

News Release

May 25, 2021

Regional Nuclear Medicine Program gets a million-dollar boost from the John M. & Bernice Parrott Foundation

Belleville, ON - The last year has been challenging for our hospitals and our community. The pandemic and the public health measures have demanded much of citizens, businesses and essential workers, including staff and physicians at Quinte Health Care (QHC). For the entire QHC team the one bright light throughout the pandemic has been the steadfast support of our community. With its early COVID support donations, the John M. & Bernice Parrott Foundation has been an exceptional supporter to QHC hospitals and to our physicians and staff who have worked bravely throughout these extraordinary circumstances, to serve our community.

“A few weeks back, at the end of a very challenging week, we received news that the John M. & Bernice Parrott Foundation was making an unprecedented donation of \$1 million to support the purchase of our much-needed nuclear medicine cameras,” explained Stacey Daub, President and CEO, Quinte Health Care. “It was an inspirational reminder of how much local health care means to the communities we serve.”

QHC’s Nuclear Medicine Program, located at Belleville General Hospital, is a vital diagnostic tool for cancer and cardiology care close to home for the residents in our region. The program serves approximately 5000 patients per year from across the region – residents from Brighton to Napanee, Prince Edward County to Bancroft. The Belleville General Hospital Foundation (BGHF) has campaigned tirelessly in support of the \$2.7 million needed for the Nuclear Medicine program, and played a key stewardship role in this generous donation.

“With the incredible support of the Belleville General Hospital Foundation and the Parrott Foundation’s recent donation, we are excited to bring this new leading edge equipment to our community,” Ms. Daub added.

According to President Lyle Vanclief, the Parrott Foundation has a mandate to improve the quality of life in the Quinte area. “The John M. and Bernice Foundation board is pleased to be able to support QHC in their work and efforts to improve health and wellbeing in our community,” Mr. Vanclief added.

This generous donation is in addition to the \$290,000 contributed by the John M. & Bernice Parrott Foundation in support of COVID efforts in 2020. The dollars secured equipment needed in the battle against COVID-19 at QHC, including an ultraviolet disinfection tower, which safely, quickly and efficiently eliminates surface and airborne pathogens, including the coronavirus. The donation also funded a machine that allows Respiratory Therapists and Physicians to visualize air distribution within the lungs of a patient directly at the bedside to optimize ventilator settings. The donation also supported the purchase of tools essential to care such as telemetry devices and vital signs machines which are essential medical devices that track the status of a patient’s most important body functions such as oxygen levels and blood pressure.

“It is an honour to recognize the Parrott Foundation for the profoundly positive impact they continue to have within our community through the essential support they extend to many organizations and causes,” stated Nancy Evans, Acting Chair, Quinte Health Care Board of Directors. “Reflecting on the philanthropic legacy of John and Bernice Parrott is both humbling and inspiring.”

The BGHF is in the final leg of the Nuclear Medicine Program campaign, and we need the community’s help getting across the finished line. Anyone wishing to help support this crucial diagnostic service is encouraged to visit bghf.ca.

Media inquiries to:

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Board of Directors
Tuesday, May 25, 2021
Open Session 3:15 – 4:40 p.m.
Board Meeting (Videoconference)
 Zoom details: <https://zoom.us/j/96618948048>
Password: May2021
 If calling from a phone: +12042727920,,96618948048#

Board Meeting (Videoconference)

AGENDA

Members: Ms. Nancy Evans (Acting Chair), Mr. John Kearns (Treasurer), Mr. Patrick Johnston, Ms. Tamara Kleinschmidt, Ms. Lisa O’Toole, Ms. Peggy Payne, Mr. Ross Rae, Mr. Christian Sauvageau, Mr. Andrew Fleming, Mr. Gary Hannaford, Ms. Stacey Daub (President & Chief Executive Officer), Dr. Colin MacPherson (Chief of Staff) and Ms. Carol Smith Romeril (Vice President and Chief Nursing Officer)
Regrets: Mr. David MacKinnon
Staff Present: Brian Edmonds, Jeff Hohenkerk, Susan Rowe, Catherine Walker
Recorder: Olivia Maynes

