



**City of Kingston
Report to Council
Report Number 21-287**

To: Mayor and Members of Council
From: Lanie Hurdle, Chief Administrative Officer
Resource Staff: Craig Desjardins, Acting Commissioner, Corporate Services
Date of Meeting: November 16, 2021
Subject: Potential Municipal Investment in Health Care Initiatives

Council Strategic Plan Alignment:

Theme: 4. Strengthen economic development opportunities

Goal: 4.7 Invest in innovative workforce development and in-migration strategies.

Executive Summary:

The purpose of this report is to provide Council with investment options for funding that had been earmarked for health care support. This funding has been earmarked in future operating budgets because previous contributions to the University Hospital Kingston Foundation Fundraising Campaign have come to an end. City staff understand and recognize that health care services are a responsibility of the provincial government and that municipalities do not receive adequate funding to finance health care services on an ongoing basis. However, staff also recognize that the absence of strong provincial health care programs typically result in direct impacts to residents, which in turn has an impact on municipal services. One example of that would be the need to open a centre like the Integrated Care Hub that supports a clientele with very complex needs and high acuity. Another example would be the lack of family physicians and the impact on workforce recruitment.

Since the beginning of the pandemic, more municipal staff time and resources have had to be redirected to support health care initiatives as impacts were being felt and observed within the community.

In December 2019, staff provided Council with a family physician supply plan which indicated that there was a family physician shortfall in Kingston. This shortfall is caused by a number of

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factors including but not limited to out-of-town individuals accessing Kingston family physicians, a number of physicians who do not have a full case load of patients due to teaching activities, retired physicians and new physicians taking on smaller patient case loads.

City staff have been working closely with family health teams in the last number of months to secure additional family physicians. A talent attraction social media campaign was developed, including video testimonials from local family physicians:

<https://kingston.possiblemadehere.org/physicians/>.

Recruitment of new family physicians has been challenging and City staff recognize that recruitment in Kingston is being impacted by other municipal incentive programs for family physicians being provided by surrounding municipalities. Staff reviewed these incentive programs and are recommending that the City implements an incentive program similar to other surrounding municipalities to increase recruitment opportunities in the City of Kingston. This would be complemented by existing workforce development programs including the Dual Career Spousal Support Program and the Workplace Inclusion Charter. The Options/Discussion section of this report provides more details on a potential approach to the family physician recruitment incentive program. Overall, staff are recommending a contribution of \$250,000 per year for eight (8) years for a total of \$2M. It is anticipated that this will secure the recruitment of about fifteen (15) family physicians over time.

The Integrated Care Hub (ICH) opened in August 2020 at Artillery Park and has since relocated to 661 Montreal Street where it has been operating for about 1 year. This low barrier service provides 24/7 access for people that are homeless with mental health and addiction challenges. The City has contracted the HIV/AIDS Regional Services (HARS) to operate the ICH and funded its operation through the Social Services Relief Fund (SSRF) provided by the provincial government in 2020 and 2021. Council committed SSRF funding to the ICH until December 31, 2021 and staff have been in discussions with the Ministry of Health to secure multi-year operating funds. The discussions with the Ministry of Health have been positive but staff have not yet received confirmation of funding. It is also anticipated that the City and the community will fund a portion of the ICH operations even if the City receives Ministry of Health funding. Therefore, staff are recommending that up to \$250,000 per year be reallocated to support the ICH for up to three (3) years for a total maximum of \$750,000 from this earmarked health care funding. In order to support the ICH operations in 2022, City staff are also recommending that an additional amount up to \$250,000 of the Social Service Relief Fund Phase 3 be allocated to the ICH. The proposed allocation of up to \$500,000 from the City as well as an anticipated community investment of \$250,000 would guarantee ongoing operations until the April 1, 2022. This could be reduced should there be Ministry of Health funding available. The intent is to reduce the ICH's operations over time as more supportive and transitional housing becomes available.

Although the City's support to health care initiatives has increased since the pandemic, the municipality has supported a number of partnerships in the past including hospital expansion/improvement fundraising campaigns. Kingston Health Sciences Centre (KHSC) is planning its next significant expansion/renewal which has an estimated cost between \$500M and \$1B. KHSC has indicated that this cost is an estimate and could possibly increase further

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depending on rising costs of construction. This expansion/renewal includes an expanded and new emergency department, labour and delivery unit, state-of-the-art operating rooms, neonatal intensive care unit, etc. Based on the provincial financing model, a portion of cost has to be funded through local fundraising efforts. Because the project costs are still estimated, the local community share has been estimated at about \$189M over ten (10) years. The University Hospitals Kingston Foundation (UHKF) has reached out to the City and requested a total of \$25M over 10 years to contribute to the community local share. City staff have reviewed options and recognize that it is not feasible to finance this contribution within the existing taxation target provided by City Council. Staff are proposing that a contribution of \$800K per year for the first three (3) years, \$1.05M for the following five (5) years and \$1.3M for the last two (2) years for a total contribution of \$10,250,000 from the earmarked health care support funding. Staff recognize that this amount is not quite half of the request submitted by UHKF, but it is feasible within the existing tax rate provided by Council while supporting other important health care initiatives.

Based on information provided by the UHKF, a number of municipalities in Ontario have been making significant contributions to hospital expansions and new hospitals. Those contributions are based on local share requirements and in a number of cases are funded through specific tax levy. Appendix 5 of Exhibit A (A Bold Vision for 21st Century Care) attached to this report provides examples of municipal contributions to new builds and hospital expansions.

City staff are recommending the option that the City uses funds that had been included in the operating budget projections to support three (3) local health care initiative for a total of \$1.3M, already included in the 2.4% budget target for 2022:

1. Up to \$250,000 per year for three (3) years for a total of up to \$750,000 for the Integrated Care Hub;
2. \$250,000 per year for eight (8) years for a total of \$2.0M for family physicians recruitment;
3. \$800,000 per year for three (3) years, \$1.05M for five (5) years and \$1.3M for two (2) years for a total of \$10,250,000 over ten (10) years for the University Hospitals Kingston Foundation for the Kingston Health Sciences expansion and renewal fundraising campaign.

Not as part of the staff recommendation but Council also has the option to add a one-time additional 0.6% tax increase in 2022 in order to finance the remaining request from the UHKF of \$14,750,000 for a total of \$25M over ten (10) years for the hospital expansion/renewal.

Although staff are providing some recommendations for the allocation of the \$1.3M, there are also a number of other options that Council has as listed below:

Option 2

\$1.3M per year for ten (10) years for a total of \$13M to the University Hospitals Kingston Foundation for the Kingston Health Sciences Centre expansion and renewal fundraising campaign.

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Increase tax rate by 0.5% in 2022 in order to finance the remaining \$12M over ten (10) years (for a total of \$25M) for the Kingston Health Sciences Centre expansion/renewal.

Option 3

Remove the \$1.3M earmarked for health care initiatives from the budget and reduce the tax rate by 0.55% in 2022 accordingly.

Option 4

Reallocate the \$1.3M earmarked for health care initiatives to other services or council priorities.

Recommendation:

That Council approve the allocation of the \$1.3M earmarked for health care initiatives in the existing operating budget to the following initiatives:

1. Up to \$250,000 per year for three (3) years for a total of up to \$750,000 for the Integrated Care Hub;
2. \$250,000 per year for eight (8) years for a total of \$2.0M for family physicians recruitment;
3. \$800,000 per year for three (3) years, \$1.05M for five (5) years and \$1.3M for two (2) years for a total of \$10,250,000 over ten (10) years to the University Hospitals Kingston Foundation for the Kingston Health Sciences Centre expansion and renewal fundraising campaign.

That Council approve the allocation of an additional up to \$250,000 from the Social Services Relief Fund Phase 3 to the 2022 operations of the Integrated Care Hub; and

That the Mayor and Clerk be authorized to execute an agreement with KEYS Job Centre for the delivery of a family physician incentive program in a form satisfactory to the Director of Legal Services; and

That the Mayor and Clerk be authorized to extend the existing agreement with HIV/AIDS Regional Services and/or other agencies as required for the operations of the Integrated Care Hub at 661 Montreal Street in a form satisfactory to the Director of Legal Services.

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Authorizing Signatures:

ORIGINAL SIGNED BY CHIEF
ADMINISTRATIVE OFFICER

**Lanie Hurdle, Chief
Administrative Officer**

Consultation with the following Members of the Corporate Management Team:

Paige Agnew, Commissioner, Community Services Not required

Craig Desjardins, Acting Commissioner, Corporate Services

Peter Huigenbos, Commissioner, Business, Environment & Projects Not required

Brad Joyce, Commissioner, Transportation & Public Works Not required

Jim Keech, President & CEO, Utilities Kingston Not required

Desirée Kennedy, Chief Financial Officer & City Treasurer

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Options/Discussion:**Health Care Funding in Operating Budget**

In 2016, City Council approved a contribution of \$6.5M to the University Hospitals Foundation fundraising program as part of the community's share of capital funding requirements, equipment and related expenditures for new and renovated facilities for Kingston Health Sciences Centre. The contribution was made in the form of annual payments of \$1.3M beginning in 2017 for a period of 5 years. Although the last payment for this commitment was made in 2021, staff had earmarked potential future funding in the draft future operating budgets based on information related to a potential future phase included in Report Number 16-120 (attached as Exhibit C). Therefore, there is currently \$1.3M earmarked in the operating budget forecasts.

Family Physician Plan & Recruitment

In December 2020, City staff provided a family physician supply plan as directed by Council. This plan highlighted a number of findings including:

- Of the 312 Kingston physicians surveyed, 173 were identified as not practicing family medicine in the community but are engaged in other activities such as teaching, research, student health, or more sub-specialized areas of family medicine (i.e. long-term care setting) leaving a net 139 active physicians practicing comprehensive family medicine.
- Of the 125 family physicians who responded to the survey question regarding retirement plans, 38 (30.4%) are planning to retire within the next decade with 21 (16.8%) family physicians planning to retire within the next 3 to 5 years, and 17 (13.6%) within the next 6 to 10 years, or by 2030.
- As many as 43,980 patients from outside the Kingston region are currently attached to local family physicians. This is greatly compounding the physician supply problem in Kingston.
- The best estimation, based on the data analysis and sources referenced, would suggest that as many as 28,746 residents living in the Kingston region may be unattached or may be forced to see physicians outside the Kingston region because they are unable to attach to a local physician.
- The average panel (roster) size of surveyed Kingston family physicians is 1,230. The median age of all physicians in the region is 48.5 years and 50% percent of family physicians operate under the fee-for-service practice model.

With the current and future number of family physicians and as many as 28,746 Kingston area residents not served by a local physician, family physician supply and demand requires urgent

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attention. It is estimated that as many as 20 FTE family physicians are needed to meet the health needs of patients who are not served by a local family physician.

Not only is this situation a concern for the health of current residents but there is also a growing challenge and economic impact for employers when attracting new workforce talent to the region.

The journey to define and address the shortage of family physicians in Kingston has a long and complex history. Council will be aware of historical physician shortage and recruitment efforts.

The development of support programs to create system capacity aided in physician recruitment with an emphasis on non-financial incentives that recognize the high quality of life in Kingston but there are still significant barriers in recruiting new physicians.

There is considerable competition in Ontario, indeed across Canada, to recruit and retain family physicians. Strategies and supports vary depending on the needs and resources of the community. Efforts range from large financial incentives to golf memberships. Many communities have also hired full time family physician recruiters to work with candidates and support them through the transition and to ensure retention in the community. In addition to local incentives, communities that are considered high needs or rural have access to financial resources offered by the Province. These incentives include the Income Stabilization (IS) program for family physicians who choose to practice with established FHO / FHTs in high-needs areas and the Northern & Rural Recruitment and Retention Initiative which offers grants ranging from \$80,000 - \$117,000 to qualifying physicians. The City of Kingston does not have access to this provincial support. Efforts to have Kingston designated as a high need community are ongoing but to date, have not been supported by the Ministry of Health.

