the team's approach and focus on quality and risk.

3.2 Electronic Vote Results: Headship, Department of Surgery and KHSC Signing Authority and Guidelines

The Chair drew attention to the results of the July 31, 2020 electronic vote approving the appointment of Dr. Ross Walker as Head of the Department of Surgery for the period September 1, 2020 to June 30, 2025. A highly respected surgeon, Dr. Ross Walker comes to the headship position from the general surgery division. The Board recognized the significant contributions of Dr. John Rudan who has served as the head of surgery for the past eleven years. He has raised both the clinical and academic profile of the department and brought the department together through his practice management plan. Dr. Rudan has grown the surgical department bringing in a number of highly skilled physicians. Dr. Mike Fitzpatrick added that Dr. Rudan has the ability to bring teams together through his approachable style. From the research perspective, Dr. Jane Philpott noted that Dr. Rudan has raised the research profile of the department by successfully achieving a number of research chair positions. Dr. Varma highlighted Dr. Rudan's work and support of the NaviKnife technology at KHSC – a surgical navigation system in support of breast conserving surgery.

The other item approved by the Board as part of the July 31, 2020 electronic vote pertained to adjustments to KHSC's overall signing authority with the additional of another member of the executive team.

3.3 Draft KHSC Board & Committee Work Plans for 2020-21

David O'Toole reported on the recent planning session held with board committee chairs Brenda Hunter, Sherri McCullough, Axel Thesberg, along with executive team members Amit Bansal, Brenda Carter and Troy Jones to discuss the approach to the development of the 2020-21 board and committee work plans. The committee chairs group discussed the implementation of the five committee meeting schedule and the proposed deliverables at each meeting. Input received at this meeting will be incorporated into the next drafts and brought forward to the Board at the September 9, 2020 session.

4.0 REPORTING & PRESENTATIONS

4.1 KHSC President and CEO + External Environment Update

The written update from the President and CEO was circulated to members in advance of the meeting. The CEO report provided an update on the status of the Ontario Health Team process and, in the government's announcement of on July 23 2020, the Frontenac Lennox & Addington OHT has been invited to complete a full application. As noted in the report, the submission is due on September 18, 2020 and a response from government is expected by October 19, 2020. In response to a question relating to the readiness for a Year 1 focus to include patients who need mental health support, Dr. Pichora confirmed that the newly appointed Addictions and Mental Health Services Supervisor for KFL&A is already working with the Strategy Steering Committee and his impact has been very positive in the development of the FL&A OHT submission. Discussion also focused on the needs of the rural patient population needs; David Pichora noted that ensuring that all discharged patients have a link to a primary care support would be an important first step. The OHT Steering Committee has developed a "Patient's Medical Home" and "Patient's Medical Neighbourhood" as the basis for the submission. Dr. Jane Philpott is working closely with the primary care physician group to support this

work. David Pichora confirmed that a further update will be provided as the Steering Committee nears completion of the submission.

Regarding access to care, David Pichora confirmed that wait lists vary by program and by procedure types. Diagnostic Imaging expects to be back to normal volumes by end of the year but the waitlist in the computerized tomography area (CT scan) will be a challenge. It was noted that, some clinical areas the waiting list recovery period could be up to 18 months. Capacity issues continue to be monitored on a daily basis through a series of care team huddles. In late July, KHSC received confirmation that the Ministry has approved a service delivery change for the HDH site to provide inpatient services. Discussion focused on whether urgent care hours at the HDH site would also be extended; David Pichora explained that the team will focus efforts on the inpatient side. Surgical capacity ramp-up is well underway. David Pichora explained that this change will also help with wait list challenges and highlighted the fact that KHSC is responsible for any operational and capital costs associate with the change in designation. The recent LHIN letter stated that funding, in future, will be subject to the terms and conditions specified in funding letters. KHSC leaders continue to work with the Weeneebayko Health Authority and Corrections Canada to support patient populations. Field hospital planning is well underway for the Invista Centre, if needed; and both Public Health, City staff and Infrastructure Ontario have been extremely supportive.

Discussion focused on modelling socio-economic impacts and negative health outcome impacts and there was agreement that further discussions are needed by the Board. David O'Toole confirmed that a number of studies are underway to better understand COVID impacts on patient populations.

5.0 IN-CAMERA SEGMENT

The Chair invited a motion to go in-camera and Troy Jones and Steve Smith remained for the session.

Moved by Sherri McCullough, seconded by Brenda Hunter:

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 approved the in-camera minutes of the June 2020 Board meeting;
- The board approved retaining independent legal counsel for KHSC.