Time	Item	Topic	Lead	Reason
3:15	1.0	Call to Order 1.1 Approval of Agenda 1.2 Declaration of Conflict of Interest	N. Evans	Decision Decision
3:20	2.0	<i>QHC Values in Action Award</i>		
3:25	3.0	Reports 3.1 Report of the Chair	N. Evans	Information
3:30		3.2 Report of the President & CEO 3.2.1 COVID Update	S. Daub	Information
3:40		3.3 Report of the Chief of Staff	C. MacPherson	Information
3:50	4.0	Decision Items 4.1 Approval of 2020/21 Audited Financial Statements	J. Kearns	Decision
4:05		4.2 Approval of the 2021/22 Operating Plan	J. Kearns	Decision
4:15		4.3 Approval of the 2021/22 Capital Plan	J. Kearns	Decision
4:25	5.0	Consent Agenda 5.1 Minutes of March 23, 2021 5.2 Approval of Chief/Medical Director 5.3 Attestation of Compliance to Broader Public Sector Accountability Act 2010 (BPSAA)	N. Evans	Decision Decision Decision
4:30	6.0	Adjournment Next Board Meeting: June 22, 2021 - AGM	N. Evans	Decision
4:30 - 4:40	7.0	Media Interviews/Break		

Values in Action Award – May 2021

At the beginning of each meeting of the Quinte Health Care Board of Directors, we take a moment to recognize members of Team QHC with the “Values in Action” award. It is my pleasure to share this month’s story of staff members that exemplify QHC values in the care they extend to patients each and every day.

Most people think of doctors and nurses as being on the forefront caring for patients with COVID-19 and while that’s definitely true, there is another group playing a vital role in COVID care. For this month’s presentation, I am happy to shine a spotlight on the work of our 30 Respiratory Therapists (RTs) at QHC.

RTs provide care to patients with cardiopulmonary diseases including asthma, emphysema, chronic obstructive pulmonary disease, pneumonia, cystic fibrosis, respiratory distress syndrome and other conditions. Over the past year, and particularly during wave 3 of the pandemic at QHC hospitals, respiratory therapists have been playing a major role in treating hospitalized patients with COVID-19.

Respiratory therapists evaluate and monitor patients who are having trouble breathing. They help determine suitable treatment options and therapies. This could include giving medication and applying oxygen, to inserting breathing tubes and managing the ventilators that help keep people breathing when they can’t on their own.

As ICU Manager Shelley Kay explained, “RTs literally get down in the dirt with COVID. It’s a respiratory disease and they are the experts in respiratory care. All other health care team members look to them. They are also integral in the education we provide to new critical care nursing staff, students and allied health staff members.”

According to Program Director Heather Campbell, “The increased support RTs have provided and continue to provide to QHC emergency departments has been greatly appreciated and necessary during this pandemic. We are lucky to have such an incredible resource and have relied heavily on their expertise.”

Program Director Linda Price described the RT team as “an amazing group of professionals”. She went on to say that, “...throughout the pandemic, the RT team has coordinated with others in the region to ensure we were prepared by having the appropriate equipment and supplies on site. They have provided expert advice as part of the ongoing management of this respiratory illness and have faced every challenge to meet the needs of our patients”.

Clearly, the Respiratory Therapy Team is a resilient, highly professional team and deserving of recognition for the role they play within QHC’s hospitals. On behalf of the QHC Board of Directors, I want to express our gratitude. To the RTs that were able to join us today for this presentation, we are so thankful to have you as part of the Critical Care Program and the QHC Team.

Olivia will arrange for you to receive this month’s Values in Action Award Certificate. Thank you.

To:	QHC Board of Directors
From:	John Kearns, Board Treasurer & Chair of Audit and Resources Committee
Subject:	Approval of 2020/21 Draft Audited Financial Statements
Date of Meeting:	May 25, 2021
For:	Decision
Motion:	<i>The QHC Board of Directors recommends the approval of the audited financial statements to the Members for the year ended March 31, 2021.</i>

Year-to-date (YTD) March 2021 Financial Results

At March 31, 2021, QHC's year-end financial position was a \$130K surplus before building amortization and a one-time working funds deficit adjustment.

The financial results for fiscal 2020/21 include the significant impacts of responding to COVID-19. Both revenue streams and operating expenses were impacted. Our year-end balanced position reflects the funding received from the provincial government to offset both incremental expenses and revenue losses. The Ministry also supported the purchase of capital equipment required for the pandemic response plan. The amounts noted below are reflected in the fiscal 20/21 operating results.