Common financial incentives

1. Relocation support
2. Return of service agreements for practicing physicians who are relocating (ranging from \$20,000 to \$30,000 per year for 5 years)
3. Support for medical students / residents who commit to practice in the community once they complete their training
4. Auxiliary financial incentives and reimbursements for upgrades to existing practice

Common non-financial incentives

1. Spousal support programs that help with employment and community integration
2. Turnkey space such as new medical clinics with state-of-the-art equipment
3. Access to administrative support / IT support
4. Events / tours / gift baskets to introduce medical students, residents, and physicians to the community
5. Continuing education opportunities / adjunct professorships

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The most common financial incentive offered is \$100,000 over 5 years. Municipalities who are in dire need of physicians might offer more to stand out in a very crowded field. Hastings County and Belleville both offer \$150,000. While the focus has traditionally been on enticing practicing physicians to move, that has begun to shift toward attracting medical students and residents who have not started practicing yet. The benefit of this approach is access to a larger pool of future doctors without having to poach from other communities. The risk is that a young medical student or resident may change career paths before completing their education.

Physician recruitment initiatives in Ontario are most commonly led by the county, the municipality, or a Family Health Team. Irrespective of who is leading the initiatives, they are primarily funded by the municipalities that are engaging in the recruitment.

Examples of Physician Recruitment Efforts

- **Hastings County**

Hastings County has had an active physician recruiting program for 15 years. It is managed by the County and funded by the 14 member municipalities. Initially the County was in desperate need of doctors and focused on attracting medical students by offering \$150,000 over 6 years towards expenses in exchange for a 5-year return of service agreement upon graduation. The program has successfully recruited 19 doctors and is currently 4 physicians short of a full complement.

The City of Belleville runs its own physician recruitment program, offering medical students up to \$150,000 in return for a five-year commitment of full-time service to the community. Payments are made in six instalments.

- **Quinte West & Brighton**

The physician recruitment program for Brighton and Quinte West runs the 'Docs by the Bay' campaign with a registered physician recruiter at the helm. The program is funded through contributions from both councils as well as the hospital foundation and the budget is reviewed on an annual basis. It offers \$100,000 in exchange for a 5-year return of service agreement and will support both medical residents and practicing physicians. In the last 3 years, the program has successfully recruited 12 doctors.

- **Napanee**

In Lennox & Addington, the county has downloaded the responsibility for physician recruitment to the individual municipalities. In response, Napanee developed a financial incentive program in 2019 that is funded by the municipality and operates as a special project within the Finance Department. It offers \$100,000 in exchange for a 5-year commitment. While the hospital does not provide financial support for the initiative, it works closely with the municipality and helps identify interested medical residents. The hospital will also offer training and support to new doctors. As a result, Napanee successfully recruited 2 new doctors in 2019.

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The municipality also collaborated with Hastings County on establishing a new medical clinic in Deseronto, which is considered underserved by the province. Napanee contributed 25% of the funds to the project and was allocated 25% of the patient slots for its citizen. The clinic opened in March 2020.

- **The Niagara Region**

The physician recruitment program in the Niagara region has been in operation for the past 10 years. Initially, it focused on building a presence at medical school recruitment fairs and introducing future doctors to the opportunities available in the region. The physician recruitment position is currently funded by regional public health. It serves 12 communities and is the single point of contact for family physician inquiries. This includes new physicians, established physicians, as well as patients looking for a physician.

Only 4 of the 12 communities in the region offer financial incentives ranging from \$5,000 in St. Catherine's to \$75,000 in Fort Erie. All service agreements with financial incentives are funded and managed by individual municipalities. Communities that don't have the budget for large incentives might offer a one-time signing bonus instead. Another popular incentive in the Niagara region is support for upgrades to old clinics so that new physicians do not have to shoulder the cost of converting paper records or purchasing new equipment. The success of the program has been significant with 22 new doctors signing on last year.

Physician Recruitment in Kingston

In late 2005, the City of Kingston launched an Ad Hoc Committee for the Recruitment, Retention and Recognition of Family Physicians. The committee completed its recommendations in May 2006 and the responsibility for administering the program was assigned to Kingston Economic Development Corporation (Kingston EcDev), in coordination with City of Kingston Finance department, and which hired a position responsible for the physician recruitment portfolio. In late 2007, Kingston EcDev submitted a request to the province to be re-designated as an underserved area. The request was denied in January 2008. In May 2008, recommendations were presented to Council for a family physician recruitment support package that would allow the City to compete with provincially funded recruitment efforts. City Council decided to support a Family Physician Support Package, with a total budget of \$1.8M to be amortized over 5 years. Council approved two types of support for family physicians:

- \$25,000 per new, full-time, established family physician to Kingston to help defray the costs of relocation and establishing a practice.
- \$75,000 (cash flow amortized over 5 years) per new, full-time, un-established, family physician to Kingston to help defray the costs of relocation & establishing a medical practice, subject to entering a 5-year contract, including repayment on a proportionate basis, should the term not be complete.

The success of the program led to an extension of the support package from 2010 to 2011, with \$350,000 of the \$1.8M that had not been committed between 2008 and 2010. The package was revised using the remaining funds in the budget to provide funding at the level of \$25,000 per

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new, full-time, un-established physician, beginning September 1, 2010, which resulted in all new family physicians receiving \$25,000.

In October 2015, Kingston EcDev presented a report on the results of the recruitment program:

Between 15,000 and 17,000 un-attached patients gained a family doctor

- 28 doctors signed onto the program:
- 7 doctors terminated their agreements
 - 3 prior to beginning the program
 - 1 accepted a position at Providence Care
 - 1 could not get certified to practice in Ontario
 - 1 took a position at Toronto Western
 - 4 terminated agreements with pro-rated service
 - 3 with 2 years of service or less
 - 1 due to health, 3 months short of the 5-year agreement
- 21 doctors were still actively participating in the program in 2015
- 7 received the \$25K funding, and all 7 continue to practice in Kingston
- 14 received the \$75K funding, with completion of the 5-year term between 2013 and 2017

Although the initial physician recruitment project was a success, retirements and reductions in rosters quickly resulted in another workforce shortage and the number of unattached patients has continue to increase. In 2019, the City partnered with the Queen's PhD - Community Initiative, Kingston Community Health Centre, and the Kingston Area Health Care Taskforce to explore the state of the family physician shortage in Kingston. The Queen's PhD team submitted their report in April 2020 and highlighted the shortage of physicians as well as the continuously increasing number of unattached patients. The findings of the PhD students were corroborated by a more extensive Family Physician Supply Plan that was prepared by KCHC and the Kingston Area Health Care Taskforce and was presented to Council in December 2020 in [Report Number 21-002](#).

In late August 2021, the City launched a social media recruitment campaign that targets family physicians in Ontario. This campaign produced interest but limited results as there was an absence of any incentive program. As a result, City staff are proposing that the City implement a family physician recruitment incentive program with \$250,000 of funding per year for eight (8) years. Based on best practices, it is anticipated that the incentive would be equivalent to \$100,000 for a minimum of a five (5) year contract for service. Staff are anticipating that this program will secure a minimum fifteen (15) additional family physicians recruited through this program over the eight (8) year period with remaining funds used to administer and promote the recruitment and incentive program. Staff recognize that this will not meet all of the community needs but will help to reduce the gap in local family physician care which should be led at the provincial level. Staff are also proposing that the program be administered and delivered through KEYS Job Centre which has expertise in recruitment and job placements. KEYS will engage a family physician recruiter who will work with community stakeholders to build out a

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comprehensive program of attraction and retention. Should Council approve this program, it would be implemented in 2022 and would target the recruitment of three (3) additional physicians in the first year.

Integrated Care Hub

The COVID-19 pandemic, which started in early 2020, shed light on social issues and gaps in services for the most vulnerable populations within the community. In response to these community needs, the City of Kingston, in partnership with HIV/AIDS Regional Services (HARS), temporarily established the Integrated Care Hub (ICH) at Artillery Park in late July 2020. The ICH operated at Artillery Park until November 2020 at which time, the City and partners relocated the ICH operations to 661 Montreal Street. The City initially established a lease agreement with the property owner at 661 Montreal Street until July 2021 based on provincial funding available at that time. This lease and operations of the ICH at 661 Montreal Street were extended until December 31, 2021 through [Report Number 21-084](#).

The ICH provides a 24/7 low barrier service for homeless individuals or individuals at risk of homelessness that are unable to access other services. Kingston's Consumption and Treatment Services (CTS) managed by Kingston Community Health Centres (KCHC) relocated its operations to the ICH in August 2020, following a Health Canada approval. The CTS also relocated its operations with the ICH at 661 Montreal Street as of November 2020, following a Health Canada approval. KCHC also entered into a partnership with the City and Spectra Plasmonics in order to implement an innovative and unique drug testing technology that is utilized at the CTS.

It is apparent that the challenges faced by the most marginalized individuals using the ICH are not primarily related to housing or lack thereof; there is a major medical (including mental health and addictions) component of work that needs to be addressed in order to assist individuals in living and thriving in housing. There is no question that services at the ICH have been and continue to be utilized by a large number of people and that the ICH has filled a gap in the community. Based on the data collected, staff believe that in the absence of a service like the ICH there would be a significant increase in overdoses, hospital visits, people sleeping in the rough and possibly an additional shelter required to meet the demand on vulnerable populations. Most recent statistics are attached as Exhibit B to this report. Staff have been working on options to extend the operations of the ICH beyond December 2021. The operations of the ICH have been funded primarily through the Social Services Relief Fund provided by the province since its opening in August 2020.

The City, primarily through the Mayor's Office and staff, have been having ongoing discussions with the Ministry of Health to secure multi-year funding. Although the discussions with the Ministry have been positive, staff have not yet received confirmation of potential multi-year funding for the ICH. The yearly budget for the ICH has been identified at about \$3M, \$250K per month, as per [Report Number 21-084](#). Discussions with the Ministry of Health have focused on a provincial contribution of \$2.3M and a local contribution ranging from \$500k to \$750K. The local contribution is to be made up of city and community partner contributions.

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Staff have reviewed funding options to extend operations beyond the winter months. Based on operations at 661 Montreal Street since November 2020, staff have been able to establish an operating budget of about \$250,000 per month for the ICH. As an interim measure, staff are recommending up to \$250K from the health care initiatives funding for three (3) years as well as up to \$250,000 from the Social Services Relief Fund (SSRF) Phase 3 that is remaining and that needs to be allocated prior to December 31, 2021. There is currently \$609,000 remaining in the SSRF Phase 3. United Way KFL&A has also committed \$250K to support operations of the ICH in 2022. Should Council endorse the additional funding, it would enable the ICH to maintain operations for three (3) additional months, until April 1, 2022. Depending on provincial funding, the ICH could operate for the remainder of 2022 and possibly reduce the City contribution. Details on ICH overall expenses and funding are provided in Report Number 21-288 which is on the November 16, 2021 Council agenda.

The City established the ICH as a temporary facility under Ontario Regulation 141-20, which provides municipalities with the ability to establish temporary health and residential facilities for the purpose of responding to the COVID-19 pandemic. The Ontario Regulation is set to expire November 16, 2021. Staff are in regular communication with the Province about how they intend to create transition permissions for facilities established under this temporary Regulation. For the ICH to legally be established as a permitted use at 611 Montreal Street, Planning Act applications would be required. Staff will report back to Council should a different land use approach be required to address the continued operations of the ICH at 661 Montreal Street.