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8.2 Date of Next Meeting & Termination

The Chair confirmed that the recording secretary will survey directors for their availability to have an in-camera meeting on Tuesday, September 2 at 1300 hours. The Chair reminded members of the orientation refresh session slated for Wednesday, September 9 for all members of the Board starting at 1600 hours. The date of the next regularly scheduled Board meeting is Monday, October 26, 2020 at 1600 hours.

The meeting terminated at 1535 hours on motion of Sherri McCullough.

David O'Toole
Chair



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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:	August 21, 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 June Board meeting. As always, I welcome feedback and suggestions in terms of content and focus for these regular updates.

Current State

1. Welcome New KHSC Board of Directors

At our August Board meeting, please join me in welcoming several new ex officio members!

Dr. Jane Philpott, Dean, Faculty of Health Sciences and CEO of SEAMO

As most of you know, Jane Philpott became the Dean of the Faculty of Health Sciences at Queen's University and the CEO of SEAMO on July 1, 2020. She is a medical doctor and former Member of Parliament. Prior to politics, Jane was a family doctor for 30 years and spent the first decade of her career in Niger, West Africa. She was Chief of Family Medicine at Markham Stouffville Hospital and an Associate Professor in the Faculty of Medicine at the University of Toronto. From 2015 to 2019 she served as federal Minister of Health, Minister of Indigenous Services, President of the Treasury Board and Minister of Digital Government. In 2020, she was appointed as the Ministers' Special Advisor for the Ontario Health Data Platform.

David O'Toole and I had an opportunity to meet with Dr. Philpott on August 12 to welcome her to discuss Board activities and partner relationships.

Dr. Sonal Varma, President, Medical Staff Association

Our congratulations to Dr. Varma on her appointment as President of the Medical Staff Association. Dr. Varma is a member of the attending staff of the Department of Pathology and Molecular Medicine and an Assistant Professor at Queen's.

David O'Toole and I will be meeting with Dr. Varma on August 27 just prior to our board session on the proposed Integrated Annual Corporate Plan.

Dr. John Leverette, UHKF Cross Appointee to KHSC Board

John is a Professor Emeritus of Psychiatry, Queen's University and a 45 year member of our hospitals' medical staffs. He retired in 2018 as Vice President, Medical and Academic Programs, Providence Care previously serving as Director, Medical Affairs, at both Kingston General and Hotel Dieu Hospitals. During 2014 he was appointed Interim Chief of Medical and Academic Affairs/Chief of Staff at Hotel Dieu.

As inaugural Chair of the Royal College of Physicians and Surgeons of Canada Specialty Committee in Child and Adolescent Psychiatry, he was awarded a Founder's designation in that specialty. He is a Distinguished Fellow and Life Member of the Canadian Psychiatric Association and a Life Member and Past-President of both the Canadian Academy of Child and Adolescent Psychiatry and the Ontario Psychiatric Association.

2. Ontario Health Team – Frontenac Lennox & Addington OHA – <https://www.flaoh.ca/>

The Ministry was in touch in early July to better understand the partnerships within the FL&A OHT and how they have evolved, particularly during the pandemic. Clearly we have demonstrated that the foundations of collaboration are in place and, on July 23, the government announced five new Ontario Health Teams: Algoma OHT, Niagara OHT, Ottawa East Health Team in Eastern Ontario, Eastern Champlain and a certain portion of Ottawa Centre offering services in both official languages; Western Ontario health Team; and the Western York Region OHA in Vaughan, Richmond Hill and King City. In this same announcement, 17 teams were identified and have been invited to complete a full application and FL&A serving Kingston, Greater Napanee and surrounding areas was invited to do so. The timeline is extremely tight with our full application due on September 18, 2020 with review results shared by October 19, 2020. The July announcement also confirmed that the government is investing up to \$25M to directly support the 29 approved OHTs of which \$9.5M will be dedicated to virtual care and the remaining funds being available to support the work of the OHA, i.e. \$375K to be used for: i) expanding virtual care; ii) dedicated HR to help develop and implement the new model of care including more collaborative responses to COVID-19; and iii) purchasing business information tools to measure the performance and outcomes of the OHA model.

In terms of where we are at with the FLA-OHT full application work, the Strategy Steering Committee has continued to meet throughout the summer. Our focus in Year 1 continues to be patients who are discharged with no primary care provider; patients at risk of hospitalization; and patients who need mental health support. By building a strong primary care foundation we will be able to build capacity for accessible care.