Incremental Operating Expenses (including pandemic pay)	\$16,992,000
Lost Revenue	\$ 1,800,000
Broad-based procedures	\$ 2,423,000
Capital Purchases	\$ 1,762,000

With clarification of funding for pandemic-related activities, the previous assumption of recovery of 94% of COVID expenses has now been adjusted to 100% recovery of the expenses incurred. In addition, the actual difference year-over-year for preferred accommodation and parking revenue only has been recognized as 'lost revenue'. The financial statements also reflect recognition of otherwise unearned Quality-based Procedure (QBP) funding, at the direction of the government to achieve a balanced operating position (broad-based procedures).

The Audit and Resources Committee reviewed significant revenue and expense variances year over year (as opposed to budget) in the Statement of Operations. The current margin at March 31, 2021 is .05%.

The Audit and Resources Committee also reviewed the Statement of Financial Position, noting that some Ontario hospitals received notification in March of their eligibility to receive one-time working deficit funding. The exact amounts are expected to be confirmed subsequent to the finalization of the year-end audit.

The Committee reviewed the Statement of Cash Flows and the notes to the financial statements.

The auditors presented their findings to the Audit and Resources Committee highlighting the following items:

- They are prepared to issue an opinion that the financial statements present fairly, in all material respects, the financial position of the Entity as at March 31, 2021, and its results of operations, its re-measurement gains and losses and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

- The audit opinion will be dated as of the date of the Board meeting assuming that completion of the last remaining audit procedures is satisfactory, including
 - Completion of subsequent event procedures up to the date of our auditors' report
 - Obtaining signed management representation letters
 - Completing our discussions with the Audit and Resources Committee
 - Obtaining evidence of the Board's approval of the financial statements
- One minor control deficiency was noted. Management is in agreement with the finding and a procedure is in development to correct the noted deficiency
- The auditors are independent from the hospital

To:	QHC Board of Directors
From:	John Kearns, Board Treasurer & Chair of Audit and Resources Committee
Subject:	2021/22 Operating Plan
Date of Meeting:	May 25, 2021
For:	Decision
Motion:	<i>The QHC Board of Directors approves the 2021/22 Operating Plan based on the recommendation of the Audit and Resources Committee and the endorsement of the Quality of Patient Care Committee</i>

Management presented a proposed 2021/22 Operating Plan to a joint meeting of the Audit and Resources and Quality of Patient Care Committees.

Background and Context

The pandemic has been hugely disruptive to our communities and the lives of our patients, but has also had a very disruptive impact on the operations of the healthcare system. Organizations, like ours, who had developed plans to work on a variety of initiatives to find efficiencies, grow revenues, and ultimately achieve a balanced operating position had very little time to work on the hard and time-consuming initiatives to improve flow, improve quality and ultimately save money.

Both the Audit & Resources and Quality of Patient Care Committees have received presentations on the Operating Plan assumptions, and approval was deferred based primarily on uncertainty of funding assumptions from the government that have now been clarified. Highlights of the proposed operating plan include the following:

Activity

The uncertainty of the pandemic has also made it very challenging to make assumptions about operations for 21/22. The planning breaks down into 3 phases:

1. Quinte has commenced the year offering our resources to the province to ensure that we are doing whatever we can to meet the needs of the region and the broader system. We will continue to offer those services for as long as is necessary
2. We anticipate that our staff and physicians will require significant vacation and down-time to rest after such uncertainty and gruelling efforts, which may mean offering only urgent and emergent services for a period of time.
3. During the waves of the pandemic, backlogs of surgery, diagnostic procedures and issues related to mental health have been building at different rates. It will be critical to address these backlogs in a timely fashion to return to the new 'normal' as soon as is practical.

Through the past 14 months, many changes in operations have been made, and the government has been helpful to ensure that incremental costs have been covered. Some changes may be temporary and can be reduced as pressures subside but other changes may need to remain in place well beyond the period of active pandemic transmission.

We remain responsive to the needs of our communities, and will ensure that services will continue to match the needs of the community. We are not planning any reductions in services through this

operating plan, and in several instances will be advocating for opportunities that have presented themselves through COVID to improve the long-term situation.

