# BOARD OF DIRECTORS – OPEN MEETING – VIDEOCONFERENCE CALL

**Date:** Monday, December 13, 2021  
**Time:** 1600 – 1900 hours  
**Zoom Link:** [https://kingstonhsc-ca.zoom.us/j/84570617209](https://kingstonhsc-ca.zoom.us/j/84570617209)

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<tr>
<td><strong>1.0</strong> CALL TO ORDER, CONFIRMATION OF QUORUM, CONSENT AGENDA ITEMS &amp; APPROVAL OF AGENDA</td>
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<td>Welcome, Call to Order, Confirmation of Quorum, Conflict of Interest Declarations</td>
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| &nbsp; | &nbsp; | 1.2 | Consent Agenda Items  
| &nbsp; | &nbsp; | a) Approval of Board Open Minutes: October 25, 2021  
| &nbsp; | &nbsp; | b) Health Human Resources (HHR) Update  
| &nbsp; | &nbsp; | c) Overall Progress at Q2 – Slide Presentation | Thesberg | Decision | Briefing note |
| &nbsp; | &nbsp; | 1.3 | Approval of Open Agenda | Thesberg | Decision | Draft agenda |
| **2.0** PRESENTATIONS & GENERATIVE DISCUSSION | | | | | | |
| 1605 | 15 min | 2.1 | COVID-19 Pandemic Current State at KHSC | Pichora/Ilse | Discuss | Presentation @ meeting |
| **3.0** KEY DECISIONS | | | | | | |
| 1620 | 10 min | 3.1 | KHSC Patient Safety Plan Update | Leslie | Decision | Briefing note |
| 1630 | 5 min | 3.2 | Signing Authority & Banking Resolution | Cosford | Decision | Briefing note |
| **4.0** REPORTING & UPDATES | | | | | | |
| 1635 | 10 min | 4.1 | KHSC President & CEO + External Environment Update | Pichora | Discuss | Written report |
| 1645 | 5 min | 4.2 | COS/MAC Report – November MAC Meeting | Fitzpatrick | Discuss | Written report |
| 1650 | 5 min | 4.3 | UHKF President and CEO Update | Zsolnay | Discuss | Written report |
| 1655 | 10 min | 4.4 | KHSC Board Package Efficiencies | Hunter/Thesberg | Discuss | Briefing note |
| **5.0** BOARD COMMITTEE REPORTING | | | | | | |
| 1705 | 10 min | 5.1 | Patient Care & Quality – November Meeting Highlights  
| &nbsp; | &nbsp; | Q2 High Level Committee Summary  
| &nbsp; | &nbsp; | Patient & Family Advisory Council Annual Report  
| &nbsp; | &nbsp; | Program Profile: Infection Control Program | Leslie | Inform | Verbal  
| &nbsp; | &nbsp; | Click here  
| &nbsp; | &nbsp; | Click here  
| 1715 | 10 min | 5.2 | Governance Committee – November Meeting Highlights  
| &nbsp; | &nbsp; | Q2 High Level Committee Summary  
| &nbsp; | &nbsp; | Board Education for January 2022 | Hunter | Inform | Verbal  
| &nbsp; | &nbsp; | Click here  
| 1725 | 10 min | 5.3 | People, Finance & Audit – November Meeting Highlights  
| &nbsp; | &nbsp; | Q2 High Level Committee Summary  
| &nbsp; | &nbsp; | Budget Update | Cosford | Inform | Verbal  
| &nbsp; | &nbsp; | Click here |
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| 6.0 IN-CAMERA SEGMENT (Members of the Public/Guests depart meeting) |
|-----------------|----------------|------------------|-----------------|
| 1735 5 min 6.1  | Motion to Move In-Camera | Thesberg Inform Verbal |

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<th>11.0 REPORT ON IN-CAMERA MATTERS</th>
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<td>11.2 Date of Next Meeting &amp; Termination</td>
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### Background

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

### Current State

1. **Canada’s Top 40 Under 40** [https://canadastop40under40.com/](https://canadastop40under40.com/)

   Dr. Teresa Purzner, a neurosurgeon at Kingston Health Sciences Centre (KHSC) has received a prestigious honour, being named to the 2021 Canada Top 40 Under 40 list. The list, which was founded in 1995 by the executive search firm Caldwell is an award that identifies outstanding achievers in Canadian business, visionaries and innovators. Dr. Purzner, aside from her clinical practice providing care to patients at KHSC, was nominated for her work in founding a baby food company that supports brain development in young children. Cerebelly, is now a nationally recognized brand in the U.S. with distribution in over 7,000 grocery stores. Dr. Purzner’s scientific cancer research led to the repurposing of an experimental adult chemotherapy drug, for the treatment of childhood medulloblastoma which is the most common pediatric brain tumor. This treatment is now moving through clinical trials. Dr. Purzner was selected out of a list of over 1,200 nominees. Her accomplishments – from neuro-oncology research to clinical neurosurgery to entrepreneurship clearly demonstrate why she is one of Canada’s Top 40 Under 40.