3. Addictions Mental Health Services-KFLA

On July 2, Bruce Swan joined the AMHS-KFLA as the new Supervisor replacing Karen Berti. Bruce has enthusiastically joined us as a member of the FLA-OHT Steering Committee and brings his expertise to table. As well, Mike McDonald, Mike Fitzpatrick and I had an opportunity to meet with Bruce and Carol Ravnaas, Director of Client Services, to discuss a number of initiatives going forward.

4. Patient and Family Centred Care at KHSC

In July, KHSC was invited to participate in a research study being facilitated by CFHI on patient engagement during COVID-19. Patient & Family Advisor Council Chair Kerry Stewart and Elizabeth Bardon jointly participated in a virtual interview about KHSC's approach and successes with patient engagement in the context of pandemic. Both expressed pride in the work that has been done to ensure true partnership with patient advisors in decision-making during these unprecedented times, and optimism that this level of engagement will continue and be sustained post-COVID.

In addition, patient advisors continue to contribute as full partners at tables such as Clinical Operations to guide our approach to COVID preparedness and response at KHSC under the Incident Command structure. Incident Command remains committed to reviewing at regular intervals the family presence (visitor and caregiver) policy to ensure that our approach balances safety of patients, staff and the community with the risks for distress and/or isolation by patients and families unable to participate together in care at usual levels through regular and open on-site presence. Patient advisors continue to provide regular feedback about the policies to inform temporary restrictions.

In sending along our regular COVID-19 updates to Board, we will continue to provide the visitor and care giver policy to ensure members are current when approached by members of the community. Always know you can direct individuals to my office if they have questions or clarification on such policies. Our website is another resource for members: [click here](#)

5. Department of Surgery Leadership

Over the summer months there were a number of virtual events to recognize and thank Dr. John Rudan for his years of leadership as Head of the Department of Surgery. As you know, John will be completing his headship on August 31 and the department will be welcoming Dr. Ross Walker to his new role.

I have really enjoyed working with John – both as a member of the Department and in my capacity as CEO. His dedication, sense of humour, and ability to advocate for his patients as well as ensuring the academic and research deliverables are met for the Department where always his focus. As I am sure all can appreciate, heading up one of the largest departments in the Centre is no easy task but John handled it with an unwavering dedication to the role.

6. Post-grad Medical Education Associate Dean Search

As Dr. Ross Walker assumes his new role, work is already underway to find his replacement as Associate Dean PGME. Both Dr. Mike Fitzpatrick and Chris Gillies have agreed to serve on this search committee.

7. Regional Hospital Information System (HIS) Update

The six partner hospital boards (Brockville General, Lennox & Addington County General, Perth & Smiths Falls District Hospitals, Quinte HealthCare Corporation, and Providence Care) have approved moving forward with the HIS project and negotiating a contract with Cerner Corporation.

8. KHSC's New Bed Plan

Effective July 14, 2020, a new bed plan was introduced at KHSC. Appreciating that COVID-19 has changed how we care for patients, as well as the many Ministry Directives that have been issued over the last several months, the team has now had a chance to consider the changes necessary to our bed plan to ensure we are nimble and able to accommodate changing needs. This new plan ensures that the right patients are in the right beds, at the right times, being cared for by the right teams.

Under this new plan, KHSC has a total of 499 beds and while it sees no increase to the overall baseline bed numbers, changes have been made to the distribution of beds by program. With the introduction of new budgets to support these changes, staffing plans have also been considered that will ensure that all members of the team are working to their full scope of practice and that we have the right person doing the right job to care for patients with compassion, in partnership and with respect.

9. Patient Flow at KHSC Update

While hospital capacity has been great since mid-March, we are starting to see inpatient flow challenges return. We are seeing increased pressure in the emergency department related to volume and distancing requirements and inpatient capacity pressure as we need to maintain 10% capacity along with no hallway patients while also responding to trauma season, a climbing census including an increase in our alternative level of care patient population which all contribute to longer lengths of stay and delayed care. Current capacity issues are being managed through daily flow huddles and periodic escalation to facilitate collaboration.

In late July, KHSC received confirmation that the Ministry has approved our service delivery change form request for the HDH site to provide inpatient services. In the recent LHIN correspondence, the Ministry has confirmed that KHSC is solely responsible for any operational and capital costs associated with the change in designation and that there will be no incremental funding associated with this change. The LHIN states that any funding in future will be subject to the terms and conditions specified in associated funding letters. The LHIN's confirmation to have HDH recognized as a Group A teaching general hospital also states that there will not be any negative impact to patient services resulting from the change and that the KGH site will remain the sole site designated for inpatient mental health services across the corporation. This inpatient designation will provide us with opportunities to improve the efficient use of physical and human resources as well as having a positive impact on wait lists/wait times for services at both sites. Expanding the inpatient services provided at the HDH site will allow us the flexibility that is needed to expand services to support the region as well as provide capacity to support pandemic planning. That said, work is now underway to create capacity at Hotel Dieu with expanded EPACU and, eventually, an inpatient unit.