Extended funding letters have been received to June 30, 2021. If COVID is to extend beyond that time, management is assuming that the government will continue to provide ongoing expense recovery and lost revenue similar to what occurred for the year ended March 2021. Any assumption to extend beds and other specific funding beyond what we have received formally to date is difficult to develop, so management is recommending to align with the funding letter extensions. Although this would appear to be unlikely at this time, and we will likely receive further extensions, it is the most formal recommendation that we can make. There is no bottom-line impact by using this approach. The management team will continue to monitor the situation and will develop the plans necessary to match activity and funding.

Although there continues to be uncertainty of various assumptions and directions from the government continue to evolve, management is applying the following assumptions:

- COVID-19 expenses will continue at similar rates as experienced to date with an expectation of offsetting funding at a rate of 94% similar to what was used during fiscal 20/21. Pandemic expense recovery has been confirmed by the MOH for the entirety of 21/22
- Recovery of lost revenue streams have been assumed at 75% of preferred accommodation and parking compared to actual in 2019/20. Other significant revenue sources such as Technical Fees for Diagnostic procedures are not being reimbursed. For the year ended 20/21 we were allowed to use unearned QBP revenues to offset, and we expect this approach to continue
- QBPs will be earned according to the volumes achieved, and we anticipate that these volumes will be lower than 19/20 while we are in pandemic. The government has secured \$300 million through the latest budget for the backlog of services expected once the pandemic ends.
- The addition of 29 beds for the period originally approved for Nov 1, 2020 – Mar 31, 2021 have been extended to June 30, 2021
- Management has received confirmation of an extension of the 10 Quinte Gardens beds also to June 30, and a verbal commitment to extend to up to 19 beds.

There is risk inherent in these assumptions, as follows:

- Efficiency strategies – in the assessment of management, there are strong ideas to achieve new efficiencies and improve patient quality of care. However, there is risk implicit in the plan in the sense of potential for delay should COVID continue. Staff will require vacation (likely substantial) this year, and the organization is committed to the Regional Hospital Information System (RHIS) project which is anticipated to commence later this year, which may also reduce the time available for budget balancing efforts.
- One-time funding – while the use of this funding is not in question, the use of one-time funds only defers the solutions to the balanced budget goal to a future period, and will be compounded by future needs.

Quality improvement initiatives will continue to be pursued where possible given the challenges of the current environment. A balanced Operating Plan has been achieved through the use of one-time funds.

To:	QHC Board of Directors
From:	John Kearns, Board Treasurer & Chair of Audit and Resources Committee
Subject:	2021/22 Capital Plan
Date of Meeting:	May 25, 2021
For:	Decision
Motion:	<i>The Board of Directors approves the 2021/22 Capital Plan as recommended by the Audit and Resources Committee and as endorsed by the Quality of Patient Care Committee.</i>

The 2021/22 Capital planning process has been greatly simplified from prior years. Similar to other years, each program/service prioritized equipment prior to submission in the Fall of 2020 but no formal prioritization review meetings (very time intensive) were held with clinical leadership this year. Instead, Finance reviewed the submissions regarding potential options or alternatives where possible. The process focused on creating a smaller capital plan; one that is well within QHC's capital funding sources and each Foundation\FDC ability to fund.

Highlights:

After prioritization and review, there are significant investments proposed for equipment that must be replaced

- C-arm and DI suite at BGH (\$700,000) which have already been deferred as long as possible.
- Ultrasounds for each of TM, PECM and NH (\$550,000 total)
- Patient monitoring (\$400,000)
- North Hastings CT scanner (\$1,800,000)
- Replacement of the cameras for Nuclear Medicine (\$2,700,000) pending Foundation support (\$2.2 million secured to date)

Incremental equipment has been added through the pandemic Capital funding, and management will optimize the ICU renovation project budget to ensure a contemporary resource post construction.

Risks:

Every year, there are far more requests/needs than can be accommodated. Management will mitigate these risks through the development of a rolling five-year analysis of needs, and an emerging recommendation from management that we take advantage of the historically low interest rate environment, and our application to the Ontario Financing Authority (OFA) for debt related to the Clinical Information System implementation to make a one-time investment for a 'catch-up' in infrastructure requirements.