University Hospitals Kingston Foundation

In 2008, University Hospitals Kingston Foundation (UHKF) began the expansion of the hospital network in Kingston. Located in the City of Kingston, the hospitals provide services to the eastern Ontario region as part of the overall health care system. Around that time a new formula/approach to the hospital funding structure was underway in Ontario which required a share of funding to come from the community. In particular provincial funding does not cover a number of expenditure types related to hospital funding, more specifically equipment and 10 percent of total construction costs. At that time, UHKF was challenged to secure \$65 million in community contributions towards the local share of a wide range of hospital infrastructure projects at Kingston General Hospital and Hotel Dieu Hospital, as well as the Providence Care Hospital. In 2008, the City of Kingston's pledge to the UHKF campaign was \$10 million in grants and up to \$6 million to be rebated from development-related fees paid by the hospitals. The City made its final pledge payment in September, 2016 having contributed a total of \$10 million in grants and \$1.544 million in rebates, for a total contribution of \$11,544,112. This was part of the total community contribution of \$72 million towards capital projects and investments in staff education, medical research and patient care equipment in all areas of clinical practice.

In October 2015, UHKF launched a \$65 million campaign to fund, over five (5) years, the first half of the local share of the major projects included in the hospitals' capital plans as well as research, education and other equipment needs. It was anticipated that this campaign would be followed closely by another, and that the two campaigns together would secure the full amount of local contributions needed for the major capital projects over 10 – 12 years. As with the previous campaign, significant support from the region's municipalities was critical to enable

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UHKF to confirm provincial investment in the community's hospital facilities. UHKF specifically requested the City of Kingston to commit 10% of the fundraising effort in the amount of \$6.5 million over the next five years (2017 to 2021 inclusive).

In 2016, City Council endorsed a contribution of \$6.5M over a five (5) year period to the University Hospitals Kingston Foundation fundraising campaign. This was based on a \$1.3M contribution per year beginning in 2017. The pledge was made towards the new infrastructure developments and essential equipment and programs at all three Kingston hospital sites. Council Report Number 16-120 which details the 2016 Council approval is attached as Exhibit C to this report.

UHKF recently approached the City of Kingston to support fundraising efforts for the next phase of Kingston Health Sciences (KHSC) expansion/renewal. The formal request is attached as Exhibit A to this report. This phase includes the construction of a new 12-story patient tower at KHSC's Kingston General Hospital site, including an expanded and updated emergency department, state-of-the-art operating rooms, labour and delivery unit, neonatal intensive care unit, clinical laboratories, more inpatient beds and a roof top helipad which will free up the use of waterfront land for public use. Investment in clinical technology and equipment will also be part of the improvements over the next 10 years. The investment will improve patient experience for citizens of Kingston and the southeastern Ontario as well as bring direct and indirect economic benefits to the City.

Provincial funding does not cover the cost of equipment or 10 percent of total construction costs. Therefore, the community local share is estimated at \$189M and the City of Kingston is being requested to invest a total of \$25M over a ten-year period.

City staff have reviewed the request submitted by UHKF and have identified a potential contribution of \$10,250,000 over a ten (10) year period by using a portion of the \$1.3M earmarked for health care initiatives without impacting the taxation rate. The funding transfers could be structured as follows:

2022 to 2024 - \$800,000

2025 to 2029 - \$1,050,000

2030 to 2031 - \$1,300,000

City staff recognize that this is less than half of the request submitted by the UHKF. Council does have an option to implement a one-time 0.6% tax increase in 2022 in order to finance the outstanding \$14,750,000 over a ten-year period. Based on information provided by UHKF, it appears that some municipalities in Ontario have funded their contribution through a dedicated tax levy.

Existing Policy/By-Law:

None

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Notice Provisions:

None

Accessibility Considerations:

None

Financial Considerations:

The financial implications are described throughout the report.

Contacts:

Lanie Hurdle, Chief Administrative Officer, 613-546-4291 extension 1231

Other City of Kingston Staff Consulted:

Dajana Turkovic, Workforce Development Analyst

Ruth Noordergraaf, Director, Housing & Social Services

Lana Foulds, Director, Financial Services

Exhibits Attached:

Exhibit A – “A Bold Vision for 21st Century Care” - University Hospitals Kingston Foundation

Exhibit B – Integrated Care Hub October 31, 2021 Statistics

Exhibit C – Council Report Number 16-120

AN INVITATION TO THE CITY OF KINGSTON TO INVEST IN THE HEALTH OF ITS CITIZENS



**A BOLD VISION
FOR 21ST CENTURY CARE**



October 2021



October 26, 2021

Ms. Lanie Hurdle
Chief Administrative Officer
City of Kingston
216 Ontario Street
Kingston ON K7L 2Z3

Dear Ms. Hurdle:

This month, the City of Kingston completed its five-year pledge in support of shared capital projects, funding infrastructure and urgent equipment needs at Kingston's two hospitals, Kingston Health Sciences Centre (KHSC) and Providence Care Hospital.

As promised in its presentation to Council in September 2016, University Hospitals Kingston Foundation is following through with a renewed request to Council to continue its financial support of the Kingston hospitals. Included in this document are examples of the significant impact made by the City's contributions over the past five years, along with the noteworthy accomplishments of Kingston Health Sciences Centre that have set it apart from other acute care hospitals (Appendix 1).

Council's renewed pledge of support will help realize the KHSC strategic plan vision of *Transforming care, together*, which includes the construction of a new patient tower at the Kingston General Hospital site and other technological advancements required to provide much needed local access to care.

At some point, every citizen of the City of Kingston will need the care provided in the city's hospitals for themselves or a loved one. When that time arrives, they will count on being able to access the specialists they need, in a well-equipped and patient-centred environment that is designed to ensure the best possible healthcare experience and outcomes.

A significant financial commitment from the City of Kingston will set the bar for other municipalities when it comes time to consider how they can be a part of this next phase of healthcare modernization for the entire region. It will also shift the philanthropic expectations from a select group of humanitarians in Kingston to include every resident of this great city and its surrounding region.

I thank you and the elected officials for your service to the Kingston community and your leadership and vision for our shared future.

A handwritten signature in blue ink, appearing to read "Tom Zsolnay", is written over a faint, larger version of the same signature.

Tamás (Tom) M Zsolnay, CD, MBA, CFRE
President and CEO
University Hospitals Kingston Foundation

Executive Summary

Background

In 2016, the City of Kingston committed \$6.5 million, pledged over five years, towards the new infrastructure developments and essential equipment and programs at all three Kingston hospital sites. These upgrades have helped Kingston Health Sciences Centre (KHSC), formed by the integration of Hotel Dieu Hospital (HDH) and Kingston General Hospital (KGH), to emerge as one of the top academic, complex and specialized care centres in Ontario, and has also allowed the Providence Care teams to deliver quality, compassionate care, now and well into the future. The remarkable achievements during this time would not have been possible without the support of the City of Kingston.

The Challenge

Kingston has an aging population, with rising chronic disease rates and projected local population growth, that will put increasing pressure on its already strained healthcare capacity. At the same time, facilities at KHSC are some of the oldest in the country, healthcare technologies and capabilities are evolving dramatically, and Kingston is feeling the effects of a Canada-wide health human resources shortage. To better care for patients, now and into the future, ongoing action is required to update and expand physical facilities at KHSC, upgrade technologies, and attract the best and brightest to live and work in the Kingston area.

The Vision and Opportunity

Implementation of the new regional Health Information System (HIS) will lay the foundation for integrated, efficient and effective patient care in Kingston and the surrounding region for decades to come. The centerpiece of the vision will be the construction of a new 12-story patient tower at KHSC's Kingston General Hospital (KGH) site, including an expanded and updated emergency department, state-of-the-art operating rooms, labour and delivery unit, neonatal intensive care unit, clinical laboratories, more inpatient beds, and a roof-top helipad. This construction will be augmented with continued investments in clinical technology and equipment over the next 10 years. The anticipated results will be transformative: they will expand the community's access to leading-edge care and improve the patient experience for the citizens of Kingston and southeastern Ontario as well as bring direct and indirect economic benefits to the City.

Costs

High-level estimates of the local investment required to achieve the necessary infrastructure, information systems, and clinical technologies and equipment are approximately \$429 million over 10 years. This includes the local share of the provincially-funded redevelopment at the KGH site (required by the province for all major construction projects), the KHSC portion of the regional HIS, and clinical equipment and technology for now and into the future. KHSC will generate \$240 million from its resources, but the balance must be raised from the community served by the hospital. The community share of \$189 million will require an unprecedented philanthropic undertaking to make up the difference between the cost of state-of-the-art facilities and technology necessary for quality care and regular hospital revenue sources. To meet this challenge, the University Hospitals Kingston Foundation (UHKF) is asking community partners throughout southeastern Ontario to raise their sights and make generous investments essential to the exceptional health care provided by KHSC.

The Request

Kingston City Council is challenged to set an example for others (councils, donors, organizations, special interest groups) throughout southeastern Ontario and demonstrate the importance of this development. Kingston City Council is asked to build upon past investments in its hospitals and to consider a pledge of \$2.5 million in each of the next 10 years, for a total commitment of \$25 million in support of the construction of KHSC's new patient tower. An investment of this magnitude will directly improve patient care for the citizens of Kingston and set the bar for support as other municipalities and philanthropists are approached for their investments.

Kingston Health Sciences Centre: Transforming Care, Together

The integration of Kingston General Hospital (KGH) and Hotel Dieu Hospital (HDH) to create Kingston Health Sciences Centre (KHSC) in 2017, facilitated the growth and advancement of health care in Kingston, while at the same time streamlining operations and optimizing the use of scarce resources. In the four years since amalgamation, KHSC has risen to become one of the top academic health sciences centres in the province, quickly gaining a reputation for being agile, responsive and efficient.

The clinical and technological upgrades at KHSC were made possible, in part, by the council pledge from 2016 (see Appendix 1), and have brought improved access for Kingston residents to the best available 21st-century care, including minimally-invasive procedures such as endovascular thrombectomy (EVT) for stroke, transcatheter mitral valve repair (Mitral Clip) for mitral valve failure and robot-assisted surgery (RAS) for prostate cancer treatment.

The Challenge

KHSC's physical and digital infrastructure is no longer sustainable without significant investment in the construction of new facilities and the replacement of clinical information systems. While KHSC has managed some creative workarounds to cope with legacy obstacles and inefficiencies, limits have been reached.

Aging Facilities

Despite the progress seen throughout the many departments at the hospital, KHSC has some of the oldest buildings in Canada. While KHSC's Watkins wing will always hold a place in history as Canada's first parliamentary building, this along with other KHSC buildings, have rooms that are far too small and can't effectively support modern care technology.

Modern healthcare facilities need to be designed to meet current care requirements, which are significantly different from those of the past. Single accommodation patient care rooms are the new standard for prevention of hospital-acquired infections; operating rooms require enough space to accommodate minimally invasive, image-guided, robotic procedures, along with intraoperative imaging techniques and large, multidisciplinary teams; and birthing rooms must accommodate the full scope of family-centred maternity care, including labor, delivery, recovery and post-partum care.

Changing and Unique Patient Population

The population of the region continues to grow as Kingston remains an attractive location for many people to work and live with their families. The Ministry of Finance projections indicate significant population growth for the Frontenac region and even higher growth among older age cohorts who tend to have higher utilization rates for certain hospital services. Like so many communities across the country, healthcare providers in Kingston face the challenge of caring for an aging population with growing rates of chronic diseases. The immense pressure placed on facilities, already operating above capacity, was very clearly highlighted by the pandemic and continues as the pandemic recedes, creating unsustainable risk. To manage the increase in patient volumes, KHSC requires the appropriate combination of beds, digital tools and services.

Health Human Resources

Healthcare facilities across Canada are suffering from human resources shortages. KHSC is no exception. To compete effectively for the required healthcare professionals, the hospital needs to provide a facility that has a reputation for delivering great care AND physical surroundings and equipment that meet or exceed present-day standards. An organization that can attract the best and brightest to the Kingston area is good for health care and good for the City and its residents.

The Vision and Opportunity

A Leader in Agile, Coordinated Care

As an academic, tertiary care hospital (affiliated with Queen's University and St. Lawrence College) and a centre of excellence for teaching, research, learning and scholarship, KHSC is leading the way in providing innovative, high-quality health care. KHSC has also quickly established itself as a leader in agile, coordinated responses, driven by current system needs in uncertain times.