10. Virtual 24-hour Care at KHSC – Pilot Project

KHSC is among six hospital organizations participating in a national study to remotely manage patients after surgery. Anesthesiologists and General Internal Medicine doctors work on-call to support the initiative and also connect with patients through two-way secure video and texting to address issues that arise day or night. Eleven nurses run the central command centre 24 hours a day, seven days a week. They use tablet computers to visit virtually with patients, including daily assessments for the first 16 days patients are home after their surgeries, and every other day for the remainder of the 30-day enrollment. Not only does the program give patients a feeling of security knowing that their care teams are a click

away at any time, it also gives families peace of mind knowing that their loved ones are being closely monitored as if they were in hospital.

Approximately half of the KHSC patients recruited to the study will have received technology called Connected Health by Cloud DX, which includes a tablet and remote monitoring equipment to assess six biophysical parameters: blood pressure, heart rate, respiratory rate, oxygen saturation, temperature, and weight. The other half received the current standard care, which is at the discretion of each surgeon and typically includes an in-person clinic visit in two to eight weeks after discharge from the hospital. Once patients are at home, nurses call them on the phone to set up the equipment. In addition to recording their vital signs at home, patients complete daily surveys that assess their recovery. All data are relayed wirelessly to the nurses who assess it and ensure patients receive the care they need.

Queen's Departments of Anesthesiology and Perioperative Medicine, Surgery and Medicine donated funding for the project. KHSC supported the project through the monitoring nurses and providing the monitoring equipment. Seed funding for the trial was also received through Roche Canada's COVID-19 Innovation Challenge.

11. KHSC App to Support KHSC's Visitor Registry

KHSC was recently profiled by the Ontario Hospital Association as part of their Health News update. KHSC's information and project management teams worked from mid-March to the beginning of April to build, test, and launch a web-based application that registers essential family members and pulls from the Patient Care System to link them to inpatients found in the system. Most often, a designated family member is registered at the time a patient is admitted to hospital or upon arrival for an outpatient procedure or visit that requires family presence for safe care, as is the case for patients with dementia. On inpatient units, designated staff can also register family members following admission. In addition to quickly and easily being able to upload the name of an essential family member approved to visit a patient, the web application allows for the family presence to be temporary in situations such as on the day of a surgery only or ongoing for a patient who is actively dying. When family members arrive at designated entry points, they are screened for COVID-19 and asked who they are coming to see. Once found in the web application, their ID is verified and presence – temporary or ongoing – confirmed.

While hospital environments are not the same as they once were, the needs of family members to be with and care for the ones they love are unchanged. Another constant as the pandemic progresses is finding the right balance between offering a supportive patient- and family-centred experience and protecting the health and safety of all those who enter the hospital sites.

12. Caring for Vulnerable Populations

Earlier this month, I had an opportunity to engage with Lanie Hurdle, Chief Administrative Officer with the City of Kingston in advance of cold winter months and plans to care for the most vulnerable in our community. The City has confirmed that, at present, even with social distancing and a reduction in shelter beds, the City has been running at a 50% capacity in shelters over the last three months. The City's Integrated Care Hub will be able to accommodate between 20-25 people overnight and additional accommodation is available in downtown Kingston (19 rooms) is needed. Should outbreaks occur, the City has a plan in place to work with local hotels/motels in our community. The biggest challenge for all is finding ways to encourage and support individuals in our community to access the services that are available.

13. Pandemic Pay Update at KHSC

KHSC now has in place to implement the provincial government's plan to address temporary pandemic pay as a means to stabilize and shore up the workforce in areas expected to be most impacted by the COVID-19 pandemic. As I am sure board members can appreciate, implementing the program has unique challenges as provincial guidelines clearly identify who qualify to receive these payments while others do not.

At KHSC we value the work of all staff regardless of their role in the organization. Along with unions and professional organizations, we have advocated as a region for greater inclusivity but the government has again confirmed that there will be no expansion based on their eligibility criteria. We have equipped leaders with the necessary tools to help guide conversations with staff members who have not been included in this program leading up the payments that will be made the week of August 24 and September 21.