2. **Accreditation Update** [www.accreditation.ca](http://www.accreditation.ca)

   “Tracer Thursdays” are underway at KHSC with over 20 units/programs having participating in mock tracers so far! For the benefit of new KHSC Board and MAC members who may not be familiar with this process, Mock tracers are simulation exercises aimed at boosting the comfort level of teams who could come face-to-face with the Accreditation surveyors next April. KHSC uses mock tracers as an interactive way to engage staff, physicians, patients/families, volunteers and learners in talking about accreditation standards and required organizational practices. Tracers also serve as a quality improvement tool for teams, a way to share information with the expert surveyors and to discover where processes are working well and where they could be tweaked and improved.
3. **KHSC Becomes Canadian Leader in Robotic Rectal Cancer Surgery**

The A.B. Smith QC Robotics Program at KHSC is recognized as a leader in robotic rectal cancer surgery completing between 80-110 cases per year – double the number that are performed in larger cities across Canada.

Approximately 90-95% of KHSC’s rectal cancer procedures are completed using minimally invasive robotic techniques resulting in better outcomes and quicker recovery for our patients who are able to return to their normal lives in a matter of weeks. Previously, patients would have to remain in hospital for up to a week recovering – now they are returning home more rapidly to recuperate.

General surgery medical residents are also learning how to deliver care in a high-volume robotic environment. KHSC has been very fortunate to benefit from the support of local philanthropist Britton Smith – his generous financial support continues across KHSC for a variety of programs and, for this program, it allowed us to purchase the da Vinci robotic operating system.

4. **New Hybrid Operating Suite Opens at KHSC**

A new $2.8M hybrid operating room opened last month at KHSC and will advance minimally invasive endovascular procedures in Kingston by combining state-of-the-art imaging technology with an OR equipped to perform traditional surgeries.

Until now, mostly less-complicated endovascular aneurysm repairs (EVARs) to the aorta, the largest artery that carries blood from the heart to the rest of the body, were treated at KHSC in the ORs and in the interventional radiology suites. An aneurysm is a weakened or bulging area on the wall of an artery.

The benefits of minimally-invasive, image-guided procedures are well documented, including less time in surgery, shorter hospital stays, faster recoveries and better outcomes. Before now, advanced imaging at KHSC was only available outside of ORs, in the interventional radiology suites where approximately 7,000 procedures are performed each year and through the diagnostic imaging department where more than 200,000 diagnostic scans such as CT, X-rays and MRIs take place yearly. The new hybrid OR will help attract other healthcare professionals trained in the latest technology to join KHSC.
5. Health Human Resources (HHR) Update

KHSC, like other hospitals in the province, continues to experience severe and growing personnel shortages related to systemic issues in healthcare. The shortages are most acute in nursing, but affect all categories of staff and leadership. These HHR shortages are the biggest single risk to sustainability of operations at KHSC. We continue to work with leaders throughout the organization on improving recruitment and retention. There are several provincial working groups discussing the HHR issue, however no solutions have yet been proposed. KHSC did receive notification of short term surge funding to support expanded use of role extenders in many categories, including nursing, respiratory therapy, physiotherapy and occupational therapy. The ongoing shortages have a significant impact on workload and morale for existing staff & physicians and we are exploring options for recognition of their continuing commitment and hard work.

This important work on the new HIS is adding to the organizational staffing challenges as we need to allocate representatives from all over the organization to work on the system validation. See also section 9.

As outlined in the recent communication to all staff, KHSC terminated 31 employees after failure to comply with KHSC’s vaccination policy. The deadline for compliance was November 5 and, during virtual meetings that were held with the affected employees during the first week in December, employees were given an opportunity to reflect one last time on their vaccination status and to commit within 48 hours.

6. COVID-19 Information – Visiting Protocols

Appreciating that Board members may be approached in the community regarding changes to KHSC visiting policies, I thought I would include a quick update in my report on our current practice protocols and requirements.

