

**Leadership Update – Open Session
Board of Directors
February 23, 2021**

FINANCIAL

1. COVID-19 Financial Issues

COVID-19 related financial issues have been summarized in the Finance Committee report.

As of January 31st, the total operating deficit as a result of COVID-19 related impacts is approximately \$2.6M. A total of \$1.7M and \$0.2M has been received for incremental COVID-19 related operating expenses and COVID capital costs respectively. There is an outstanding balance of COVID-19 related expenses to the end of January in the amount of \$682,254.

At this point, any residual operating deficit at the end of FY 2020/21 will be largely driven by any unreimbursed COVID-19 related expenses and lost revenue.

The largest risk in lost revenue remains unearned revenue related to Quality Based Procedures (QBPs). Of note is the fact that earlier this month, PSFDH received confirmation that for March 2020 (i.e. end of FY2019/20), the hospital was permitted to use unearned QBP revenue to offset March 2020 COVID-19 operating expenses in the amount of \$144,955.

The following charts describe the current status with regards to the both elective and non-elective QBPs as compared to the expected target volume as of January 31st, 2021.

Chart 1: Proportion of Elective QBP Cases Completed as of January 31, 2021 (Month 10) as Compared to the Expected Number of Cases

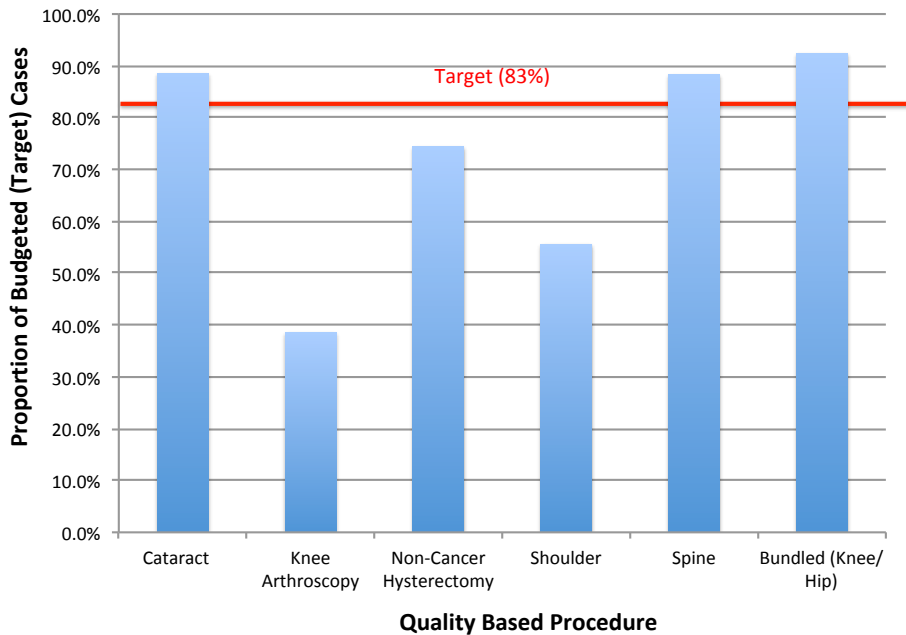
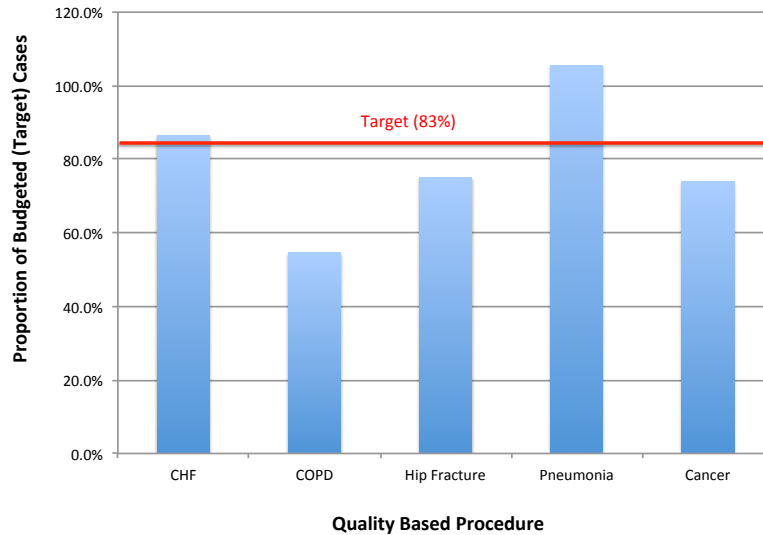


Chart 2: Proportion of Non-Elective and Cancer Care Ontario QBP Cases Completed as of January 31, 2021 (Month 10) as Compared to the Expected Number of Cases



HEALTH SYSTEM

1. Medium Sized Hospital Council

The next meeting of the Medium Sized Hospital Provincial Leadership Council is scheduled for February 23rd, 2021. In the interim, there has been additional activity of the OHA and the Council in furthering the advocacy for additional financial stability for this class of hospitals, particularly related to working capital.