14. Government Relations Update

Over the summer I had an opportunity to meet with MPP Ian Arthur and a brief was provided to MPP Daryl Kramp. Our conversations focused on the redevelopment project, an update on COVID-19 pandemic planning, as well as specifics about the need for renewing KGH and HDH facilities. Both parties are keenly interested and we will continue to provide timely updates on health related issues.

15. Redevelopment Project Update – KGH Site

Kingston General Hospital site – Redevelopment

Future patient tower will be home to:

- Emergency Department
- Operating Rooms
- Neonatal Intensive Care Unit
- Labour & Delivery
- Additional inpatient beds
- Clinical Laboratories
- Data Centre
- Pharmacy



Artistic rendering only. Not an official design.

On August 11, a team of Archaeologists started their work at 1 x 1 meter test pits near the Douglas and Etherington buildings. Historic records indicate that a mid-nineteenth century mass grave once existed in this area. With our redevelopment plans underway, the planning staff made arrangements to have a look underground to better understand what might actually exist in these particular locations. We await the results of this work with an expectation that it should be completed by August 25.

On August 19, leaders from across KHSC had an opportunity to meet with the Cannon Design team to discuss our redevelopment project at the KGH site. It was a great session. The project schedule is being updated to reflect the COVID delay and we expect to have new RFP release dates in September.

16. Provincial Government Releases First Quarter Financial Results

Projected deficit for the province \$38.5B with Ontario's real gross domestic product declining by 2% for the first quarter – largely due to pandemic economic impacts with economists predicting Ontario's real GDP declining by 6.6% in 2020. Greater detail is available on the Ministry of Finance's website at: [click here](#).

Since announcing Ontario's Action Plan in March, the government is making additional investments in the fight against COVID-19 including: an increase of \$4.4 billion to provide ongoing support for health care to build hospital capacity, prevent and contain the spread of COVID-19 in long-term care homes, ramp up testing and purchase personal protective equipment and critical medical supplies; and an increase of \$7.3 billion to support people and jobs. These investments bring the government's COVID-19 response action plan to a projected \$30 billion, up from \$17 billion announced earlier this year.

17. Ministry of Health – Leadership Announcements

In late June, Assistant Deputy Minister Mike Heenan announced the appointment of Melanie Kohn (formerly Director of the Hospitals Branch) has been appointed acting Assistant Deputy Minister of the Mental Health and Addictions Division. Tara Wilson has been appointed as the interim Director of Hospitals Branch. Ms. Wilson has served in senior positions in the provincial programs branch, the Assistant Deputy Minister's office, and in the health sector models branch. She was involved in the redesigned multiple patient service programs and contributed to the refining of the hospital funding formula – two critical enablers to the hospital sector.

On August 20, the Ministry announced additional changes to their structure. Deputy Minister Helen Angus confirmed that the Ministry would be increasing dedicated resources to support the ongoing COVID-19 response and setting up a temporary Pandemic Response Division which will be led by Alison Blair, Assistant Deputy Ministry. Reporting to DM Angus, Ms. Blair will provide leadership and coordination with the Ministry and the public health response. This new division will include Directors of Testing Strategy Coordination; Strategic Health Response Secretariat; and Health System Emergency Management Branch. The announcement also included the appointment of Rhonda McMichael as Assistant Deputy Minister, Population Health Initiatives to focus on case and contact management along with rapid response planning. Under this portfolio, another Director has been announced for Rapid Response and Outbreak Management Coordination.

For the benefit of new board members, the following link provides an overview of the organizational structure of the Ministry (note that the above announcements have not yet been incorporated into the org chart) – [May 2020 MOH Org Chart - click here](#)

18. Ministry of Health – Hospital COVID-19 Expenses

On July 23, Assistant Deputy Minister Mike Heenan released a memo to hospital and LHIN CEOs reaffirming the process that all hospitals must track COVID-19 related expenses and submit them to their LHIN for review and attestation prior to submission to the ministry. To help hospitals manage cash flow, the ministry has committed to reviewing the submissions for March, April and May to support funding packages that will be released to hospitals.

The ministry is working closely with Ontario Health and the Ontario Hospital Association to analyze and validate the submissions. Hospitals have been reminded of the need to maintain detailed financial records for all expenses. The ministry has also confirmed that they are examining multiple reconciliation options related to hospital funding and how to provide flexibility given the ongoing pandemic. As noted in my June report, the OHA continues to discuss existing and emerging financial challenges and a newly established Hospital Finances Advisory Panel. The membership has been expanded to include St. Joseph's Health Hamilton, the Hospital for Sick Children and Bruyere Ottawa.