Inpatients may have one fully vaccinated (14 days since last dose) registered family member (and a reminder, family is defined by the patient and does not need to be a blood relative or spouse). A visitor must be registered in the visitor app and present proof of full vaccination and photo ID at the screening station prior to entry into either KGH or HDH sites. Registered visitors are asked to limit their visit to no more than 3 hours per visit to reduce crowding on inpatient units. For specialized areas (such as NICU or critical care or very full units), family visitors will also be required to sign up for specific visit times for safety purposes. We encourage patients and families to arrange for different times of day for visits to try and reduce crowding in shared rooms. In small areas where there are specific concerns about crowding, units will always consider a schedule to facilitate safe visiting. We continue to discourage switches in registered family visitors except in the most exceptional of circumstances. Patients are encouraged to register visitors who can commit to supporting them for the duration of their hospital stay. Care providers encourage patients to ask that one designated family visitor serve as family liaison to reduce the number of family phone calls coming into the clinical units.

There are a few areas that are exempt from the one visitor policy such as pediatric patients (2 registered adult visitors); specific protocols in a variety of areas, e.g. imminently dying patients, including pediatric and neonates.

Guidelines are updated regularly and you can view KHSC’s current policies at: Click here to view
7. **Booster Dose Administration Underway for Healthcare Workers at KHSC**

Health care workers (HCWs) are eligible for a booster dose of COVID-19 at least 24 weeks (168 days) after their second dose. KFLA Public Health has asked KHSC to assist with providing booster doses to its own health care workers (including physicians, volunteers and designated care partners) plus those from Providence Care. About 7800 HCWs will be eligible between now through to end of January 2022 (assuming 100% uptake). You can use this [timeframe calculator](#) to enter the date of your second vaccine and calculate your eligible date for a booster.

8. **KHSC Virtual Open Forum – December 2**

Another virtual open forum was held on December 2 for staff, physicians and volunteers at KHSC. Dr. Gerald Evans and members of the infection control team were available to provide participants with an update on the pandemic and the newly identified omicron virus as well as to respond to questions staff have on KHSC’s vaccination policy. A calendar invitation was extended to the KHSC, Hotel Dieu and KGH Boards and a link to the recorded session will be shared when available.

9. **Regional HIS Project Update**

The Regional HIS Project is now in the Align Phase. In this phase, the regional core team leaders and Cerner are working with partner hospitals to draft implementation plans and recruit the cross-regional team. A number of KHSC leaders have been selected to participate and the management team is carefully monitoring to ensure positions are back filled as appropriate. Regional nomination lists for part-time subject matter experts to staff the 70+ workflow teams are being compiled. A regional HIS Leadership Engagement Workshop was held December 3, 2021.

10. **Portable MRI Machine – Weeneebayko Health Authority**

As mentioned at the October Board meeting, Weeneebayko General Hospital has now received the new Hyperfine Portable MRI machine. This project will bring health care closer to home, reduce the need for community members to travel out of the region for MRI services, and will improve patient triaging to allow clinicians to perform re-imaging without the risk of radiation exposure.

Queen’s and Kingston Health Sciences Centre, working in partnership with health leaders in Weeneebayko and with representatives of Hyperfine, were able to make this a reality for patients living in the North. At this time, there are only two machines in the entire country – and we are all so proud of the Weeneebayko team being selected! Thanks to Dr. Omar Islam and Project Coordinator Chloe Des Roche for all their work and support to make this a reality!
11. **Ontario Investing Billions to Modernize and Expand Trillium Health Hospitals**

The Premier’s Office recently announced the largest single hospital infrastructure investment in Ontario history by making a multi-billion dollar investment to build a new, state-of-the-art Mississauga Hospital and expanding the Queensway Health Centre, both are part of Trillium Health Partners. The Ontario government has made the commitment to add over 600 hospital beds and expand services to improve access to care in the Peel and Etobicoke region. The new, fully redeveloped Mississauga Hospital is anticipated to include one of the largest emergency departments in Ontario, increase the number of operating rooms and add over 350 additional new beds. The redevelopment plans also include a new inpatient care tower at the Queensway Health Centre to centralize complex continuing care and rehabilitation services for patients, while also adding over 150 new beds.

12. **CIHI Releasing New Data – Your Health System Website - Click here**

On December 9, CIHI will be releasing new/updated data on the frailty among hospitalized seniors along with a new contextual measure for acute care.

In early November, CIHI reported that Canada is expected to spend a new record of $308B on health care in 2021 or $8,109 per Canadian. Total health spending is expected to have increased by more than 12% between 2019 and 2020 – a rate of increase that has not been seen in more than 30 years according the CIHI news release. Hospitals (25%), Drugs (14%) and Physicians (13%) are expected to continue to account for the largest shares of health dollars (more than 50% of total health spending) in 2021. A new spending category — COVID-19 Response Funding — makes up 7% of total health spending, which includes federal direct and provincial/territorial government–sector spending.