**Quinte Health Care
Board of Directors Meeting Minutes
March 23, 2021 (Videoconference)**

A meeting of the Board of Directors of Quinte Health Care was held on Tuesday, March 23, 2021 via videoconference. Mr. MacKinnon chaired the meeting.

Present: Mr. David MacKinnon, Chair
Ms. Nancy Evans, Vice-Chair
Mr. John Kearns, Treasurer
Ms. Jessica Anderson
Mr. Patrick Johnston
Ms. Tamara Kleinschmidt
Ms. Lisa O'Toole
Mr. Andrew Fleming
Mr. Gary Hannaford
Ms. Peggy Payne
Mr. Ross Rae
Mr. Christian Sauvageau
Ms. Stacey Daub, President and Chief Executive Officer
Dr. Colin MacPherson, Chief of Staff
Ms. Carol Smith Romeril, Vice President and Chief Nursing Officer

Regrets: There were no regrets.

Staff Present: Mr. Brian Edmonds
Mr. Jeff Hohenkerk
Ms. Susan Rowe
Ms. Catherine Walker
Ms. Olivia Maynes, recorder

1.0 Call to Order

Mr. MacKinnon welcomed everyone, acknowledged members of the media and called the meeting to order at 3:15 p.m.

1.1 Approval of Agenda

Motion: To approve the open session agenda of March 23, 2021
Mover: Ms. Evans
Second: Ms. Anderson
Carried

1.3 Declaration of Conflict of Interest

There were no conflicts declared.

2:0 QHC Values in Action Award Presentation

The Board recognized the entire QHC team of staff and physicians for the one-year anniversary of the first COVID patient at QHC, sharing how despite the fear of the unknown and the additional stress, everyone went above and beyond to ensure the residents served by each QHC hospitals felt safe and supported.

3.0 Reports

3.1 Report of the Chair

Mr. MacKinnon remarked on Mr. Todd Smith's video presentation to the Board and how grateful QHC has been for his partnership throughout the last number of years.

Mr. MacKinnon discussed the recent presentation by Dr. Jeremy Theal at the March Quality of Patient Care Committee meeting, specifically he noted how important clinical transformation will be for QHC in the coming years and the benefits this will bring to local residents and the improvements it will bring in the quality of care QHC delivers.

Mr. MacKinnon commented on the COVID vaccine rollout at QHC and the significant impacts the pandemic has had on the financial position of many Ontario hospitals.

3.2 Report of the President & CEO

Ms. Daub recognized the QHC staff and physicians for their outgoing leadership, support and dedication throughout the pandemic.

Ms. Daub updated the Board on the ongoing hospital and community outreach activities, including her increased understanding of the challenges faced by those at CFB Trenton in accessing healthcare. Ms. Daub noted that she was looking forward to sharing her initial impressions from her first 100 days at the April Board Generative session.

Ms. Daub shared the priorities for 2021/22, indicating that this year would be a bridge year between the end of the 2018-2021 strategic plan and the launch of a new strategic plan in 2022. Ms. Daub noted that priorities were intentionally kept simple to give staff, physicians and leaders an opportunity to recovery and refocus from the pandemic. Ms. Daub added that continuing to provide support to staff and physicians who have been impacted personally and professionally by the pandemic remains a priority.

3.3 Report of the Chief of Staff

Ms. Kleinschmidt joined the meeting at 3:41 p.m.

Dr. MacPherson reminisced about the one-year anniversary of the first COVID patient at QHC, the stress felt by staff and physicians regarding the unknown and the resiliency that has been learned as a result. Dr. MacPherson noted that while the teams are tired, morale is high and many have a renewed sense of purpose for working in healthcare.

Dr. MacPherson discussed the presentation by Dr. Jeremy Theal on clinical transformation and the excitement levels that physician leadership are showing for the regional project and the benefits that it will bring for patient outcomes.

The Board was advised that all QHC related communications involving credentialed staff will be restricted to QHC email addresses as of June 1, 2021. Dr. MacPherson advised that many resisted the transition to QHC email because the QHC platform was previously not accessible on personal devices, however this is no longer the case. The QHC platform also provides a more secure communication method for credentialed staff.