KHSC's nimble, collaborative approach to care was especially highlighted through the COVID-19 pandemic response, where provincial leaders and other hospitals came to rely on KHSC, not only for its critical care response but also for behind-the-scenes clinical developments. Most Kingston residents quickly became familiar with the sound of Ornge emergency helicopters dropping off critically ill Covid-19 patients from around the province at the waterfront helipad. In the space of a few weeks, KHSC was able to increase its critical care capacity by over 50 per cent, converting an inpatient surgical care unit into a Level 2 critical care area. Less visible, but equally important, was the behind-the-scenes work of the KHSC lab in clinical assay development for Covid-19 testing, where it still leads the province in PCR testing turnaround times. The KHSC lab has also developed state-of-the-art antibody tests.

This type of provincial leadership will bring Kingston residents the care and services they need and attract the best and the brightest in physicians, nurses, researchers and educators to the City – but this excellence must be augmented by urgently needed infrastructure improvements.

A New Health Information System

The current, paper-based health information system at KHSC is a legacy system of more than a hundred separate subsystems that are patched together to make the system work. However, this system is approaching the end of useful life, with an increased risk of critical outage and concurrent risk of critical failure in access to patient care information. This paper-based system is also at odds with the KHSC reputation for innovative care as it falls behind most of the academic centres in the province in implementing an integrated health information system.

Implementation of the new regional Health Information System (HIS) will lay the foundation for integrated, efficient and effective patient care in Kingston and the surrounding region for decades to come. Six hospital organizations in the southeast (including KHSC) have signed an agreement with Cerner Corporation to transform the experiences of those providing and receiving health care, with the implementation of a shared health information system that includes electronic health records.

Once implemented, the regional system will provide a single source of individuals' health information and clinical tools that will help healthcare workers coordinate and deliver safe, high-quality care throughout the region (see additional details in Appendix 2).

A New 12-Story Tower

The master plan for KHSC includes major transformations to both hospital sites, and this begins with the construction of a new 12-story patient care tower at KGH, the centerpiece of the hospital's vision. The new tower includes an expanded and updated emergency department, a roof-top helipad, state-of-the-art operating rooms, labour and delivery unit, neonatal intensive care unit, clinical laboratories and more inpatient beds.

With an existing commitment from the provincial government and the support of community partners, KHSC plans to replace five aging buildings at the KGH site with a single state-of-the-art tower. This new tower at the KGH site – which serves as the regional centre for key priorities such as trauma, stroke and neonatal intensive care – is vital to ensuring that KHSC can continue to meet the growing demand within the City and region. This comprehensive redevelopment project will require government, hospital and local share investment approaching \$1 billion.

New Clinical Equipment and Technology

This construction will be preceded and augmented with continued investments in clinical technology and equipment over the next 10 years. KHSC annually expends between \$15 million and \$18 million to replace end-of-life equipment, upgrade technology and implement new programs. This is supplemented by special projects aimed at upgrading the scope of care, typically partially supported by government funding, including:

- Satellite dialysis clinics operated throughout the region
- PET/CT Scanner at the KGH site
- Diagnostic imaging expansion at both sites, as well as a new Breast Imaging Centre

The anticipated results will be transformative: they will expand the community's access to leading-edge care and improve the patient experience for the citizens of Kingston and southeastern Ontario, as well as bring direct and indirect economic benefits to the area.

Funding the Vision

Although the funding formulae differ from province to province, provincial governments typically fund hospital operations and a large portion of major infrastructure costs but do not fund equipment purchases. In Ontario, the Ministry of Health and Long-Term Care provides 90 per cent funding for eligible and approved construction/capital costs, which is an increase from the previous 70 per cent. Hospitals typically set aside a small portion of operating surpluses to fund some equipment, but there is still a significant shortfall and operations cannot fund redevelopment.

The hospitals' share of the above redevelopment costs, referred to as "local share", is generated from eligible revenues other than government operating grants, including philanthropic donations from the community and municipal contributions. The City of Kingston has been generous in the past and KHSC, PCH and UHKF are thankful for this support.

The anticipated combined local share over the next 10 years is approximately \$429 million to support the regional Health Information System, the new tower development and ongoing equipment needs. Based on the current board approvals and capital planning, KHSC will contribute more than \$240 million in the next 10 years from regular hospital revenue sources, leaving a fundraising and municipal investment target of \$189 million.

Supporting Economic Activity and Growth

Hospitals rely on ongoing support from their municipal and regional governments. In turn, hospitals make significant contributions to the local and regional economies. This is especially true with large, tertiary care organizations, such as KHSC, that attract staff, physicians, students, visitors and patients from around the province.

Health care is one of Kingston's primary industries and KHSC is a major driver of the local economy. KHSC's current annual operating budget is \$647 million with an expected budget of \$829 million in 2032. KHSC has approximately 6,000 workers – expected to reach 8,260 by 2032. In addition, many of the students at both Queen's University and St. Lawrence College come to Kingston for placements at KHSC. Given the location of KHSC's two sites, this brings a significant number of people into the downtown core (to live, work and play) who support local business.

The coming investments at the KGH site will also provide a significant boost to Kingston's economy when considering the person-hours that will be required from beginning to end of this construction project. The local trades that will be hired to see this project through will require 250 construction and trade workers every day for six years. This will yield a total of approximately 3.2 million person-hours for the new patient tower project and will be felt at Kingston's restaurants, hotels, retail and many other establishments.

Other examples of Ontario municipal support (see Appendix 5 for details) include:

- The city of Brockville pledging \$4 million towards the \$20 million local share of a \$130 million redevelopment at Brockville General Hospital

Exhibit A to Report Number 21-287

- County of Simcoe pledging \$10 million towards the \$43 million local share of a \$167 million redevelopment at Stevenson Memorial Hospital in Alliston
- The City of Windsor and Essex County committing \$200 million – 100 per cent of the major capital local share – for the \$2 billion construction of the Essex County Health Centre

Request for Support

In partnership with its committed campaign volunteers, UHKF engages and inspires people in the region to make generous investments essential to the exceptional health care provided by KHSC and Providence Care. To meet the challenging goal of making up the difference between the cost of infrastructure and technology necessary to provide quality care and potential hospital revenue sources, everyone is being asked to stretch and give more.

As the only tertiary care, academic health sciences centre in the southeast region of Ontario, KHSC anchors the region and the community hospitals. Investment will be needed from all the surrounding municipalities outside of Kingston (in addition to their support of their local hospitals) as well as from large and small businesses and individual donors. These funding sources will look to the City of Kingston for direction.

With growing healthcare needs and ambitious goals, the City of Kingston is being asked to set an example for others (councils, donors, organizations, special interest groups) throughout southeastern Ontario and to demonstrate the importance of this development.

Kingston City Council is asked to build upon past investments in its hospitals and to consider a pledge of \$2.5 million in each of the next 10 years, for a total commitment of \$25 million in support of the KHSC vision of *Transforming care, together*.

An investment of this magnitude will directly improve patient care for the citizens of Kingston and set the bar for support as other municipalities and philanthropists are approached for their investments.

APPENDICES

Impact of the 2016 Pledge

Having made its final pledge payment this year, the City has contributed \$6.5 million since 2016 and helped fund the new Providence Care Hospital that opened in 2017, along with some of the recently acquired equipment and programs noted below at KHSC. The City's pledge, combined with the support of other donors, has supported local hospitals in innovative and meaningful ways that will benefit its citizens today and for years to come.

Opening of Providence Care Hospital

When the new hospital opened in 2017, Providence Care became the first organization in Canada to bring together long-term mental health, complex medical and rehabilitative care in a fully intermingled environment. The 270-bed hospital includes 100 per cent private rooms, access to modern therapeutic environments, spacious areas for teaching and research, and outdoor spaces that promote recovery and wellness.

New MRI suite and addition of second MRI

Situated in a large, bright and airy area looking out over Lake Ontario from the KGH site, the waiting room provides a calming and relaxing space for patients to wait for their scans, while the additional MRI reduces wait times for patients in need of diagnosis and treatment planning.

A. B. Smith QC Robotics program with the da Vinci Robot-Assisted Surgical System

The launch of this program at the KGH site enables a minimally-invasive approach to surgery that previously could only be done with a large incision. For patients, this means shorter hospital stays, faster recovery times, reduced postoperative pain and discomfort, and decreased need for blood transfusions. This procedure is currently offered for certain prostate, rectal, gynecological and general surgeries.

Breast Assessment and Imaging Centre

KHSC's new imaging centre will bring services together into one state-of-the-art facility that will provide imaging and diagnostic procedures in a significantly shorter timeline. It will also include additional specialists on-site such as high-risk genetic counselors, a primary care physician for patients who may not have one of their own, and surgeons for initial consults.

Minimally Invasive Surgery Program for Obstetrics and Gynaecology

The Stryker High Definition Video Camera Tower gives surgeons at the KGH site the ability to magnify the visualization inside a patient's abdomen, improving surgical accuracy. Women suffering from painful gynecological conditions, such as ovarian cancer, uterine fibroids and endometriosis, have access to surgeries that will speed recovery, lessen scarring, and reduce the pain and blood loss associated with traditional open surgery.

Birthing Tubs for Labour and Delivery Floor

The new birthing tubs provide women with more choices at this important time in their lives. Research shows that the use of water therapy not only provides women with more comfortable labour but can also help reduce the need for other pain management options. Water may also help advance labour without being invasive.

Point of Care Ultrasound (POCUS) for Emergency Care

This updated device provides staff and patients with access to ultrasound imaging in real-time, enabling swift diagnoses for patients who show common or life-threatening symptoms, streamlining the pathway to pain relief or treatment.

SPECT Camera for Spinal Stereotactic Body Radiotherapy treatment (SBRT)

New to KHSC, spinal stereotactic body radiotherapy treatment (SBRT) can now be performed in Kingston. Patients previously had to travel to Ottawa or Toronto for up to 10 days of treatment.

Zeiss multi-service microscope to support Orthopedics, Plastics, and Neurosurgery

This multi-service microscope supports the Orthopedics, Plastics, and Neurosurgery departments. It is essential for the more advanced surgical work performed at the Hotel Dieu (HDH) site, now that the number of surgical beds has been increased.

Renovation of Urgent Care Centre Waiting Room

With an expanded waiting area and second triage desk added at the HDH site, this space has been reconfigured to better address the needs of the high volumes of patients who arrive each day.

Ophthalmology Department: Optical Biometry Device and Optical Coherence Tomography

The multi-touch screen and graphical user interface for the Optical Biometry device speed up examinations, provide higher accuracy and less administration time. The Optical Coherence Tomography enables non-invasive images of the retina to be taken without the use of additional dyes, while reducing staff time for multiple procedures and side effects on patients caused by dyes that were previously injected into their bloodstream to obtain these images.

Gastrointestinal EUS Linear Ultrasound Videoscope

This videoscope allows for a larger field of view through the GI tract, resulting in improved quality of diagnostics and procedural outcomes.

Both hospitals have been able to make tremendous strides in the type of care and treatments offered to residents of Kingston and southeastern Ontario. The upgrades at KHSC have positioned the hospital to be one of the leading academic, complex and specialized care centres in the province. At Providence Care, the City's support allows the various teams to deliver high-quality, compassionate care, meeting the needs of their clients now and well into the future. None of these achievements would have been possible without the support of the City of Kingston.

Regional Health Information System Benefits

- Patients' experiences will be transformed when a record of the care they receive can be easily shared and instantly updated by care teams from across the region, giving healthcare providers an accurate picture of a patient's journey through the healthcare system.
- Patients' outcomes and satisfaction can be improved when together with their healthcare providers, they will be equipped to make the best, most timely healthcare decisions at every step of their care plans.
- One source of patient information will help healthcare providers coordinate and deliver safe, high-quality patient- and family-centred care.
- A single electronic system will help healthcare providers to standardize and perform everyday tasks with more accuracy, efficiency and less duplication, which will allow them to do what they do best – care for the people of southeastern Ontario.