13. **OHA – Hospitals Advisory Committee (HAC)**

HAC reconvened in September 2021 having last met almost a year ago. This group provides strategic advice and recommendations to the Ministry of Health on patient-based funding models, the implementation of those models, and improvements to health funding practices. Co-chairs Anthony Dale (OHA CEO), Adil Khalfan (Health System Performance and Support Executive with Ontario Health), and Peter Kaftarian (ADM of Hospitals and Capital Division) are discussing short and long-term priorities, funding updates related to COVID-19, the 2022-23 funding formula, and mental health funding initiatives.

14. **Ontario Government Releases Fall Economic Statement**

On November 4, Finance Minister Peter Bethlenfalvy released the 2021 Ontario Economic Outlook and Fiscal Review “Build Ontario”. The OHA provided member hospitals with the following summary highlights:

For 2021-22, the Government is projecting a deficit of $21.5 billion, which is $11.6 billion lower than the outlook published in the 2021 Budget – the result of economic growth and more information about the impact of COVID-19 on the province’s finances. Over the medium term, the government is projecting steadily declining deficits of $19.6 billion in 2022-23 and $12.9 billion in 2023-24 – an improvement of $8.1 billion and $7.2 billion, respectively, relative to the outlook presented in the last Budget.

When it comes to health care, the fiscal review includes many previously announced investments from the Spring Budget, which are part of the Government’s plan for rebounding from the pandemic. The specific impact on KHSC on these general funding announcements remains to be seen.
Briefing Note
Topic of Report: CEO Update – December Board & MAC meetings

- Ontario is investing $342 million, beginning in 2021–22, to add over 5,000 new and upskilled registered nurses and registered practical nurses as well as 8,000 personal support workers.
- The province is investing an additional $548.5 million over three years to expand home and community care.
- The government is investing $12.4 million over two years starting in 2021–22 to continue rapid access to existing and expanded mental health and addictions supports.
- The government is providing an additional $72.3 million over three years to increase long-term care enforcement capacity, including doubling the number of inspectors across the province by 2022–23.
- Ontario plans to invest an additional $3.7 billion, beginning in 2024–25, to build an additional 10,000 net new long-term care beds and upgrade 12,000 existing beds to modern design standards.
- To support growing demands on the health care system, Ontario is investing $30.2 billion over the next 10 years to build, expand and enhance hospitals.

15. Legislative Update

On October 28, the Ontario government introduced Bill 37, the Providing More Care, Protecting Seniors, and Building More Beds Act, 2021. If passed, this Bill would repeal the current Long-term Care Homes Act, 2007 and create the Fixing Long-Term Care Act, 2021, while also making recommendations to the Retirement Homes Act, 2010. The Ontario Hospital Association has provided feedback to the Standing Committee confirming support for the new requirement that homes establish an infection prevention and control program including specific components for education, monitoring, hand hygiene and other transmission efforts. The OHA’s submission also supports the need for more home inspections and recent government investments for the hiring of more inspectors. The OHA has also suggested to the Standing Committee the need for greater medical leadership roles in nursing homes by citing the College of Family Physicians of Canada’s report: 1) to establish expectations surrounding attending physician visits; 2) to ensure a standardized process to support virtual care; 3) remuneration that reflects the increased complexity and acuity of residents; 4) continuing education to strengthen clinical skills and expertise; 4) ensuring availability and access to clinical resources; 5) access to PPE; and 6) a standardized credentialing process to identify the core competencies and clinical skills that required to support residents. The final part of the OHA’s submission focuses on examining other models from around the world for alternatives to our current system of large institutions.

The Working for Workers Act, 2021 was also introduced in the Legislative Assembly in October. If passed, this Bill will make several notable changes to the Employment Standards Act, 2000 and other employment-related legislation. This legislation focused on ensuring employers have a policy in place that supports workers “disconnecting from work”.

On October 19, 2021, the government proclaimed the Ontario Not-for-Profit Corporations Act, 2010, S.O. 2010, c.15 into force. For hospitals, the ONCA clarifies the rules of governance and simplifies the incorporation process for not-for-profit corporations incorporated in Ontario. The OHA is working with BLG to update their current Corporate Prototype Bylaw and the KHSC will undertake to review and prepare the necessary recommendations that will be required to its own key corporate documents. The implementation guidelines are over several years.
The Ontario government will also be proposing amendments that would modernize the French Language Services Act. This is the first substantial review of the legislation since it was introduced 35-years ago. The proposed amendments will require government agencies to ensure French-language services are readily available according to the principle of active offer as set out in the legislation. The changes would shift the onus of finding these services from users to service providers. In addition, the legislation will add the option to designate more points of service throughout the province.