2. Ontario Health Team Update

A full presentation is included as a separate agenda item for this Board meeting.

3. COVID-19 Update

a. COVID-19 Activity in the Community and PSFDH

Since the last meeting of the Board, there continues to be comparatively low levels of COVID-19 activity in the broader Leeds, Grenville and Lanark District Health Unit (LGLDHU) area although activity in the community continues to fluctuate. The LGLDHU emerged from the mandatory Stay at Home order on February 11th and returned to the previous colour-coded system with a GREEN designation.

Public Health Ontario prepares a weekly epidemiological summary that summarizes the number of new cases per 100,000, which is one of the key statistics used in determining colour status. This report is available at <https://files.ontario.ca/moh-covid-19-weekly-epi-report-en-2021-02-13.pdf>

The following chart is extracted from the most recent report for illustrative purposes to highlight COVID-19 activity in our area as compare to other areas in the province:

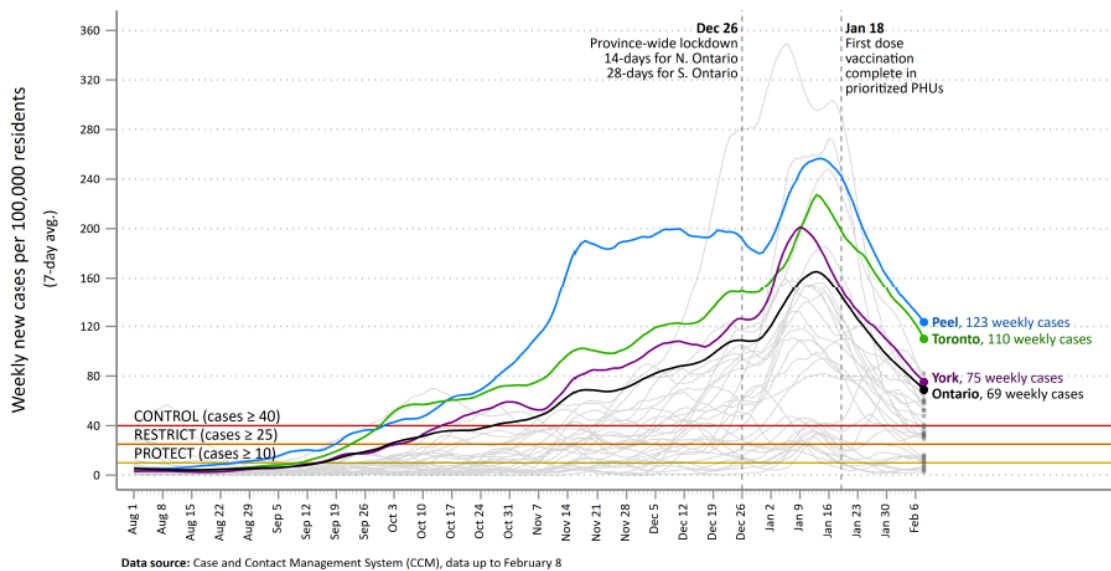
Chart 3: Weekly Rate of New COVID-19 cases per 100,000 Population for Selected Public Health Units (Week Ending February 13th)

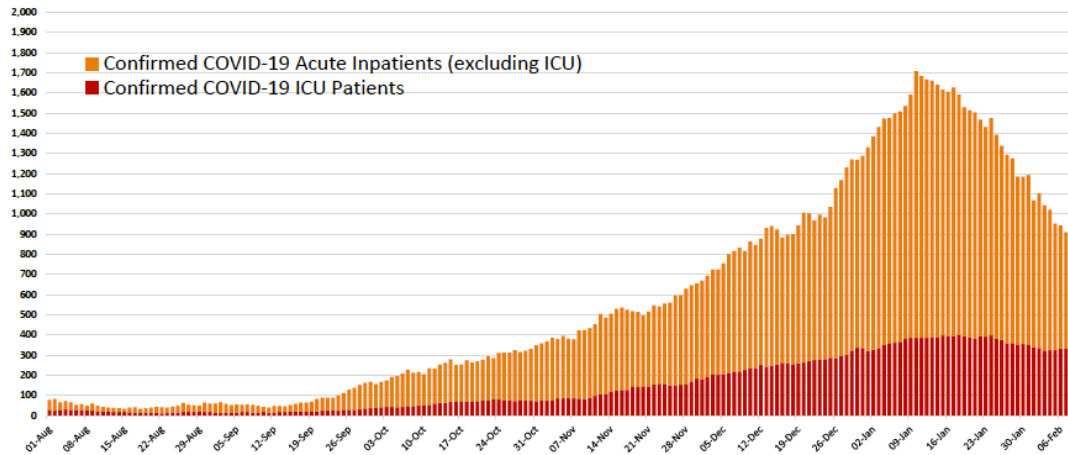
Public Health Unit	Weekly Rate of New COVID-19 cases per 100,000 population for Week ending February 13 th
Leeds, Grenville, and Lanark	8.7
Ottawa	27.3
Eastern Ontario	25.9
Kingston, Frontenac, Lennox and Addington	11.3
Hastings and Prince Edward	8.9
Toronto	79.3
Peel Region	98.0