4.0 Decision items

4.1 Ontario Health Team Application (OHT)

Ms. O'Toole advised the board of the progress made on the HPE OHT application, indicating the significant benefits this development will bring to the local communities and residents.

Ms. Daub advised that despite the 2 formerly separate groups having made significant progress individually and then only recently being brought together, they have still made significant strides in advancement. Ms. Daub noted that after submitting the application, the HPE regional OHT will have an interview with Ontario Health and if all goes well approval would be granted in September 2021.

Motion: The QHC Board of Directors endorses QHC's continued involvement as a partner in the Hastings Prince Edward Ontario Health Team, including having the Board Chair sign the full application form for submission to the Ministry of Health.

Moved by: Ms. O'Toole
Second by: Mr. Hannaford
Carried

5.0 Discussion Items

5.1 Physician Recruitment Update

The Board was updated on recent recruitment successes, needs, trends and opportunities and the progress that has been made by QHC Recruitment and Retention Coordinator – Ms. Martha Farrell. Dr. MacPherson noted that there are no gaps in the schedule throughout the next year.

Dr. MacPherson advised that with the exception of few difficult to recruit areas (psychiatry) QHC has added 42 physicians in the last 18 months.

The board discussed the difference between the size of a patient rosters that new doctors are willing to take on versus what older physicians have traditionally carried. Dr. MacPherson advised that many are not willing to have large roster that physicians use to carry in an effort to achieve a better work life balance. Dr. MacPherson also noted many physicians have a desire to work in a health team setting where they have support from allied health professional and work as a team.

Dr. MacPherson highlighted the role that Health Force Ontario (HFO) has played in supporting hospitals, particularly in providing coverage to hospitals/departments that have a hard time achieving a full staff complement. Ms. Rowe added that HFO also provides excellent resources for internationally trained medical graduates.

5.2 COVID Update

Ms. Smith Romeril updated the board on the regional COVID activity indicating that cases are on the rise in the areas surrounding HPE and the implications this could have on QHC. Ms. Smith Romeril added that the hotspots that appeared during the 2nd wave are reappearing and it is likely that Ontario hospitals will have to work together, again, to help alleviate the areas that do not have capacity.

Mr. Hohenkerk provided an update on the vaccination rollout, noting that 3500 doses have been administrated and 1700 QHC staff/physicians have already received their first doses or are scheduled to receive.

The Board was advised that as of March 27, 2021, QHC would return to offering internal staff and physician vaccinations only, however they would be ready to assist Hastings Prince Edward Public Health in community vaccinations again, when needed.

6.0 Consent Agenda

Approval of the following items was included within the consent agenda:

6.1 Minutes of January 26, 2021

6.2 Approval of November 2020 Financial Statements

Motion: The QHC Board of Directors approves the January 2021 financial statements.

6.3 Board and Individual Director Evaluation - Policy Update

Motion: The QHC Board of Directors approves the recommended changes to Board Policy V-B-9: Board and Individual Director Evaluation.

Motion: To approve all items within the consent agenda of March 23, 2021.
Moved by: Mr. Johnston
Seconded by: Mr. Rae
Carried

7.0 Adjournment

Motion: To adjourn at 4:32 p.m.
Moved by: Mr. Sauvageau
Carried

Next Meeting: May 25, 2021 (videoconferencing)

Action Items: There were no action items at the March 23, 2021 meeting.

David MacKinnon, Board Chair
Board of Directors

Stacey Daub
President and CEO and Board Secretary

To:	QHC Board of Directors
From:	Dr. Colin MacPherson, Chief of Staff
Subject:	Chief/Medical Director Appointment
Date of Meeting:	May 25, 2021
For:	Decision
Motion:	<i>The QHC Board of Directors' appoints Dr. Trevor Bardell as the Chief/Medical Director of Surgery and Dr. Ken Collins as Chief/Medical Director of Emergency Medicine, effective June 1, 2021 and July 1, 2021 respectively.</i>

Dr. Trevor Bardell was interviewed on March 19 for the position of Chief/Medical Director of Surgery by a panel with the Chief of Staff, Vice President, Program Director, the Chief/Medical Director of Anesthesia, the Chief/Medical Director of Obstetrics and Gynecology and a Board Member (Gary Hannaford). Dr. Bardell has been interim in the role since (May 1) and took over for Dr. Florian Braig, who is retiring.