16. Mission Moments

KFL&A United Way: This year KHSC increased its donor base in support of the KFL&A United Way raising $69,472 including a $5K donation from the Canadian Union of Public Employees! Overall, the Kingston community and region raised in excess of $3.8M. I want to personally thank the KHSC Workplace Campaign Committee for their efforts and to congratulate them on this year’s achievement. Well done.

Annual Sock/Mitt/Toque Drive: All departments, programs and teams are once again invited to collect warm and cozy mitts, toques or socks for those in need. New mitts, toques or socks can be deposited in or beside the Coat Drive bin near the HDH Johnson 1 entrance or behind the KGH Watkins screening station or placed under the HDH Christmas tree (which will be located by the Coat Drive bin) by 1 PM on December 8. Items will be distributed to the HDH/St. Mary’s Coat Drive, Urgent Care Centre, Emergency Department, Social Work & Detox Centre. As always, warm and quick-dry hats and mitts are preferred.

Coat Drive: KHSC staff are in the process of gathering/donating clean, gently used, warm, washable winter coats to the coat drive bins in the HDH Johnson lobby (near the Johnson staff elevators) or the Watkins 2 staff entrance at the KGH site. Coats will be sorted and distributed in January through the St. Mary’s Parish Hall Coat Drive. Those outside of the hospital can contribute coats through community coat drives coordinated through the United Way and city partners, given that the hospitals are still on controlled access due to COVID-19.

Exceptional Healer Award: Patients, families and staff can submit nominations for this year’s Exceptional Healer Award until December 31, 2021. This award recognizes health care professionals who excel in providing patient- and family-centred care.

2021 Teddy Bear Campaign: The KGH Auxiliary kicked off their annual campaign on November 1 supporting the pediatric program at KHSC in partnership with the Royal Canadian Legion Branch 560. This year’s goal is $25K and proceeds are targeted towards hypothermia equipment – technology that is used to control body temperature in pediatric patients who are unable to stay warm. Teddy Bears can be purchased for $100.00 each by calling the Auxiliary Office at 613 549 6666 Ext 6352 or by on-line donation through Canada Helps – simply choose “Teddy Bear Campaign” under the apply your donation section. Since inception (17 years ago), this campaign has raised almost $440K.

KHSC Employee & Family Assistance Program: During the holiday season, we are reminded that many at KHSC may require additional support our employee and family assistance program. EFAP offers professional and confidential counselling, life smart coaching in a number of areas such as financial counselling, career counselling, legal, child and elder care resources to employees and their family members.
Christmas/Holiday Events: Planning is underway for Christmas and holiday events across the sites. With input from the Infection Control team, KHSC will proceed with COVID-safe activities: Axel Thesberg will be joining me for the virtual Christmas tree lighting at HDH site on December 8th at 1430 hours and calendar invites have been delivered to members of the KHSC and HDH Board to join from the comfort of their home or office. We are also looking to sprinkle some joy as alternatives to the Holiday Open House at KGH site and Christmas tea at HDH site.

17. On The Move … and Welcoming New Staff

Kelly Collins will be joining us as Director of Spiritual Health, Mission & Ethics at the HDH site and Director of Spiritual Health at the KGH site effective January 10, 2022. Kelly has most recently practiced as Professional Practice Lead and Pastoral Educator at St. Joseph’s Healthcare in Hamilton. An ordained Baptist Minister, Kelly is a Certified Spiritual Care Practitioner and Certified Spiritual Care Supervisor-Educator registered with the College of Psychotherapists of Ontario. She has experience working in a hospice environment and private practice, in addition to her time at St. Joseph’s Healthcare. She holds a Master of Arts in Theology: Spiritual Care and Psychotherapy, along with a Master of Divinity. Furthermore, she is currently working toward a PhD in Human Relationships with a research emphasis on trauma-informed supervision in clinical pastoral education. As a shared position with Providence Care, Kelly will bridge the local spiritual health community of practice, nurturing and guiding the teams across our unique sites. Introductory meetings will be scheduled soon after Kelly’s start date in the New Year to help orient her to the various sites across the organizations.

In closing this month’s report, I want to take this opportunity to recognize and thank Mike McDonald, who will be retiring in early January, for his contributions after 31 years of service across both hospital sites. Mike began as a staff nurse, worked as a Nursing Coordinator for many years, then moving into a leadership role in the Emergency Department. Prior to integration, Mike served on the senior team at Hotel Dieu playing a key role in bringing the two organizations together. His community outreach work is unsurpassed, particularly in the areas of mental health and addictions and marginalized communities. Working with Mike has been an absolute pleasure and I will miss is contributions and support here at KHSC. All the very best, Mike, for a very well deserved retirement.