b. Provincial Modeling and System Capacity Pressures

The province has been performing modeling and carefully tracking trends in COVID-19 activity with particular interest in the impact of the Ontario health system. The last modelling that is publicly reported was performed on February 11th and is posted at https://covid19-sciencetable.ca/wp-content/uploads/2021/02/Update-on-COVID-19-Projections_February-11-2021_English-2.pdf

In general, favourable changes in the number of new cases, hospitalizations and critical care admissions have been observed over the last month as described in the charts below:





Data Sources: Daily Bed Census Summary COVID-19 Report + Critical Care Information System. Extracted via MOH SAS VA February 9, 2021. Does not include patients in alternative health facilities (AHFs)

While PSFDH and other hospitals prepared for a significant surge in hospitalization as requested by Ontario Health in January, PSFDH has not been impacted by any system pressures either at a regional or provincial level at this time (e.g. ordered to receive patient transfers).

While the overall trend is favourable, the provincial concern is focused on the Variants of Concern (VOC) and the associated increased transmissibility of infection. The PSFDH Incident Command Table (ICT) is carefully monitoring this situation. There have been no changes to the hospital's measures at this time.

c. Personal Protection Equipment (PPE)

Personal protection equipment (PPE) supplies continue to be stable, although there continues to be provincial concern related to availability of some N95 masks which the hospital is addressing with a series of other initiatives at PSFDH supplemented by the use of selected models from the provincial stockpile of N95 masks. PSFDH continues to build a satisfactory pandemic reserve of PPE.

c. COVID Vaccination

PSFDH continues to work closely with the Leeds, Grenville and Lanark District Health Unit (LGLDHU) and other community partners to plan the COVID-19 vaccination rollout. The LGLDHU continues to focus on completing Stage 2 of the local plan related to the vaccination of residents, staff, and essential caregivers in long-term care and high-risk retirement facilities.

This week PSFDH and the LGLDHU worked together to plan on-site clinics for vaccination of our hospital health care workers in accordance with prioritization framework provide in the provincial guidance (see http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/Guidance_for_Prioritizing_HCW_covid19_vaccination_2020-01-08.pdf). The hospital had previously completed prioritization in accordance with this framework to preparation for this anticipated vaccination opportunity. The hospital will be scheduling physicians and staff into these clinics at both sites during the week of February 22nd based on these criteria and subject to the available vaccine supply. Additional doses are expected in the coming weeks and more information will be shared with hospital staff and physicians as it becomes available.

In addition, the Board was previously informed that the hospital purchased and installed an -80 degree ultra cold freezer to support the future community vaccination strategy. Given the scarcity and value of the COVID-19 vaccine, a back up freezer is required in the event of failure of the primary freezer. A request for an additional freezer has been forwarded to the province.

d. Backlog of Scheduled Elective and Non-Urgent Services

The hospital is initiating a new booking system to further maximize the efficiency and the number of diagnostic imaging bookings. A summary of initiatives to further increase diagnostic imaging capacity to address the backlog of cases is outlined in the following table:

Procedure	Enhancement
Computed Tomography (CT)	<ul style="list-style-type: none"> Since the end of COVID wave 1 year to date addition of an additional 150 service hours Further expansion of service hours to 0800-2000h on Monday – Friday starting April 5, 2021 Additional services are supported by funding of an additional 204 hours of CT services (\$51,000) received from the SELHIN on January 14th, 2021 ending March 31st, 2021
Mammography	<ul style="list-style-type: none"> New state of the art digital mammography imaging system and new ultrasound unit will reduce wait times and help support breast imaging and ultrasound guided breast biopsies
Ambulatory Cardiac (Holter) Monitor	<ul style="list-style-type: none"> Addition of two (2) new cardiac monitors Four (4) additional cardiac monitors to be added
Ultrasound	<ul style="list-style-type: none"> Acquisition of an additional (leased) ultrasound unit Expanded service hours to 0800 – 2000h starting February 23, 2021

The following charts summarize the progress on addressing the COVID-19 related backlogs. Although there are fluctuations, significant improvements continue to be made in in all modalities with the exception of echocardiography where additional attention is required.