19. Ontario Hospital Association – <https://www.oha.com/>

- **OHA Submission to Federal Budget Recommendations**

The OHA has put forward two recommendations to the House of Commons Standing Committee on Finance as part of the pre-budget consultations in advance of the 2021 federal budget. The first recommendation is for the Government of Canada to increase funding for health research as a key to securing Canada's economic future and global leadership in research. The OHA is advocating for a 1% allocation (\$1.85B) of public health spending on health. The second recommendation is for the Government of Canada to undertake a national discussion on strengthening the health care and social services system ensuring that these two areas are properly funded.

- **Leadership Series**

Typically the OHA hosts a two-day conference in early September bringing health care leaders together at their annual "Leadership Summit". Appreciating social distancing challenges, the OHA decided to take a different approach in having virtual conversations with hospital CEOs with the first one being held on July 14 entitled "Liberating Leadership". Nik Gowing, Founder and Director of the Thinking the Unthinkable Project, served as the keynote and our conversation focused on the premise that no one wants a serious crisis to go to waste.

The next session was held on August 18 "Re-humanizing the health care experience" and the conversation will be led by Adam Waytz, Psychologist and Associate Professor of the Kellogg School of Management, Northwestern University. Professor Waytz is author of "The Power of Humanity: How our Shared Humanity can help us Create a Better World." Due to calendar conflicts, I was unable to participate in the session but will look to connect in the post-session materials as Dr. Waytz's talk focused on how society is experiencing an unfortunate surge in dehumanization which can manifest in the form of racism, power dynamics, and organizational culture.

The next session is scheduled to take place on September 9 (direct conflict with our board orientation session) entitled "Strategic Considerations: Health System Architecture" and leading this conversation with Mehrdad Baghai, Chairman, Alchemy Growth Partners and Former Partner, McKinsey and Company. This session will explore what is it that hospitals, and only hospitals, can do within an integrating system.

20. The Change Foundation – New Interim CEO – <https://www.changefoundation.ca>

The Change Foundation is an independent health policy think-tank. Created in 1995 through an endowment from the Ontario Hospital Association, the Foundation brings together patients, family caregivers along with health and community care providers to look at ways to enhance and improve the quality in the delivery of health care in Ontario.

The OHA Board of Directors continues their discussion with The Change Foundation board about the potential for greater strategic alignment between the two organizations. Cathy Fooks recently stepped down as the CEO to become Ontario’s new Patient Ombudsman. Annie Tobias, OHA’s Vice President Learning and Engagement, has been invited by the Foundation’s Board Chair, Jeanette Despatie, to serve as interim CEO.

21. Long-term Care Initiatives

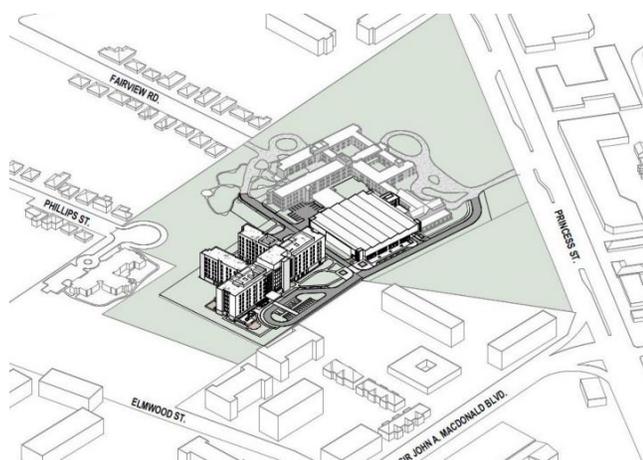
- **Independent Commission into COVID-19 and Long-term Care**

On July 29, Premier Ford and Minister Fullerton announced the creation of a new independent commission into COVID-19 and long-term care. Three commissioners will investigate how COVID-19 spread within long-term care homes, how residents and staff and families were impacted, and the adequacy of measures taken by the province and other parties to prevent, isolate and contain the virus. The commissioners will also provide guidance to the government on how to protect long-term care homes in future. Associate Chief Justice Frank Marrocco will serve as Chair along with Angela Coke, and Dr. Jack Kitts, former CEO of The Ottawa Hospital.

- **Fast Tracked Long-term Care Construction**

Earlier this month, the government announced several accelerated build projects with the goal of fast-tracking construction for new long-term capacity: 640 new beds in Mississauga in partnership with Trillium Health Partners; a new 320-bed home at the Lakeridge Health’s Ajax Pickering hospital site; and a new 320-bed home at Humber River Hospital’s Finch site. Completion of the 1,280 beds in the Toronto and GTA area will be completed by the of next year.