18. Media Report

The Q2 media report is appended to my report.

Wishing you a safe and healthy holiday,

David R. Pichora
President and CEO
MEDIA OVERVIEW

The data compiled for this report was collected between July 1 and September 30, 2021. During Q2, KHSC was mentioned in 1,688 stories that were tracked across local, provincial, national and international media. As a result of increased media activity related to the COVID-19 pandemic for the second straight quarter, this is well above our pre-pandemic average of 225 media stories per-quarter.

Breadth of news coverage
Seventy-nine per cent of our media mentions were from Canadian news outlets in Q2. We also appeared 287 times in stories published by news outlets in the United States. Other international appearances include 12 stories in India, nine in Germany, eight in Brazil and six in the United Kingdom.

Top news sources
While international media coverage is valuable, our efforts continue to focus on news coverage for the communities we serve. As you can see below, our top news sources this quarter, as determined by the total number of KHSC-specific stories they produced, include our local media partners – (all of our top publishers this quarter are members of the Postmedia Network and republish stories from the Whig-Standard/Kingston This Week).
**Tone of news coverage**
Of the approximately 1,688 stories that appeared in the media this quarter, **99.9 per cent were positive or neutral** in tone, and **0.1 per cent was negative**. The one negative story this quarter was about a ‘research’ report on the experiences of Indigenous individuals in Kingston’s hospitals. We do not believe the report followed scientific research methodology, but was also hard to verify some of the information within as the complaints were anonymous.

**Value of news coverage**
According to our media-monitoring platform, Meltwater, KHSC’s traditional media efforts in Q2 are estimated to be worth over **$14.2 million**. Generally, this value is calculated using an algorithm created by our media monitoring software, which considers the total number of individuals who were exposed to our news coverage. This marks the second consecutive quarter in which the value of our media relations efforts have shown significant increases. Traditionally this number would hover anywhere between 1-2 million. Considering that 19.1 per cent of our media coverage this quarter was positive in tone, our traditional media activities generated **$2.7 million worth of positive profile** for KHSC in Q2.

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

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

**COVID-19/Pandemic Communications:**
- **Changes to KHSC family visitor policy**
  In August, KHSC announced changes to our registered family visitor policy, expanding the policy to two visitors per-inpatient. At the time the loosening of restrictions was a positive indication of decreasing COVID-19 prevalence in the community over the summer months. Stories appeared in media outlets both locally (Whig-Standard, Global TV) as well as provincially (TVO, Post Media Network).
- **KHSC announces vaccine mandate for all hospital staff**
  In early September, KHSC announced that all staff, physicians, volunteers and learners must be fully vaccinated to enter either hospital site. Proof of first doses for everyone at KHSC were due to Occupational Health, Safety and Wellness by September 21 and second doses by October 21. The policy was announced on the same day that anti-vaccine protesters gathered outside of our KGH site. The policy was met mostly with positive responses from the community, with many messages of support from the public.
sent to the CEO’s office. The announcement was covered by all local media outlets as well as a number of provincial and national media outlets.

- **KHSC announces that all registered family visitors must be fully vaccinated**
  At the end of Q2, KHSC announced updates to the organization’s family visitor policy, that all registered family visitors for inpatients must show proof of vaccination to enter our hospital sites. The policy did not apply to essential caregivers that must accompany outpatients to appointments. KHSC received much positive coverage in both the local and national media, however unsurprisingly we did receive a number of negative social media responses from individuals opposed to vaccine mandates.

**Archeological dig to relocate remains from Irish burial site at KGH**
Working with representatives from the local Irish society and Infrastructure Ontario, KHSC announced plans to relocate the remains of more than 1,000 Irish immigrants who were interred in a mass burial site at our KGH site. The KHSC project team worked through a very sensitive engagement process with members of the local Irish community (some individuals still harbour frustration about previous redevelopment work on this site, specifically dating back to the construction of Etherington Hall in the ‘60’s). Working together, the SMC team was able to tell the story of the Irish immigrants, the great famine and typhus epidemic, as well as our Phase 2 redevelopment project. Stories appeared in the local media such as the Whig-Standard and Global Kingston and KHSC spokespeople appeared on CBC radio programs Ontario Morning and All in a Day.

**KHSC researchers use genome testing to better understand COVID-19**
The SMC team, working with KHSC clinician scientist Dr. David Maslove, as well as the communications team at Queen’s University, developed a media release regarding interesting COVID-19 research based out of Kingston. Dr. Maslove and his team have been working to find an answer to a question that has surfaced many times throughout the COVID-19 pandemic: Why does the virus seem to seriously affect certain patients more than others? The KHSC team are coordinating the Canadian efforts to participate in the study and at the time had initiated the inclusion of more than 300 participants in the study.

