Leadership Update – CLOSED Session
Board of Directors
March 24, 2020

HEALTH SYSTEM

1. South East LHIN Hospital CEO Forum (SHCF)

The topics discussed at the March 4, 2020 meeting were principally related to COVID-19 planning and the Regional HIS project. Both topics are addressed in other parts of the Board Agenda.

2. Medium Sized Hospital Council

The Medium Sized Hospital Council has not met since the last meeting of the Board.

3. COVID-19 Update

The update below will likely be out-of date by the Board meeting.

The focus of the entire organization over the last several weeks has been on the hospital preparation and response to the COVID-19 pandemic. The Information section of the Board package includes multiple pieces of information including memoranda and directives from the government, PSFDH communication items both within and outside the organization, and other information.

Effective March 17th, the Province of Ontario is under a state of Emergency and the government has activated specific powers and the ability to issue orders under the *Emergency Management and Civil Protection Act.*

Prior to the state of emergency, the Medical Officer of Health of Ontario (CMOHO) issued the first Directive (i.e. Directive #1) on March 12th and provided direction with respect to the Personal Protective Equipment (PPE) required for health care workers based on updated understanding of the pathophysiology and epidemiology of COVID-19. PSFDH immediately implemented this directive.

On Friday March 13th, PSFDH implemented measures to permit only a single point of entry to our hospitals along with a requirement for mandatory active screening before entry. On the same date, PSFDH also implemented restricted visitation to the hospital. With respect to the latter measure, the province issued a mandatory directive related visitation on March 19th, with which PSFDH is in compliance. Exceptions on compassionate grounds are granted for a single visitor to a palliative patient where death is imminent, critically ill patient, and a maternity patient. Entry of all visitors is contingent on the visitors successfully passing the COVID-19 mandatory screening. All of these measures were consistent with the province's direction on March 19th.

Further measures were added by PSFDH on March 19th to provide visual cues (signage and separation lines) to support social distancing for individuals waiting to complete mandatory screening and enter a PSFDH hospital site (see Photo 1 below).

Effective March 13th, visitors to the Emergency Department who screen positive on the mandatory screening for COVID or who are presenting with respiratory symptoms must clean their hands, wear a mask and wait in a designated area. Photo 2 below shows a designated waiting area separate from the main ED waiting room. Patients who have cleaned their hands and are wearing marks who either screen positive or have symptoms of a respiratory infection as asked to wait in these areas.

The physical plants at both sites limit the degree of separation of these patients, but current understanding of COVID-19 spread by the droplet route and the above measures are reasonable. Consideration of any additional measures is ongoing.

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Photo 1: Emergency Department Entrance at Smiths Falls Site

Photo 2: Designated Waiting Area – GWM Site

Beginning on March 23rd, all non-urgent and elective ambulatory clinics, diagnostic and surgical procedures are being post-poned. PSFDH began this planning on March 16th. A master file template had been developed previously that includes all activity in the hospital, including the specific actions, implementation plan and the responsible member of PSFDH to action the plan.

The past week was March break with only limited ambulatory care activity and surgical activity being performed at PSFDH. Consequently, most activiity had already been ramped down. Following this planning, a the CMOHO issued a further directive on March 19th ordering hospitals to act immediately such that:

> *"All non-essential and elective services should be ceased or reduced to minimal levels, subject to allowable exceptions, until further notice. Allowable exceptions can be made for time sensitive circumstances to avert or avoid negative patient outcomes or to avert or avoid a situation that would have a direct impact on the safety of patients."*

The Directive also suggested that clinicians should guide the determination of whether a service was urgent or non-elective in an individual patient circumstances. In all cases, the ordering, attending or operating physician at PSFDH is able to determine the clinical priority of a patient based on their clinical circumstances and the hospital will ensure needed urgent and emergent services are provided. Current criteria also includes cirucmstances where a delay could result in mortality or significant morbidity, or where a delay might result in patient destabilization or adverse patient outcomes. The approach initiated at PSFDH is completely consistent with the order.

Postponing of all elective and non-urgent activity for the next 2 weeks have been actioned at this time, with further increments to be determined in an ongoing basis based on the evolution of the COVID-19 situation and any alternative direction from the CMOHO. A two week interval was selected to test our new processes and not overwhelm our booking staff, medical staff and their office staff in actioning the plan.

With respect to human resources, initial measures required all staff who have had international travel must undergo an assessment with Occupational Health prior to returning to work with the expectation that all impacted staff would self-isolate for a period of 14 days from the date of return to Canada. In the interim, a mandatory 14 day period of self-isolation has been ordered although the order allows hospitals to exercise flexibility an use of risk assessment when managing the requirement for self-

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isolation and the reality of human resource requirements. As the number of affected staff is minimal, PSFDH will be excluding all impacted staff for a period of 14 days before permitting a return to work.

Multiple other guidelines and memos have been issued on a range of topics. All have been reviewed and acted on by the Management Team. Ongoing work described in one memo related to an early surveillance system for the Emergency Department is being undertaken at this time. The hospital is currently looking at other enhancements to further improve the safety of our patients, staff and physicians.

The ongoing issues at PSFDH are the same as the provincial context and include;

- Stewardship and appropriate use of the limited supply of Personal Protection Equipment
- Stewardship and appropriate use of the limited supply COVID-19 test kits
- Preservation of acute care hospital capacity particularly with respect to critical care and those patients requiring ventilatory support

COVID-19 Assessment Centre

PSFDH developed a proposal for a COVID-19 Assessment Centre (CAC) which is tentively scheduled to be launched on March 24th at the Smiths Falls site. The proposed model is a drive-thru model with an in-car assessment. Ongoing preparations and testing are occuring at the time of this report. The approach is supported by Dr. Paula Steward, local Medical Officer of Health, and has been approved by Renato Discenza, Transitional Lead and CEO of Ontario Health East. Full details are included in the Public Communication #3 dated March 23, 2020 included in the Board package. Public members will receive their assessment on the ramp outside of the main entrance to the hospital.