Community Members

- People can expect an excellent standard of care across the region, as healthcare providers throughout southeastern Ontario adopt common best practices and care pathways that can lead to people's improved health.
- Through a portal in the Health Information System, people will have access to their medical records, and to education and tools to help them better manage their health.
- By making transitions between healthcare providers in hospitals, in community settings and in family practices easier and timely, people can experience fewer hospital visits.
- When every person has a single source of their health information, they will experience fewer medication errors due to incomplete information, and the need to repeat tests because test results haven't been shared will be reduced.
- With an improved referral system, people will have peace of mind knowing referrals have been made, and that their healthcare providers have the tools to determine the timing of care and ensure duplicate referrals are not slowing down the system.

Healthcare Providers

- For organizations with paper charts, electronic patient charts will make it easier and faster for care team members to access and input information from any location.
- Having improved, standardized clinical documentation processes and tools that save time will enhance productivity.
- Improving consultations between specialists and other care providers will ensure equitable access to specialty guidance throughout the southeast region, and make sure the referral system is working optimally.
- Being able to analyze healthcare data within electronic health records across the region will assist healthcare providers in implementing evidence-based clinical guidelines and providing appropriate care.
- The regional HIS aligns with Ontario Health Teams' focus on using digital health solutions, as it will create a single source of electronic patient health information that will enable healthcare providers in southeastern Ontario to digitally record and share information.

Five Priority Areas in the New Patient Tower**1) Emergency Department**

For patients in need of emergency care, every moment counts, and the Emergency Department (ED) provides them with life-saving care when it's needed most. All across the province, emergency departments are facing unprecedented and rapidly rising patient volumes. In 2016, over 74,000 patients visited the KHSC ED. This compares to 79,000 in 2019 and the number is expected to grow by 21 percent over the next 10 years.

As a regional trauma centre, KHSC can receive patients by air from as far away as James Bay. But no matter where they come from, a team of skilled emergency care staff and physicians are ready to treat the most critically ill or injured patients all hours of the day, every day of the week.

KHSC emergency teams currently have to be very resourceful at finding ways to accommodate patients seeking care in the ED. This means that many patients receive care in busy, cramped conditions which can be detrimental to their overall wellbeing. This includes trauma rooms that are not large enough to accommodate the healthcare teams and the technology required to provide the critical life-saving care that KHSC offers to Kingston's community.

Further challenges relating to patient flow include the ambulance bay, which requires paramedics to navigate a steep ramp and a tight parking area they back into. This wastes precious time for the 30 per cent of ED patients who arrive by ambulance. Too often, paramedics also face long waits before their patients are transferred from the ambulance to an emergency bed because of the already overcrowded ED.

Thankfully, KHSC has a plan to overcome these challenges and the expertise required to design a new and greatly improved ED on the ground level of the new patient tower at the KGH site. The new ED will double in size and be a well-designed, modern space – with more private treatment areas, family-centered spaces, larger trauma bays, and faster access to tools and equipment – that will change the way KHSC's emergency teams deliver life-saving care.

This design includes an enclosed ambulance bay that will provide an efficient, seamless transfer of patients and protect them from the elements. The bay will also be located in an area with one-way traffic and a covered area to offload patients, and it will be complemented by the helipad which will be relocated to the roof of the tower.

To help address the 50 per cent increase in mental health patients since 2009, the new ED will also have a Mental Health Emergency Services Unit presence in triage. This will be available 24/7 to identify and support individuals that require specialized mental health emergency care — giving them the attention and privacy they need during a crisis.

2) Operating Rooms

Operating rooms are where the most specialized surgical care takes place. As the largest surgical program in southeastern Ontario, KHSC performs more than 22,000 surgical procedures every year on the KGH site. This is expected to rise by 15 per cent over the next decade.

Patients are referred to KHSC from other surrounding hospitals for many different treatments, including cardiac bypass procedures, orthopedic replacements, biopsies and everything in between.

KHSC's surgical teams complete the most complex procedures in the region, in the province's oldest operating rooms still in use. These spaces were not built to accommodate modern fully computerized environments, equipment or large teams of surgical staff.

As KHSC looks to the future of surgical care, its teams are planning for larger and more flexible spaces that can accommodate new technology while adapting to growing patient volumes. These spaces will include designated areas for learners such as classrooms and simulation space. More comfortable waiting spaces will also improve the patient and family experience for those waiting for loved ones to return from surgery.

3) Labour and Delivery

Every day, staff on the labour and delivery floor have the honour of helping families welcome their newest, youngest family members into the world. Over 2,000 babies are born at KHSC each year and this is anticipated to grow by 140 births every year. While most will have normal, healthy pregnancies and deliveries, as the regional high-risk obstetrics centre, those patients who can't safely deliver at their community hospital also come to KHSC to receive advanced, specialized care.

KHSC's current labour and delivery suites were designed and built in the 1960s. Since then, practices and philosophies have changed dramatically. Private spaces can benefit a patient's wellbeing. Modern care-by-parent practices mean that newborns stay by their mother's bedside. Partners and family members who support mothers and babies are also in need of a comfortable place to rest. All of this means that large, private rooms will be fundamental to the best experience possible for growing families and will allow loved ones to stay together during the birth journey.

The spaces will be designed so that operating rooms, the Neonatal Intensive Care Unit (NICU) and infant resuscitation rooms are near each delivery room. This will ensure that teams have easy access to the tools they need to support high-risk deliveries. By relocating the Pediatrics unit adjacent to the new NICU, labour and delivery, and post-partum unit, KHSC will centralize the care and expertise of all maternal, infant and pediatric providers.

Currently KHSC provides excellent care for all pregnant women and their babies in a site that pales in comparison to other sites across Canada. The new space will provide a better patient-centred environment.

4) Neonatal Intensive Care Unit (NICU)

It's every new parent's nightmare: their baby is born in need of critical, lifesaving care. Right away, they are whisked into the neonatal intensive care unit (NICU) and the family is suddenly faced with the reality that they won't be able to bring their baby home right away. It can be one of the most stressful and emotional times in a parent's life.

The KHSC NICU cares for 400 babies every year. The average length of stay for NICU patients can range from a few days to many months. The NICU is classified as a level 3 unit, meaning it provides the highest level of neonatal intensive care. Kingston is one of only five communities in the province to offer this level of expertise.

As it currently exists, the NICU is one large open space that can support 24 infants in specialized bassinets. Maintaining a quiet atmosphere, crucial for neonatal recovery, is nearly impossible. Infection control is a challenge and, for the worried parents who spend most of their waking hours sitting beside their newborn's bassinet, there is no privacy.

KHSC has made great strides in adapting the current space with its many constraints. A nearby milk lab allows dietitians to provide patients with individualized nourishment. Care teams work diligently at maintaining a safe and peaceful environment. But, demand is growing and standards of care are changing. It's time for a new NICU with private bassinet spaces for these vulnerable babies and their loved ones by their side.

Families need an environment that better supports family involvement in care. This produces the best outcomes for premature and critically ill newborns. A revitalized NICU will increase its square footage by 260 per cent and include private rooms for each baby with the most advanced technology in all

aspects of care, and superior infection control as a top priority. Adult sleeping space will also be provided to ensure parents don't have to be separated from their little one, and a family-centred space will provide laundry and shower facilities. All of this will make it easier for families to be involved in the care of their newborn and help parents to stay comfortable and less stressed during their stay, allowing them to spend as much time as possible focused on the care of their new baby.

The new design also includes a Bereavement Room to give families who must say goodbye to their baby a respectful, private and supportive space.

5) Clinical Laboratories

Behind the doors of the clinical laboratories are a team of professionals working around the clock to screen, test and diagnose millions of specimens brought to them every year. These staff members are often known as the 'unsung heroes' of health care and to them, test tubes are more than just specimens – these are their patients.

The clinical laboratories serve the needs of patients at KHSC, as well as test specimens from hospitals in Peterborough, Brockville and beyond. Over the next decade, the number of annual lab tests conducted at KHSC will grow from 8 million to 11 million.

Lab test results are used to make clinical decisions about admission, discharge and diagnosis for patients, so it is important that the tests are completed quickly and accurately. Testing is automated wherever possible to ensure efficiency, accuracy and allow technologists to focus on complex cases.

Currently, the laboratories are located in some of the oldest facilities at KHSC, created before the use of many modern laboratory practices that were considered the clinical standard. They are also spread across five different floors. This makes collaboration challenging and means there is a severe shortage of space, making it difficult to take advantage of new technology.

Modern laboratory facilities will enable patients to quickly access results for a much wider range of tests, including those required for sophisticated cancer care, critical care, cardiac and pediatric care. With new laboratories, KHSC will also take full advantage of emerging technologies in digital imaging, automation and robotics as well as artificial intelligence, while training future technologists, doctors and scientists.

Lastly, it should be noted that the Ministry of Health asked that project planners look further into the future and expand the scope from eight to 12 floors and include two additional floors that will house 76 new medical-surgical inpatient beds, all featuring private bedrooms, except for one semi-private room on each unit, as a more contemporary approach to care. The remaining two levels will be shelled space for patient areas as demand for health care continues to grow in the future.

Timeline

Planning for this build began more than 10 years ago when KGH completed the proposal development phase. Five years ago, the hospital received approval to move ahead with the creation of a functional program for the key areas identified at the KGH site.

In 2019, the Ministry of Health approved the project with its expanded scope. A strong endorsement of the plan came in August of this year when the Treasury Board approved the functional plan, including the additional floors for inpatient beds, two shelled floors and a rooftop helipad.

The Request for Qualifications was also issued in late summer and will identify the pre-qualified consortia that will be able to bid with a design-build-finance proposal when the Request for Proposals (RFP) is issued in May 2022. This entire process involves key groups of hospital staff, physicians and advisors working with designers and planners to map out the requirements for the new tower.

Experts have been consulted to advise on elements such as wayfinding, infection prevention, and control and sustainability. The hope is to award a contract by late 2022 and break ground in early 2023, with five years of construction.

Projected Sequence to Project Completion (2019 – 2029)

- Functional program approved (completed)
- Develop Project Specific Output Specifications and Request for Proposal (RFP) (underway)
- Request for Qualifications (issued)
- RFP open period (May 2022)
- Evaluate proposals, negotiate and award the contract (Fall 2022)
- Final design and five-plus years of construction (Spring 2023 – 2029)

KHSC 10-Year Capital Plan (2021 – 2030)

The 10-Year Capital Plan reflects the capital expenditures that the KHSC is forecasting for that period. The capital plan identifies the investments that will be required to maintain infrastructure (maintenance of existing facilities and redevelopment of the new tower to ensure better care and access to patients), New Regional Health Information System and Replacement of the old patient care equipment. To provide safe, best possible care to the Kingston community, KHSC needs a local share investment of more than \$400M over the next 10 years.

Key Assumptions

To develop the capital plan, information was compiled utilizing the following assumptions:

- Patient care equipment cost estimations are based on the life of the equipment and best estimation from the engineering teams and by the clinical teams based on experience and future requirements.
- Funding formula and infrastructure funding from MOH and other funders are expected to remain stable over the 10 years. Inflationary increases are expected in the funding.

Major Capital Projects (local share)

Regional Health Information Systems

KHSC partners with five other southeastern Ontario hospitals to improve patient care. All six partners are expected together to invest more than \$300 million in the next 10 years on the regional HIS project.

Redevelopment Infrastructure Funding

Currently, the planned local share capital expenditures over the next 10-years total \$209 million. A large sum will be spent on the construction of the new tower at the KGH site. KHSC also needs to invest \$3 million annually to ensure both HDH and KGH sites remain operational and safe for patients and staff. Over just the next five years, the required capital expenditures are about \$40 million, including the opening of the new Breast Imaging Centre.