- **Long-term Care Construction – Sisters of Providence Update**



On August 17, 2020, the Sisters of Providence of St. Vincent de Paul unveiled more detailed plans to transform their property at 1200 Princess Street into a “village” community that includes long-term care and assisted living facilities.

A public meeting on their rezoning application is scheduled for Thursday, September 3, during a virtual City of Kingston Planning Committee meeting.

As KHSC board members know, the Sisters are partnered with Providence Care, Providence Manor and a number of community services to construct a six-storey, 320-bed long-term care home replacing the downtown location of Providence Manor on Sydenham Street.

22. College of Physicians and Surgeons Update

Nominations for Outstanding Physician for the CPSO Council Award

The College of Physicians and Surgeons is accepting nominations for the 2021 Council Award. This award honours outstanding Ontario physicians who have demonstrated excellence and embody the society's vision of an "ideal physician". Selection criteria is available on the following website: [click here](#) and the deadline for nominations is Monday, September 28, 2020.

Use of Social Media by Physicians – Draft Guidelines

In mid-July, the College also delivered a draft statement in terms of their expectations respecting the use of social media. The guidelines provide physicians with information on the need to maintain appropriate boundaries; the importance of protecting patient privacy and confidentiality; and using social media in a manner that upholds the reputation of the profession and of individual physicians. Members have until September 7, 2020 to provide input.

23. Legislative Update

The Ontario legislature adjourned on July 22, 2020 having passed 18 pieces of legislation including emergency measures needed to protect public health and in to prepare for economic recovery. The legislature has risen until September 14, 2020.

- **Reopening Ontario - A Flexible Response to COVID-19 Act, 2020** – will ensure important measures remain in place to address the threat of COVID-19 once the provincial declaration of emergency has ended. The Act came into force on July 24, 2020 and has been extended to September 22, 2020.

Several of the temporary emergency orders that were previously issued under the **Emergency Management and Civil Protection Act** that were heavily relied upon and instrumental in supporting hospitals in preparing for a potential surge during the first wave of COVID-19 have been continued under this legislation. Of note, the legislation enables government to extend and amend the orders regarding labour redeployment, physician credentialing and the requirement for long-term care employees to work with a single employer, and to extend (but not amend) the order regarding temporary health or residential facilities.

Now that the province is experiencing a period of relative stability, hospitals have largely been winding down redeployment activities and moving towards regular staffing as they are able to as they ramp up re-opening, as well as seeking alternatives to redeployment for staffing ongoing COVID-related activities such as screening and assessment centres. The extension of the labour redeployment and physician credentialing orders under the legislation allow for a continued transition to normal staffing activities, including the resumption of regular work assignments and scheduling practices as appropriate and preserve flexibility to prepare for and respond as necessary in the event of a second wave. Hospitals have also been focused on supporting ways for their employees to take vacation during this period so that they may recover and regroup ahead of any potential surge of COVID-19 later this year.

The Ontario Hospital Association has reminded its members that the labour redeployment order is not an unfettered suspension of collective agreements, but rather only applies with respect to the suspension of those provisions that are necessary to satisfy the redeployment objectives outlined in the order. Furthermore, these measures must be reasonably necessary to respond to, prevent and alleviate an outbreak of COVID-19 and therefore hospitals are encouraged to assess their current situation, as well as local labour relations impacts, in order to tailor their activities appropriately. Given these extraordinary measures, there exists a strong possibility that the legislation will be the subject of a Charter challenge by healthcare unions, particularly once the province has lifted the state of emergency and in light of the relatively lower levels of COVID-19 activity across hospitals. Any decision on such a challenge will likely be predicated on the reasonableness of suspending particular parts of collective agreements for such a prolonged time and may also consider whether hospitals are currently utilizing the provisions of the orders in a manner that is reasonably necessary to respond to, prevent and alleviate an outbreak of COVID-19.

While the order itself suspends the grievance process with respect to any matter referred to in the order for its duration, this does not insulate hospitals from any liability stemming from unreasonable actions taken during the effective period of the order, once the order expires.

The OHA held two meetings with the five major hospital unions since the bill was introduced to review their concerns and reassure them that hospitals are working to normalize daily operations and are using the labour redeployment orders for its limited purpose. The OHA has strongly encouraged hospitals to continue to communicate and engage with their union partners and employees regarding decisions made under these orders. These discussions can build confidence in your hospital's planning, promote sharing of ideas to address the complex situation, promote local problem solving, preserve relationships, and proactively manage disagreements. This will be paramount to ensuring the safety of patients and staff, both today and in the future.