Further Assessment Centres may be added and are included in the submitted plan based on community need and availble resources. A photo of the main entrance at the Smiths Falls site is provided below. Support from the Smiths Falls Police Chief and Fire Chiefs regarding the impacts on the street and fire lane have been attained, but at the time of this report, a further review of the tent has been requested from the Fire Chief. If deemed to be a fire issue, it may need to be removed.

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Although PSFDH had a very reasonable pre-existing pandemic plan, unique features of the current pandemic have highlighted opportunities for future improvement. Current learnings that will be captured in the future revision of the pandemic plan include:

- Creation of an Assessment Centre and all of the associated processes
- Ramp down processes and procedures for elective and non-urgent activity
- Communication tools

However, both the management team and physicians have provided an exemplary response in all aspects of the response. Their commitment is not only worthy of recognition but one that should instil a sense of profound pride in the organization, community partners (e.g. CHCs, NPLC) and the local medical community.

The Chief of Staff in collaboration with the Medical Advisory Committee has played a pivotal role in organizing the medical staff in addressing critically important topics including resuscitation, critical care, assessment centres and ethical decision making.

We have a long way to go before the current situation is resolved. The teamwork, commitment and dedication of the entire group are foundational to our success. There is confidence that the hospital and indeed the local health system will emerge stronger than ever.

OUR PATIENTS AND FAMILIES

1. Improving the Care of ALC Patients at PSFDH

PSFDH continues to wait for the response for the Ministry related to their review of both the short-term proposal and the longer-term 3-year pilot. Both submissions propose to discharge up to 20 carefully selected and appropriate ALC patients to the retirement home setting sufficient to meet their unique health care needs. Both proposals were submitted to the Ministry in early November. As the fiscal year is near completion, the short-term proposal is irrelevant at this time.

With respect to the longer-term proposal, previous contact with the Director of the Branch at the Ministry in January reviewing the proposal indicated that it remains “under review”. PSFDH was advised that further information would be forthcoming in the immediate future but no further contact has been forthcoming. Further attempts to contact the Ministry through voicemail and email have remained unanswered, most likely at this point due to the COVID-19 situation. An email to the Assistant Deputy on March 14th has also not been responded to, possibly for the same reason.

Consequently, further escalation was undertaken as previously planned. Both local MPPs have been informed, in very general terms, of the nature of the proposal (i.e. relocation of ALC patients outside of hospital). In the last week, Mr. Hillier has reportedly contacted the Minister of Long-Term Care and provided the CEO’s cellphone number along with a request for the Minister call. At the time of this report, a call has not been received again, likely related to the COVID-19 situation.

It is worth noting that PSFDH’s proposal has even more value to the hospital, local health system, and the province than when initially submitted due to the underlying theme of protecting acute hospital care capacity in the face of the uncertainties of COVID-19.

In an effort to further protect as much hospital acute care capacity at PSFDH as possible in light of the COVID-19 situation, the CEO has reached out to our potential retirement home partner given the long interval since initially advancing our proposal. The purpose was to determine if there remains capacity at the facility in the event that further capacity is urgently needed. Currently, the retirement home partner could accommodate up to 10 patients within the model previously developed. PSFDH management has been asked to look at our current patient population and identify potential candidates.

As funding from the Ministry has not been confirmed, any movement of patients would be unfunded. The CEO, in consultation with the Board, would relocate patients within the developed model if acute care capacity were urgently needed in response to the COVID-19 situation.

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2. Current Hospital Capacity at PSFDH

There has been a significant reduction in hospital occupancy due to the measures related to COVID-19. On March 22nd, the hospital occupancy was 74% (63 in-patients) with 44% (28 in-patients) of occupied beds representing ALC patients. This compares to March 17th when the hospital occupancy was 104% (88 in-patients) within PSFDH's complement of 85 beds. The ALC occupancy rate (32 in-patients) on March 17th was 38% of funded beds and 36% of occupied beds. PSFDH has not had an overall occupancy rate of currently observed levels in many months.

QUALITY AND SAFETY

1. Studer Canada

As noted at the last Board meeting, senior management team is currently examining participation in the Studer approach to quality improvement and improvement of employee and physician engagement.

Completion of complementary surveys has been delayed due to the current circumstances and will be rescheduled. Following completion of the surveys, additional discussion with Studer will occur and information will be obtained related to the program (including costs) before making a decision.

FINANCIAL

1. Operating Funding and Quality/Risk

The meeting planned for March 5th with the Hospitals Branch of the Ministry in Toronto to initiate comprehensive discussion and define a subsequent process to address the hospital's current level of funding did not occur. The Director of the Hospitals Branch was unavailable. The presentation developed by PSFDH (included in Board package) was been submitted to the Ministry for review and subsequent discussion but no teleconference has been scheduled at this time.

LEGAL ISSUES

1. H.D. v. Earl William McDonald, Sisters of Providence of St. Vincent De Paul and Perth and Smiths Falls District Hospital

Communication from the hospital legal counsel was received on March 18th. The communication included a Statement of Defence from the Sisters of Providence of St. Vincent De Paul and cross-claim.

Given the COVID-19 pandemic, the parties have agreed that that the examinations for discovery of the Plaintiff H.D. that were scheduled for April 2nd will be rescheduled. Alternate dates in June and July are being considered at this time.

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