Patient Care Equipment

KHSC is one of the oldest hospitals in Canada. In Ontario, hospitals are responsible to generate 100 per cent of funds for patient care equipment. Hospitals also depend on philanthropy to fund the new equipment such as MRI machines, Ultrasound, PET scanners, etc. KHSC needs to replace the old fleet of patient equipment that is either end of life or no longer supported by the vendors. This replacement of old equipment will be an expensive exercise and KHSC needs more than \$18 million annually to replace the aging fleet in the next 10 years.

KHSC High Level Estimate

Category	Estimated Investment
Infrastructure	\$209 million
Patient Care Equipment	\$162 million
Regional Health Information System	\$58 million
Total Investment Required	\$429 million
Funds Available from KHSC Resources	\$240 million
Total Investment Required through Philanthropy and Municipal Contributions	\$189 million

Contributions in Other Municipalities

Hospital	Project Cost	Local Share	Regional Municipal Funding
Mackenzie Vaughan Hospital	New Facility \$1.9 billion	\$250 million	\$117 million – York Region
Markham Stouffville Hospital	Expansion \$400 million	\$100 million	\$23.1 million – York Region
Southlake Regional Health Centre	Cancer Clinic \$180 million	\$60 million	\$45.4 million – York Region
Essex County Health Centre (Windsor)	New Facility \$2 million	\$200 million	\$200 million – shared by Essex County and Windsor
Stevenson Memorial Hospital (Alliston)	Expansion and Redevelopment \$167 million	\$43 million	\$10 million – Simcoe County
Brockville General Hospital	Expansion and Redevelopment \$130 million	\$20 million	\$4 million – Brockville

Healthcare & First Responder Referrals – Inflow

For each month, service providers indicate the number of instances that a client was **directly** referred from one of the referral sources indicated. A referral is considered a direct referral when the client has come directly from the referral source (on their own accord or via an alternate method e.g. taxi) or was discharged from such an institution within the last 72hrs. Clients may be captured more than once.

Referral Source	January	February	March	April	May	June	July	August	September	October	November	December	Total 2021
AMHS - Crisis								1					1
AMHS - Other	2	3			4	3		2					14
EMS - Fire													0
EMS – Paramedics*													0
Healthcare - Other													0
Healthcare - Street Health													0
Hospital - Hotel Dieu	2		1	9		1				1			14
Hospital - KGH	5	3		8	10	4	7	11	7	3			58
Hospital - Providence Care										1			1
Police - KPF	15	4	8	9	7	7	6	5	11	8			80
Police - MCRRT				1					1				2
Police - OPP			1		1			1		1			4
Release from Custody			3	2	1	4		1	1	1			13
Total	24	10	13	29	23	19	13	21	20	15	0	0	187

* “EMS-Paramedics” is selected when clients are transported to the agency via ambulance. All other healthcare referrals should be captured under the corresponding indicator.

Healthcare & First Responder Referrals – Outflow

For each month, service providers indicate the number of times a client was referred to a healthcare or first responder service. The number of instances are counted, rather than the number of unique clients.

Referral Source	January	February	March	April	May	June	July	August	September	October	November	December	Total 2021
Crisis Team	5	11	1	1	5	1	1	4	1	4			34
AHMS KSIC			10	6	7	3	1	2	1				30
Fire Department - Emergency (911)	1				1								2
Fire Department - Non-Emergency													0
Hospital - Physical Health	17	12	15	8	8	8	5	6	6	7			92
Hospital - Mental Health	1	1	2	5	2	2	3	2	3				21
Hospital - Overdose	14	5	5	6	10	6	4	2	1	5			58
Paramedics - Physical Health	15	8	12	10	10	6	7	10	6	8			92
Paramedics - Mental Health	2	0	2	1	2	3	1		1	1			13
Paramedics - Overdose	24	9	11	14	24	14	11	9	1	12			129
Police - Assault/Violence	4	2	3	5	2	3		2	1	3			25
Police - Other	8	5	13	17	21	4	5	7	9	7			96
Police - Threatening Behaviour	1		4	4		6	2	1	2	2			22
Police - Vandalism/Property Crime				1						1			2
Total	92	53	78	78	92	56	40	45	32	50	0	0	616

*Instances that require an ambulance are captured under “Ambulance/Paramedics (911)”. “Hospital” captures when clients are directed to attend hospital either on their own accord or via taxi, etc.

Healthcare Diversion

For each month, service providers indicate the number of times a client was able to receive medical care onsite that otherwise would have required a visit to the hospital.

Nature of Call	January	February	March	April	May	June	July	August	September	October	November	December	Total 2021
Hospital Diversion - Mental Health	27	32	18	23	18	48	43	37	14	30			290
Hospital Diversion - Physical Health	11	4	15	2	41	12	13	15	12	12			137
Hospital Diversion - Overdose	22	9	14	20	50	20	19	16	20	26			216
Total	60	45	47	45	109	80	75	68	46	68	0	0	643



**City of Kingston
Report to Council
Report Number 16-120**

To:	Mayor & Council
From:	Gerard Hunt, Chief Administrative Officer
Resource Staff:	Same
Date of Meeting:	October 4, 2016
Subject:	University Hospitals Kingston Foundation “Together We Can” Fundraising Campaign

Executive Summary:

In 2008 University Hospitals Kingston Foundation (UHKF) began the expansion of the hospital network in Kingston. Located in the City of Kingston, the hospitals provide services to the eastern Ontario region as part of the overall healthcare system. Around that time a new formula/approach to the hospital funding structure was underway in Ontario which required a share of funding to come from the community. In particular provincial funding does not cover a number of expenditure types related to hospital capital, more specifically equipment and 10 percent share of construction costs. UHKF was challenged to secure \$65 million in community contributions towards the local share of a wide range of hospital infrastructure projects.

The City has met its funding commitment for the first phase of the hospital redevelopment project with the final funding allocated in the year 2016, which consisted of two parts. Attached to this report is a letter received from the UHKF which describes the history of hospital redevelopment/expansions projects together with specific information on the expansion, future planned expansion projects now underway and the fundraising program requirement for this new phase of the overall redevelopment. It is expected that a future phase approximately 5 years from now will also be forthcoming; however no specifics about the fundraising for those future developments are established in this report.

This report describes the background to the City’s commitment in 2008, the methodology associated with the taxation levy required to support the commitment, the status/completion of that commitment and a recommendation for the City to make a commitment to the new fundraising program. The recommendation reflects a leading role by the City in the fundraising efforts and is indicative of the expectations for similar fundraising programs. In addition, the

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recommendation fits within the financial parameters established by Council and enables a reduction in the annual amount over the years 2017 to 2021 inclusive.

Recommendation:

That Council commit a sum of \$6.5M to the University Hospitals Kingston Foundation fundraising program as part of the community's share of capital funding requirements, equipment and related expenditures for new and renovated facilities planned for Kingston General Hospital, Hotel Dieu Hospital and the soon-to-be-opened clinical units at Providence Continuing Care, with said payment to be in the form of annual contributions of \$1.3M beginning in 2017 for a period of 5 years.

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Authorizing Signatures:

ORIGINAL SIGNED BY CHIEF ADMINISTRATIVE OFFICER

Gerard Hunt, Chief Administrative Officer

Consultation with the following Members of the Corporate Management Team:

Lanie Hurdle, Community Services	Not required
Denis Leger, Corporate & Emergency Services	Not required
Jim Keech, President and CEO, Utilities Kingston	Not required
Desiree Kennedy, Chief Financial Officer & City Treasurer	<input checked="" type="checkbox"/>

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Options/Discussion:

In 2008 University Hospitals Kingston Foundation (UHKF) began the expansion of the hospital network in Kingston. Located in the city of Kingston, the hospitals provide services to the eastern Ontario region as part of the overall health care system. Around that time a new formula/approach to the hospital funding structure was underway in Ontario which required a share of funding to come from the community. In particular provincial funding does not cover a number of expenditure types related to hospital funding, more specifically equipment and new construction costs. At that time, UHKF was challenged to secure \$65 million in community contributions towards the local share of a wide range of hospital infrastructure projects at Kingston General Hospital and Hotel Dieu Hospital, as well as the new Providence Care Hospital. The attached letter from UHKF dated July 18, 2016 (Exhibit A) summarizes those infrastructure projects and the many benefits those projects provide in meeting the healthcare needs of Kingston and the surrounding Eastern Ontario region.

In 2008 the City of Kingston's pledge to the UHKF campaign was \$10 million in grants and up to \$6 million to be rebated from development-related fees paid by the hospitals. According to UHKF, "The City of Kingston's early and significant investment proved instrumental in attracting millions more in grants and donations from regional municipalities, national corporations and individual philanthropists". The City made its final pledge payment in September, 2016 having contributed a total of \$10 million in grants and \$1.544 million in rebates, for a total contribution of \$11,544,112. This was part of the total community contribution of \$72 million towards capital projects and investments in staff education, medical research and patient care equipment in all areas of clinical practice. The attached UHKF letter describes the impacts of the City's pledge on improving patient care environments and care experiences and in accommodating the growing demand for services.

As outlined in the attached UHKF letter, the ongoing hospital expansions and construction have generated significant economic benefits for the city and region that include:

- Direct Provincial investments of \$960 million;
- An average of 700 full-time equivalent jobs with an estimated 75% of the construction workers from the City or the South East region;
- 1,820,000 hours of employment generated by the new Providence Care Hospital;
- A 34% increase in combined operating and research budgets (\$472 million to 634 million); and
- Combined, the hospitals have a total direct employment of 6,612 (an increase of 1,200+ since 2005) and estimated direct and indirect employment to total nearly 10,000 jobs.

In order to support continuing access to high quality care and the provision of a full range of specialty clinical programs, significant new investment is required. UHKF is estimating that over the next ten (10) years new construction projects in the amount of \$550 million will be completed at the three health care organizations. For major projects, the local share is currently 10% of construction costs and 100% of equipment costs for new facilities. The anticipated community's

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“local share” will total nearly \$120 million of which \$50 million will be for equipment. UHKF has indicated that without the local share fully confirmed, the Province does not permit new construction projects to proceed to tender. The key care areas being rebuilt as part of the next phase of hospital construction are described in the attached UHKF letter and include: surgical facilities; emergency and urgent care facilities; clinical laboratories; birthing and newborn care; specialized outpatient facilities; and, ongoing equipment needs for vulnerable populations. UHKF has indicated that future City of Kingston contributions would be designated solely for the purchase of equipment for the foregoing care areas and will be pivotal to leveraging support from surrounding municipalities.

In October, 2015 UHKF launched a \$65 million campaign to fund, over five (5) years, the first half of the local share of the major projects included in the hospitals’ capital plans as well as research, education and other equipment needs. It is anticipated that this campaign will be followed closely by another, and that the two campaigns together will secure the full amount of local contributions needed for the major capital projects over the next 10 – 12 years. As with the previous campaign, significant support from the region’s municipalities will be critical to enable UHKF to confirm provincial investment in the community’s hospital facilities. UHKF is specifically requesting the City of Kingston to commit 10% of the current fundraising effort in the amount of \$6.5 million over the next five years (2017 to 2021 inclusive).

The following table provides a summary of the commitment, identified in two parts for the 2008 development, together with the actual expenditures to date, reflecting the conclusion of the City’s previous commitment. It should be noted that given that the credits associated with the development-related charges rebate as provided in the original commitment which required a claim by the hospital for those credits, the final claim, once paid in 2016, has left a balance of funding that will be carried over to the commitment for the future redevelopment period.