**Other proactive media efforts which involved KHSC and received media attention during Q2:**
- Hospital foundation recognizes local philanthropists, volunteers (UHKF)
- Superhero window washers visit KHSC
- New long-term care home to create 42 new beds, 200 jobs (Extendicare)
- RFQ issued for next phase of Kingston hospital project (Infrastructure Ontario)
- Parents raising funds to help install webcams in KGH NICU (UHKF)
- Lyme Carditis can be deadly, but is more easily treated than we thought (Queen’s University – Faculty of Health Sciences)
ISSUES AND REACTIVE MEDIA

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

COVID-19 Pandemic/vaccination policies

As outlined above, KHSC announced two new vaccine policies in Q2 (for staff and visitors) which required ongoing media relations and issues management support. These policies required a significant effort from the SMC to position these messages for our community.

- **Anti-vaccine protests at KGH site:** In September, a protest in part organized by the People’s Party of Canada, (during the Federal Election) took place outside of our KGH site. Protesters gathered in the park across from our Burr Wing to protest vaccine mandates for health-care workers. The protests received significant national attention as some individuals were caught on camera harassing a patient on their way into the Cancer Centre. The SMC team worked to share key messages about our policy, as well as our disappointment in the messaging and approach taken by the protestors.

- **KHSC staff placed on unpaid leave:** Following September 21 (the date for all KHSC staff to show proof of first dose of vaccination) 136 KHSC staff members were placed on unpaid leave of absence for non-compliance with the policy. This resulted in a significant amount of national media coverage as KHSC was just the second hospital to have publicly reported this information (Windsor was first). The SMC team remained busy on this file for a number of months, working with the media to clarify misinformation/misconceptions and update the numbers as a portion of these staff moved ahead with vaccinations and returned to work.

- **Davies 5 Outbreak:** In early July, KHSC announced an outbreak of COVID-19 on the Davies 5 unit at our KGH site. The SMC team supported the announcement of the outbreak as well as ongoing issues management on the file until the final announcement that the outbreak had come to an end later in the month. This outbreak received significant amounts of media attention as it was not only the first at KHSC during the pandemic, but also the largest we’ve seen to date, involving more than a dozen patients and staff.

Complaints from Indigenous patients on treatment at Kingston hospitals

In July, the SMC team learned of a report that was set to be released to the public regarding the treatment of Indigenous individuals at KHSC sites. Complaints within the report were anonymous and much of the information in the report was anecdotal information on individual experiences across the two hospital sites. To our knowledge, no official complaints were made to the patient experience office. The report was compiled by a local student and later shared with KHSC. It focused on the colonial structures that remain in place within the healthcare system. KHSC issued a statement to the media and Elizabeth Bardon acted as the hospital’s spokesperson. At the time KHSC agreed to meet with the report’s author to discuss concerns in more detail. The story appeared on Global Kingston (CKWS).
OTHER MEDIA OF NOTE

KHSC was mentioned in the following highlighted stories in Q2. While these were not initiated through specific earned media activities.

State-of-the-art breast cancer imaging centre coming to Kingston
In August, the SMC team worked with the Whig-Standard to produce an article about KHSC’s new Breast Imaging Kingston site in the east-end of the city. KHSC’s head of Diagnostic Radiology Dr. Omar Islam acted as KHSC’s spokesperson and outlined the hospital’s plans for the new site, which is planned to open in January. The SMC team is now working with Diagnostic Imaging and the UHKF to host a grand opening with the media and donors in late February or early March.

Province invests $324 million to decrease surgery wait times
In July, the Ontario government announced its plan to spend $324 million to decrease wait times on surgical procedures across the province. The government’s investment was part of a broader plan to provide patients with timely care as COVID-19 restrictions lightened over the summer. In a news release, the Ministry of Health stated that the investment would enable up to 67,000 additional surgeries and clock up to 135,000 diagnostic imaging hours in Ontario. Dr. Renate Ilse acted as spokesperson for KHSC, underscoring that while the funding is certainly welcome, the bigger challenge facing hospitals with regards to reducing backlogs was staffing resources.
**KHSC COMMUNICATION CHANNELS**

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

**Social Media Performance in Q2**

In Q2, Strategy Management and Communications continued to provide visually engaging storytelling experiences for KHSC’s social media audiences by being people-focussed and creating a human connection between the organization and the communities it serves.

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

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

This quarter, our Facebook posts received on average a 6% engagement rate, our Twitter posts had an average engagement rate of 1.9%, and our Instagram posts saw a 6% engagement rate.