Dr. Ken Collins was interviewed on May 14 for the position of Chief/Medical Director of Emergency Medicine by a panel with the Chief of Staff, Vice President, Program Director, the Chief/MD of Emergency Medicine, the lead physician from TMH Emergency Department, and a Board Member (Andrew Fleming). Dr. Ken Collins was the only applicant for the position and will start the role on (July 1). Dr. Collins is taking over this role from Dr. Christine Hanna who is resigning her active staff position to pursue further education.

To:	QHC Board of Directors
From:	John Kearns, Board Treasurer & Chair of Audit and Resources Committee
Subject:	Attestation of Compliance to Broader Public Sector Accountability Act (BPSAA) 2010
Date of Meeting:	May 25, 2021
For:	Decision
Motion:	<i>That the QHC Board of Directors attests to compliance of the Broader Public Sector Accountability Act for fiscal year 2020/21 based on the recommendation of the Audit and Resources Committee and management.</i>

In accordance with the *Broader Public Sector Accountability Act (BPSAA)*, Management Board of Cabinet has released Directives relating to procurement practices, the use of consultants, and expectations for expense and perquisite policies. The directives identify that hospitals are required to: prepare reports on the use of consultants; publicly post expense claim information; and prepare compliance attestations.

Compliance attestations are reports that must be prepared and submitted by every hospital attesting to:

- The completion and accuracy of reports required on the use of consultants;
- Compliance with the prohibition on engaging lobbyist services using public funds;
- Compliance with any applicable expense claims directives issued by the Management Board of Cabinet;
- Compliance with any applicable perquisites directives issued by Management Board of Cabinet; and
- Compliance with any applicable procurement directives issued by the Management Board of Cabinet.

The attestation is for the period April 1, 2020 to March 31, 2021 and will need to be submitted to the East Region Ontario Health (OH) CEO and posted on our website. A copy of the attestation form is included in the supplemental package.

Procurement Practices

QHC, like all public hospitals in Ontario, has been engaged in ongoing efforts to bring itself into full compliance with the requirements of the procurement directive. Over the last several years we have implemented, and modified our processes surrounding procurement and supply chain activities. While we always endeavour to comply with the intent of the act, there are circumstances where we can improve around our documentation and compliance to the strict letter of the directives.

QHC attests to:

- The Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;

- The Hospital's compliance with any applicable expense claims directives issued under section 10 of the BPSAA by the Management Board of Cabinet, including availability of reports on the QHC internet site;
- The Hospital's compliance with any applicable perquisite directives issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and
- The Hospital's compliance with any procurement directives issued under section 12 of the BPSAA by the Management Board of Cabinet with no material exceptions identified.

In determining items that are material exceptions to the BPSAA requirements, Senior Leadership and the Audit and Resources Committee has reviewed all procurement that was greater than \$100,000 and did not follow standard procurement policies. Through this review, the items included in Schedule A were identified as justifiable exemptions, as defined in the Agreement on Internal Trade (AIT). For these items, Senior Leadership has identified the appropriate clause of the AIT that supports the exemption. As per recommendations from the OHA, these items are not required to be identified on the attestation.

SCHEDULE A to Attestation – Material Exceptions

1. Exceptions to the Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds:
 - No known exceptions
2. Exceptions to the Hospital's compliance with the expense claims directive issued under section 10 of the BPSAA by the Management Board of Cabinet:
 - No known exceptions
3. Exceptions to the Hospital's compliance with the perquisites directive issued under section 11.1 of the BPSAA by the Management Board of Cabinet;
 - No known exceptions
4. Exceptions to the Hospital's compliance with the procurement directive issued under section 12 of the BPSAA by the Management Board of Cabinet:
 - No known exceptions

Consultant Usage

The list of consultant usage for fiscal year 2020/21 is provided as schedule B. There were no consultants used this year, but the form will be submitted to the East Region OH CEO with the attestation letter. The Procurement and Reporting Directives define "Consultant" as a person or entity that under an agreement, other than an employment agreement, provides expert or strategic advice and related services for consideration and decision-making. Further, the Procurement Directive defines "Consulting Services" as the provision of expertise or strategic advice that is presented for consideration and decision-making.