		Annual levy	Paid on Cash Component	Rebate paid on DC/Impost Component	Total
City's commitment					
Actual	2008	500,000	500,000		500,000
Actual	2009	1,050,000	1,050,000		1,050,000
Actual	2010	1,600,000	1,600,000		1,600,000
Actual	2011	1,600,000	1,600,000		1,600,000
Actual	2012	1,600,000	1,600,000		1,600,000
Actual	2013	1,600,000	1,600,000		1,600,000
Actual	2014	1,600,000	1,600,000		1,600,000
Actual	2015	1,600,000	450,000	1,150,000	1,600,000
Actual	2016	1,600,000		394,112	394,112
Budget	2017	1,600,000			-
Budget	2018	1,650,000			-
		16,000,000	10,000,000	1,544,112	11,544,112

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As noted, the request of \$6.5M by the UHKF represents 10% of the current community fundraising effort of \$65M. UHKF, the City and the community recognize the economic benefits of the ongoing hospital expansion and construction projects. Ongoing investment in the City's hospitals will ensure that Kingston and area residents have access to the most advanced and effective forms of hospital-based care. As is noted in the attachment to this report, significant funds are raised beyond the borders of Kingston to support these health care facilities, as the communities in our region rely on that care for the residents in their communities. These combined municipal contributions help UHKF to secure substantial Provincial investments in our local healthcare infrastructure which generates numerous economic benefits.

The following table reflects the plan to support this fundraising effort and enable Council to make the commitment of \$6.5M to this campaign.

	Tax levy	Average Interest Earnings (over 5 years)	Funds transfer	Balance
Opening funds balance forward				\$1,200,000
Taxation – 2017	\$1,050,000	\$10,000	\$1,300,000	\$960,000
Taxation – 2018	\$1,050,000	\$10,000	\$1,300,000	\$720,000
Taxation – 2019	\$1,050,000	\$10,000	\$1,300,000	\$480,000
Taxation – 2020	\$1,050,000	\$10,000	\$1,300,000	\$240,000
Taxation – 2021	\$1,050,000	\$10,000	\$1,300,000	\$ -

Existing Policy/By-Law:

Not applicable

Notice Provisions:

There are no notice provisions with this report.

Accessibility Considerations:

Not applicable

Financial Considerations:

The funding plan associated with this recommendation enables the City to be a major contributor to the community fundraising effort and capitalize on the funding program established as part of the 2008 campaign. The current taxation levy is \$1.6M annually and is

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built into the annual operating budget of the City. Considering that the funding commitment has now been paid from approved levy and considering that the development-related rebate share of the commitment was less than originally anticipated, the fund will have a balance at 2016 year end of approximately \$1.2M. As such, with that balance invested a new commitment of \$6.5 M over 5 years can be achieved with a reduced levy.

Contacts:

Gerard Hunt, Chief Administrative Officer 613-546-4291, ext. 2205

Other City of Kingston Staff Consulted:

Desiree Kennedy, Chief Financial Officer & City Treasurer

Exhibits Attached:

Exhibit A – Letter from University Hospitals Kingston Foundation dated July 18, 2016



**EXTRAORDINARY PEOPLE.
INNOVATIVE HEALTH CARE.**

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Charitable Registration Number:
820218147RR0001

uhkf.ca

July 18, 2016

Mr. Gerard Hunt
Chief Administrative Officer
City of Kingston
216 Ontario Street
Kingston ON K7L 2Z3

Dear Mr. Hunt:

Later this year the City of Kingston will make its final payment on its pledge to the *"Together We Can"* (TWC) capital campaign in support of capital redevelopment projects at our hospitals.

As you know, our Foundation hopes to present a request to Council later for continuing this financial support, later this fall. In anticipation of this request, I am pleased to provide you with this summary report, which outlines the impact of the contributions made by the city to our Foundation over the past nine years and the vision for additional hospital redevelopment projects to be completed in the years ahead.

Background on Kingston hospital redevelopment

In 2008, University Hospitals Kingston Foundation (UHKF) was challenged to secure \$65 million in community contributions toward the "local share" of a wide range of hospital infrastructure projects including:

- Redeveloped and dramatically expanded clinic and treatment facilities for cancer care at Kingston General Hospital (KGH);
- Brighter, more spacious facilities for in-hospital dialysis care (KGH);
- Expanded inpatient facilities for the Intensive Care Unit (KGH);
- New inpatient facilities for pediatric patients and their families; (KGH)
- New inpatient facilities for adult, child and adolescent patients with acute mental health needs (KGH);
- A new floor of inpatient rooms for medical/surgical oncology patients (KGH);
- Significant improvement and expansion to the area where surgical and other medical instruments for all our Kingston hospitals are cleaned and sterilized (KGH);
- Two new floors of outpatient clinics at Hotel Dieu Hospital (HDH);
- An expanded Pulmonary Function Lab (HDH);
- An expanded Cystoscopy Suite (HDH); and
- An innovative new, lakefront Providence Care Hospital, combining the full range of inpatient and outpatient programs in specialized longer-term mental health, physical medicine and rehabilitation, complex care and palliative care (currently being offered at Providence Care's St. Mary's of the Lake and Mental Health Services hospital sites).

Proudly Supporting



In 2008, the City of Kingston made a commitment to the UHKF campaign for these projects. The City's pledge included \$10 million in grants and up to \$6 million rebated from fees paid by the hospitals to the city for impost and development work. This exemplary financial commitment allowed our Foundation to provide assurance to the Province that our community would fulfill the "local share" of an estimated \$500 million investment in our hospital facilities.

Current Status

The City of Kingston will make its final pledge payment in September, 2016. At that time, the city will have contributed a total of \$10 million in grants and \$1.6 million in rebates, for a total contribution of \$11,600,000. Development and impost fees paid for the project were significantly less than originally estimated. This was due, in part, to efforts made by city staff to minimize development charges and, in part, to subsequent plans for the demolition of the Providence Care Mental Health Services site.

The City of Kingston's early and significant investment proved instrumental in attracting millions more in grants and donations from regional municipalities, national corporations and individual philanthropists. In all, the community contributed a total of \$72 million to the TWC campaign for these capital projects and investments in staff education, medical research and patient care equipment in all areas of clinical practice.

Over the past 10 years, funds given by the City of Kingston and others to the *Together We Can* campaign have:

- Helped to preserve the 175+ year legacy of caring of our founding institutions: Providence Care, KGH and HDH;
- Contributed significantly to direct and indirect economic activity and long-term growth;
- Significantly improved patient care environments and care experiences in the redeveloped areas of our hospitals, accommodating notable growth in patient volumes;
- Helped secure the future for Kingston's hospitals by embedding a specific role for each:
 - Acute inpatient care at KGH
 - Acute ambulatory care at HDH
 - Longer-term aging, rehabilitation and mental health care at Providence Care;
- Directly addressed stigma faced by mental health patients accessing hospital-based care in our region; and
- Positioned our hospitals for leadership in:
 - Research
 - Innovative approaches to patient care
 - Environmental initiatives and
 - Health care facility design and construction.

Further explanation of these accomplishments is provided in this report.¹

¹ To ensure that members of Council have full and accurate information about our hospitals, UHKF has offered individual council members the opportunity to tour new facilities. In addition, each member of Council will be provided a detailed information package with links to a webpage designed to showcase the impact of hospital redevelopment (vision.uhkf.ca).

ECONOMIC ACTIVITY AND GROWTH

Though we had expected direct provincial investment in our health care facilities to exceed \$500 million the final tally was **\$612.75 million**. An *additional* \$200 million will be flowing into our city over the next 30 years to maintain these new facilities. Together with related increases in operating budgets for new facilities, the resulting direct investment from the Province totals **\$960 million**.

Through the **10 years** of ongoing hospital construction, an average of **700 full-time equivalent positions** have been directly supported each year. We estimate that 50% of these positions have been filled with workers who reside in the City of Kingston and a further 20 to 25% live full time in the South East region. Our agreement with our capital project contractors is that all unionized labour is offered first to trades associated with bargaining units in our community. Outsides tradespeople are only brought on site if there are no qualified workers available in Kingston.

As of July 13, 2016, the Providence Care Hospital (PCH) project alone has generated more than 1,820,000 hours of employment thus far. *For more information on the economic impact of our construction projects visit <http://vision.uhkf.ca/#economic-impact>*

Over this same time period, with growth in activity and new initiatives, the combined operating and research budgets of our facilities have grown from **\$472 million** (in 2006) to **\$634 million** (in 2016) for a total increase of 34%.

Together, our hospitals remain one of the leading sources of regional employment, not only within the City of Kingston but in many other municipalities in our region as well. In 2005, our hospitals directly employed 5,400 people. Today our combined employee group is **6,612** strong. Using a 1.5 multiplier to assess indirect employment impact², we estimate that our total direct and indirect employment is nearly 10,000 jobs.

CREATING A MORE COORDINATED SYSTEM OF HEALTH CARE

Residents of Kingston and the surrounding region are fortunate to live in a community with access to world-leading health care, without having to travel to large urban centres such as Toronto or Ottawa. Rooted in the Faculty of Health Sciences at Queen's University, the hospitals in Kingston are helping lead the way in innovative, quality health care.

In early July 2016, the Boards of Directors of KGH and HDH announced planning is underway to create an integrated academic health sciences centre that will bring together the operations of the two hospitals. The new organization will operate as one hospital with one budget, on two separate sites, and will be overseen by one Board of Directors, Chief Executive Officer and Executive team.

This integration builds on the accomplishments that have been achieved through the first phase of redevelopment and is intended to further improve the experience of patients and their families by delivering better and more coordinated care. Under the new entity, each site will continue to fulfill its

² 1.5 was established in our 2006 economic impact report as the appropriate multiplier to calculate combined direct and indirect economic impact of our hospitals on our region.

unique role in the delivery of acute care, with inpatient care focussed at KGH and outpatient care at HDH.

IMPACT OF THE CITY'S TWC PLEDGE - IMPROVED PATIENT CARE ENVIRONMENTS AND CARE EXPERIENCES, ACCOMMODATING GROWING DEMAND FOR SERVICES

Our new **outpatient clinics** at Hotel Dieu Hospital have become a busy hub of care for our community. This year, more than **60,000 patient visits** will take place in new clinics developed through the City's investment, bringing the total volume of patient visits at Hotel Dieu to more than 500,000 annually. City of Kingston residents represent nearly half of all the outpatient visits at Hotel Dieu Hospital each year.

Patients undergoing care in the **new Cancer Centre of Southeastern Ontario at KGH** point to dramatic improvements in the care experience. With **50% more space, separate cancer care facilities for children and teens** and a new **water-view clinic waiting room** and **chemotherapy suite**, patients and their families find the environment more spacious, convenient and bright. Increased access to natural light and water views supports the emotional well-being of patients. With the **third radiation treatment machine in one of two new radiation treatment bunkers** installed during this renovation, patients can now predictably access treatments as scheduled. Our new **inpatient floor for cancer care** provides a comfortable and well-equipped facility for patients whose symptoms and treatment require round-the-clock monitoring or care.

In the five years since the **Cancer Centre** expansion opened, the annual volume of patient visits to the centre has climbed significantly, from 28,000 to 35,000. Today, residents of the City of Kingston represent about one-third of the total outpatient visits and nearly 40% of our inpatient admissions for cancer treatment. With more sensitive and accurate diagnostic procedures available and the average age of our population increasing, we anticipate that demand for cancer services will continue to grow in our region.

In-hospital dialysis at KGH is a vital clinical program for patients whose complex health issues include kidney failure or dysfunction. Without continuing access to life-preserving kidney dialysis three times each week, the health status of these patients would rapidly decline, with risk of death. Our former dialysis unit offered high quality care, but the cramped physical environment had significant limitations. Our new unit is bright and spacious with enhanced measures for infection control. Patients have much more privacy and each station now offers a telephone, television and visitor chair for the comfort and convenience of patients and their families. In the period since the new unit opened, in-hospital dialysis treatments have climbed from 21,000 to nearly 31,000 per year.

Intensive Care facilities at KGH are also a crucial aspect of our regional health care system. As the sole provider of **tertiary trauma care** and as the site which cares for the region's most complex surgical and medical patients, KGH's ICU supports patients and families when they are at the most critical point in their health crisis. Our expanded and completely renovated unit provides more private space for families, better configuration of individual patient areas for specialized equipment, and a design that offers better line of sight from central functions (such as the care desk) to each bedside. In the years since the expanded unit opened, annual admissions to the ICU have climbed from nearly 2,000 to more than 2,500. City of Kingston residents represent about 45% of these admissions annually.