- **COVID-19 Economic Recovery Act, 2020** – will help create jobs and generate development by getting key infrastructure projects built faster. It strengthens communities by ensuring municipalities are equipped with the tools they need to continue to provide critical services.
- **Economic and Fiscal Update Act, 2020** – the government's first steps in the response to COVID-19 were set out in the March economic update which included \$7B in additional resources for the health care system and direct support for students, families and seniors and made available \$10B for people and businesses through interest and penalty relief measures and other deferrals to improve our cash flow.
- **COVID-19 Response and Reforms to Modernize Ontario Act, 2020** – includes legislative changes that will make it easier for people to conduct business and practice physical distancing by providing Ontario corporations temporary flexibility to hold meetings virtually, to defer certain AGM meeting dates, and allow the Ministry of Government and Consumer Services to accept copies of documents/e-signatures, electronic filings, etc.
- **COVID-19 Support & Protection Act, 2020** – second phase of the government's response to the pandemic which includes temporary relief of student loans, extending expiring development charge bylaws, suspending limits for planning matters, and extending deadlines for municipal community safety plans.

- **Protecting Small Business Act, 2020** – to support small businesses experiencing significant declines in revenue during the pandemic. Government has halted or reversed evictions of commercial tenants and protected them from being locked out or having their assets seized if they are eligible for federal/provincial rent assistance.
- **Connecting People to Home and Community Care Act, 2020** – to create a more modern home and community care sector. The Act lays the foundation for an integrated delivery of home and community care through partnerships between primary care, hospitals, home and community care, along with long-term care providers who will be enabled to better collaborate as part of Ontario Health Teams.
- **Employment Standards Amendment Act (Infectious Diseases Emergencies, 2020)** – provides for job security for workers while under quarantine or self-isolating personal illness, concern by the employer that the employee may expose other individuals in the workplace to COVID-19, and for those who need to be away from work to provide care for certain family members for reasons related to COVID-19.

24. Partnership Council Update

At the Partnership Council meeting held in May, David O'Toole and I provided an update on pandemic planning activities, board recruitment, the 2020-21 board slate, and an update on Ontario Health Team activities.

25. Catholic Sponsor Affairs Update

- **Religious Hospitallers of St. Joseph – 175th Anniversary Activities**

In September of 1845 the Religious Hospitallers of St. Joseph arrived in Kingston to found Hotel Dieu Hospital and begin their ministries. This September marks the 175th anniversary of our humble beginnings. The triumph and resilience of our hospital's Mission and Values over the past 175 years has been echoed in Hotel Dieu's response to the COVID-19 pandemic. Through unprecedented change our Mission lives on.

The Mission and Values Committee is spearheading a creative and enthusiastic initiative to honour our past, present, and future, while encouraging participation from across the HDH community: the Sisters, the Archbishop, School of Nursing alumni, RHSJ Associates, retirees, staff, volunteers, physicians, administration, HDH Board and KHSC Board members, Catholic Health International and the public.

Planning this celebratory milestone during the pandemic has required innovation, moving from many in-person events to other opportunities. Given the uncertainty of the presence and impact of the pandemic in the coming months, the planning committee has nimbly adapted to find exciting new ways to celebrate. Safety remains our top priority. Under the guidance and expertise of Infection Prevention and Control we are continually assessing the systematization and suitability of our proposed events.

In the midst of all of the uncertainty of our times, the committee has a number of initiatives that are underway and being considered:

- Storytelling Video Vignettes (historical and present) – many participants and topics
- Virtual Tours of 2 Symbolic Spaces: Chapel and Cupola
- 175th Anniversary banner outside the hospital
- Greetings from Dignitaries

- Social Media Campaign (sharing historical photos, videos, and information)
- Staff video montage - collaborative reflections on what it means to “live the Mission”.
- 175th Anniversary Newsletter
- City Proclamation
- Draws for staff
- Possible events being considered
 - Annual celebratory BBQ (modified to adhere with COVID-19 safety precautions)
 - Celebration of Mass by Archbishop in Chapel – live video streaming
 - Mission Awards in Chapel and dawning of celebratory pins to award winners – live video streaming.

I wanted to highlight the incredible enthusiasm and creativity from so many people eager to make this a meaningful and remarkable part of the history of Hotel Dieu.

In closing this update, I wanted to extend congratulations to the **Rose of Hope** Organizing Committee for their fundraising efforts in a very difficult climate with all the COVID-19 restrictions! Sherri McCullough’s incredible leadership and determination to see \$187K raised at this year’s tournament resulting in this golf tournament raising in excess of \$2M is a remarkable achievement.

Respectfully submitted



David R. Pichora
President and CEO