Chart 4: COVID-19 Backlog in Diagnostic Imaging for Period August 2020 to February 2021 by Modality

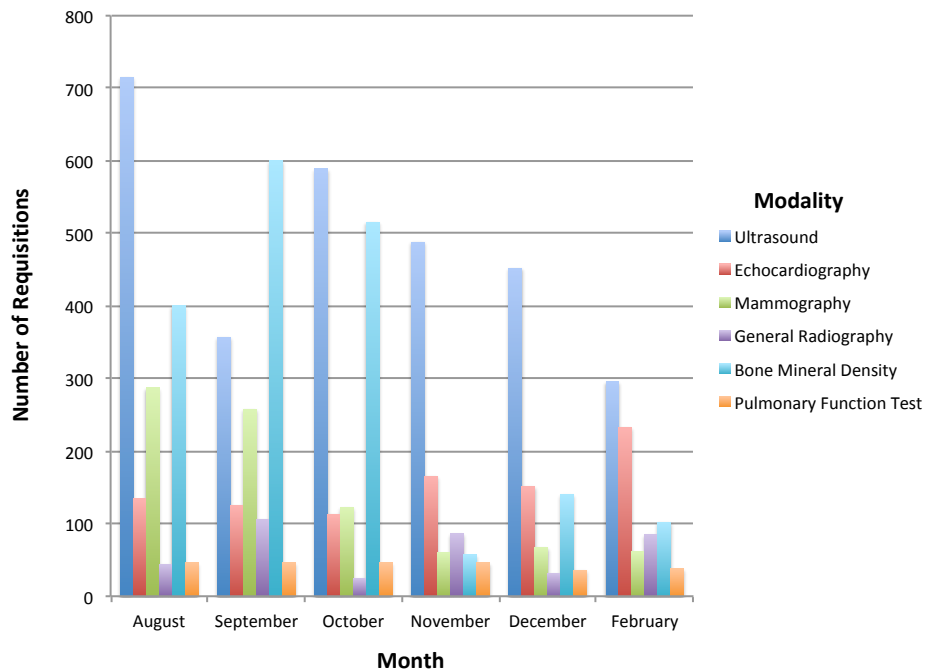
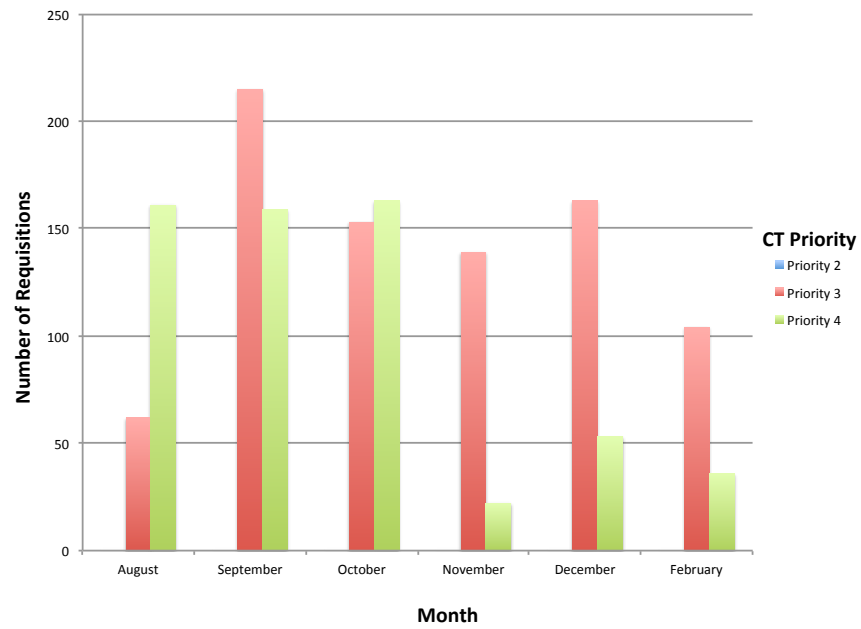


Chart 5: COVID-19 Backlog in Computed Tomography (CT) for Period August 2020 to February 2021 by CT Priority Level



OUR PEOPLE

1. Bev McFarlane Award of Excellence

Nominations and recipients of the inaugural Bev McFarlane Award of Excellence were recognized on February 17th through a virtual platform.

Several Board members were in attendance, which was appreciated by physicians and staff participants.