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1. [https://www.scrunch.com/blog/what-is-a-good-engagement-rate-on-instagram](https://www.scrunch.com/blog/what-is-a-good-engagement-rate-on-instagram)
FACEBOOK
During Q2, our KHSC account saw steady growth and engagement, and added 167 new followers in for a total of 8,306. Our posts this quarter had a reach of 119,214. Reach is measured by the number of ‘unique’ people who have seen a post.

Top 5 Facebook posts by engagement rate

<table>
<thead>
<tr>
<th>Rank</th>
<th>Post Title</th>
<th>Reach</th>
<th>Engagements</th>
<th>Engagement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Reach</td>
<td>23,200</td>
<td>8,665</td>
<td>37%</td>
</tr>
<tr>
<td>2.</td>
<td>People of KHSC: Theresa Beckwith</td>
<td>4,532</td>
<td>1,296</td>
<td>29%</td>
</tr>
<tr>
<td>3.</td>
<td>Post: Davies 5 outbreak declared over</td>
<td>3,100</td>
<td>867</td>
<td>28%</td>
</tr>
<tr>
<td>4.</td>
<td>Post: People of KHSC: Satwinder Singh</td>
<td>8,800</td>
<td>2,074</td>
<td>23%</td>
</tr>
<tr>
<td>5.</td>
<td>Post: Superheroes invade KHSC</td>
<td>51,900</td>
<td>9,500</td>
<td>18%</td>
</tr>
</tbody>
</table>
TWITTER
The posts on the @KingstonHSC Twitter account earned approximately 1.3 million impressions this quarter. The post with the most impressions, 703,145, was our annual series of superhero photos as window washers visit our KGH site. Total impressions are measured by the number of times a tweet appears in users’ timelines. This account also added approximately 188 new followers in Q2 for a total of 7,081.

Top 5 Twitter posts by engagement rate

1. Post: Davies 5 outbreak – updated patient totals

<table>
<thead>
<tr>
<th>Impressions</th>
<th>Engagements</th>
<th>Engagement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>6,864</td>
<td>650</td>
<td>9.5%</td>
</tr>
</tbody>
</table>

2. Post: Winners of Sprinkle some Joy from Tett Centre artists announced

<table>
<thead>
<tr>
<th>Impressions</th>
<th>Engagements</th>
<th>Engagement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,051</td>
<td>177</td>
<td>8.6%</td>
</tr>
</tbody>
</table>

3. Post: Outbreak on Davies 5 announced

<table>
<thead>
<tr>
<th>Impressions</th>
<th>Engagements</th>
<th>Engagement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>17,390</td>
<td>1,324</td>
<td>7.6%</td>
</tr>
</tbody>
</table>

4. Post: Archeological dig of remains of Irish immigrants begins

<table>
<thead>
<tr>
<th>Impressions</th>
<th>Engagements</th>
<th>Engagement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,057</td>
<td>154</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

5. Post: Outbreak on Davies 5 declared over

<table>
<thead>
<tr>
<th>Impressions</th>
<th>Engagements</th>
<th>Engagement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,243</td>
<td>89</td>
<td>7.2%</td>
</tr>
</tbody>
</table>

INSTAGRAM
Our Instagram account continues to feature mainly our People of KHSC profiles that celebrate individuals across KHSC who capture the spirit of caring deeply for patients, families and each other. In Q2, our audience increased steadily for a total of 2,076 followers.

Top Instagram posts by engagement rate

1. Post: People of KHSC: David Campbell

<table>
<thead>
<tr>
<th>Reach</th>
<th>Engagements</th>
<th>Engagement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>934</td>
<td>55</td>
<td>6%</td>
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</tbody>
</table>

2. Post: People of KHSC: Bill Gourdie

<table>
<thead>
<tr>
<th>Reach</th>
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<th>Engagement Rate</th>
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<tr>
<td>934</td>
<td>54</td>
<td>6%</td>
</tr>
</tbody>
</table>
**Tone of Social Media Mentions**
When monitoring the tone of the conversations that mention KHSC on social media, we received a very small number of negative comments (0.4 per cent). The negative activity primarily came from individuals upset with our mandatory vaccination policy for staff as well as registered family visitors. As an aside, we did monitor a significant number of negative comments on news stories related to these policies, however the KHSC social media accounts were not specifically tagged or called out.

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

**OTHER SOCIAL MEDIA ACCOUNTS**
KHSC continues to see regular use of YouTube and LinkedIn channels, with all showing modest growth in Q2. Our following on LinkedIn has grown to approximately 9,706 and we now have over 276 YouTube subscribers. LinkedIn also continues to allow us to connect with a unique audience of talented individuals who may be interested in working at KHSC.