Our new **pediatric inpatient unit** has been warmly received by patients, their families and our dedicated care team. With the move from its former “temporary home” in the Bawden Wing (immediately adjacent to a busy main corridor) to its new 10th floor water-view location, the unit now offers a welcoming and supportive space for young patients. Each bed is located in a private room, with a private washroom and space for parents to stay at the bedside as needed. A wonderful play room and lounges offer options for siblings to keep busy while mom and dad focus on their ill child. Of the nearly 1,800 children admitted to KGH last year, almost half were residents of the City of Kingston.

A dramatic improvement in care environment was seen in our **inpatient mental health program**, when it was moved from HDH to KGH. At the time of our campaign launch, patients with acute mental illnesses were cared for in the only remaining inpatient unit at HDH. The space had been built in the 1950s and lacked the features and amenities we now know provide the optimal environment to support recovery from mental illness.

The **new inpatient mental health unit** at KGH is bright, spacious and designed specifically with the needs of mental health patients in mind. Facilities for group activities are well used and patients enjoy both protected outdoor space and the opportunity for community dining. In the time since the new unit has opened, patient admissions have increased by about 10%, up from 724 to 838. More than 65% of the admitted patients in 2015/16 were residents of the City of Kingston.

The new **Cystoscopy Suite** in Hotel Dieu Hospital provides purpose-built space and procedure rooms for diagnostic cystoscopies (examination of the bladder, urethra, prostate); urodynamics (testing to help in the diagnosis of incontinence or problems with urinary frequency); and biofeedback testing and treatment (used primarily to re-train the pelvic floor muscles for patients with incontinence). The new clinic supports Urology outpatient activity and consolidates urological testing and treatment in a single location for the convenience of patients, families and staff. As well, it provides excellent space and opportunities for teaching and research.

The relocation of the **Pulmonary Function Testing Lab** from KGH to Hotel Dieu Hospital translated into easier access to services and programs for patients and families, bringing diagnostic testing services within steps of outpatient clinics. The consolidation was a particular benefit for young patients attending the Cystic Fibrosis clinic at Hotel Dieu Hospital, making it possible for them to stay on site for their respiratory function testing rather than travel back and forth between Hotel Dieu Hospital and KGH.

Finally, the new **Providence Care Hospital**, scheduled to open its doors to patients in April 2017, has been described by experts in the field of hospital design as one of the most spectacular health care facilities in the province. Combining the programs and services currently offered at St. Mary’s of the Lake Hospital and the Mental Health Services sites of Providence Care, our new 270-bed hospital will be the first in North America to intermingle inpatient physical rehabilitation and complex care programs with specialized mental health care in the same facility.

The building is based on innovative, patient-focused design concepts that draw the community into the building. Laid out with three distinct levels of access (downtown, neighbourhood and home) the facility will offer home-like elements (such as private washrooms and scenic waterfront views from the bed), small-group focused components (such as group dining rooms, lounges and outdoor porches for every 10-bed cluster) and publicly accessible features - such as a two-level outdoor patio that connects a public cafeteria with nearby walking paths and Lake Ontario Park.

Visit <http://vision.uhkf.ca/#past-campaign> to see images of the redeveloped spaces to see the dramatic difference our new facilities have on the lives of patients, their families and staff.

DEMONSTRATING LEADERSHIP

Our infrastructure projects of the last 10 years have not only improved clinical care environments and improved access to high-demand programs; they have also provided opportunities for Kingston to showcase innovation.

Thanks, in part, to new capacity created through infrastructure investment, our hospitals have incorporated new research institutes which will promote and enable knowledge transfer from the lab or clinical trial out into the community of practice. The level of externally-funded research grants secured by our researchers has climbed by 50% over the past five years.

With financial support from our community, construction began in July 2016 on the *W. J. Henderson Centre for Patient-Oriented Research* at KGH. This centre will enable the participation of our patients in a greater range of clinical trials and will provide crucial lab, administrative and technological support for clinical research activities taking place within our hospitals.

With funds donated through the *Together We Can* campaign, UHKF helped to pay for a new facility for the nationally recognized Gastro-Intestinal Diseases Research Unit (GIDRU). Several international researchers have been recruited to this centre. GIDRU has supported ground-breaking work by Dr. Elaine Petrof developing innovative and highly effective treatments for *c. difficile* and other debilitating illnesses of the gastrointestinal tract. Dr. Stephen Vanner, who heads up GIDRU, was recently named as national co-leader of a \$12.5 million research project in GI diseases.

For more information on recent developments in our research work, visit www.kgh.on.ca/research.

Leadership in Care Innovations

Supported, in part, by the development of new patient-focused care spaces, KGH has been recognized nationally and internationally for its leadership in a patient and family-centered care model. (See <http://www.kgh.on.ca/kqhconnect/news-category/patient-family-centred-care>)

New outpatient clinic facilities at HDH and KGH have helped to create new, locally-offered care options for area residents.

- A full dermatology program was introduced in Kingston, with one of Canada's few Mohs surgery facilities now open at HDH. The Mohs technique allows dermatologists to remove facial tumours with great precision and minimal damage to healthy tissue. (See <http://www.hoteldieu.com/news-and-media/news/new-surgical-program-gives-patients-access-to-gold-standard-treatment-for-skin-cancer>)
- A chronic pain management program was launched at Hotel Dieu Hospital allowing patients of all ages to get relief from debilitating and pervasive forms of pain related to illness and injury. (See <http://www.hoteldieu.com/year-in-review-2015-2016/dramatically-expanding-chronic-pain-services>)
- An outpatient program to care for patients having bariatric surgery in other Ontario centres was established at HDH and the province has recently supported a proposal to expand the program to

become one of six Centres of Excellence in Bariatric Care, expanding the services offered to include on-site surgical care. (See <http://www.hoteldieu.com/year-in-review-2015-2016/bringing-the-full-scope-of-bariatric-services-to-our-region>)

- Kingston area patients now have access to brachytherapy (the precise placement of radiation “seeds” within specific kinds of tumours) as a new treatment option for cancer care.

Leadership in Environmental Initiatives

In keeping with our city’s commitment to sustainability:

- KGH’s Phase I project was given the Ontario Hospital Association’s 2014 Green Healthcare Award for Water Conservation and Protection
- KGH was granted the OHA Silver award for its Green Hospital Scorecard
- The KGH-Queen’s University cogeneration facility received the Kingston Hydro Electricity Conservation Award from SWITCH
- KGH was granted the Wayne McLellen Award of Excellence from the Canadian Healthcare Engineering Society for demonstrating commitment to the advancement of health care engineering through outstanding leadership in energy efficiency and environmental stewardship through a major capital project
- Hotel Dieu Hospital’s redevelopment project achieved a LEED Certified rating
- Providence Care Hospital will achieve a LEED Silver rating. (The project will achieve a gold rating if public transit is made available closer to the main hospital doors.)

Leadership in Healthcare Facility Design and Construction

KGH’s Phase I Redevelopment Project has been recognized by Infrastructure Ontario as one of the most complex undertakings of its kind, with fully functioning intensive care, cancer, pediatric and dialysis units continuing their operations during a three-year construction project that included more than 1,200 utility shut-downs and 28 phases of construction.

Providence Care Hospital will feature many provincial and national “firsts” in hospital design including:

- Custom designed windows which allow fresh air and external stimuli (such as sounds and smells) into all patient bedrooms;
- A unique patient lift system which allows for a single transfer to move the patient from the bed directly to the toilet or shower;
- Innovative design elements incorporating secure outdoor patios and terraces for patients;
- Shared therapeutic and recreational facilities with secure access for forensic mental health; specialized mental health, physical medicine and rehabilitation and complex care patients. The intentional intermingling of spaces and programs for all our patients/clients is a North American “first”; and
- Two trial discharge “apartments” to enable adult mental health and physical medicine and rehabilitation patients to practice living independently before they’re officially discharged.

The City of Kingston’s investment in our first round of hospital redevelopment has had a significant patient care, economic, scientific and reputational benefit for our city. The first round of redevelopment projects have markedly improved our hospitals’ patient care environments, increased economic benefits realized by our community, and fostered innovation and new accomplishments.

We trust that members of Council will see that the City's past investment is paying significant dividends for every citizen who has needed or will need the services of our hospitals in the future.

WHAT'S NEXT

In order to support continuing access to high quality care and a full-scope of specialty clinical programs for our region's residents, there must be significant new investment in several key areas of our hospitals. Over the next 10 years, our hospitals and Foundation anticipate that new construction projects (estimated to cost about \$550 million) will be completed at our three health care organizations.

Our success will again rest with the support we can garner from our community. As has been the policy for the past several decades, the Province's approval of health care capital projects is contingent on the host community committing to contribute a "local share." For major projects, the local share is currently the equivalent of 10% of construction costs and 100% of equipment costs for new facilities. **Without the local share fully confirmed, the Province does not permit new construction projects to proceed to tender.**

We anticipate the community's "local share" of this next major phase of redevelopment will total nearly \$120 million – of which about \$50 million will be for equipment.

The Kingston region is the least populous region in the country to host a medical school and teaching hospitals, but it is because of the medical school that our citizens are able to benefit from such highly-specialized care, right here in Kingston. However, the small size of our community makes it challenging for us to secure the local share of these major construction projects.

In October 2015, our Foundation launched a \$65-million campaign to fund the first half of the local share for the major projects ahead in our hospitals' capital plans (as well as research, education and other equipment needs in our hospitals.) We anticipate this campaign will be followed closely by another, and that these two campaigns together will secure the full amount of local donations needed for major capital projects over the coming 10 to 12 years.

In the past, significant support from municipalities in our region has been critical to us confirming provincial investment in our hospital facilities for our community. We are again looking to municipal leaders to step forward on behalf of all citizens to ensure that we continue to have access to the greatest possible range and quality of hospital-based care options in the most effective care environment. We are specifically asking the City of Kingston to commit 10% of our current \$65 million fundraising effort – to be paid over five years.

The City of Kingston's contributions would be designated solely for the purchase of equipment for the care areas being rebuilt and described in the following pages.

Surgical Facilities

Each year more than 16,000 surgeries are carried out in the operating rooms at KGH and HDH. Surgical techniques have evolved and improved dramatically in the 40-50 years that have passed since most of the operating suites in our acute care hospitals were constructed. In the last decade, both hospitals

have narrowed their scope of surgical care to reflect their specific, defined roles within the continuum of the region’s hospital-based services.

During this time, KGH’s surgical patients have increased in acuity. The majority of KGH cases are now inpatients with complex needs. HDH has transitioned from a mixed use surgical facility to an outpatient and day/short stay surgery program.

Nearly half of the surgical cases completed at our hospitals are related to cancer care – where improvements in diagnostics and screening practices mean the rate of newly-diagnosed cases climbs each year. As demand for surgical care increases, we rely on new techniques and tools to ensure patients continue to have timely access to care.

Our surgical facilities were not designed for today’s fully-computerized surgical environments. Our ceilings at KGH do not have sufficient height to accommodate the equipment booms found in the most advanced surgical suites. We have inadequate electrical and ventilation systems to take full advantage of the newest technology. Our operating rooms were not designed to reflect what we now know about best infection control practices.

Innovation in minimally-invasive techniques, interventional radiology, and new knowledge about optimal models of care mean that today’s surgical suites must accommodate the latest technology and methods. We can only offer the full range of surgical options to patients from our community if we entirely rebuild and re-equip the operating suites in KGH and revamp our suites and the facilities used by day surgery patients for admission, preparation and education at HDH. Support from the City of Kingston will be needed to fulfill the local share – and specifically the cost of equipment – for our surgical suites.

Emergency and Urgent Care Facilities

When both KGH and HDH functioned as full-scope hospitals, the city had two separate emergency departments, each with a similar range of services. With the implementation of the “Kingston model” of hospital restructuring in the late 1990s, KGH became the focus for inpatient, high acuity and cancer care, while HDH assumed a more concentrated role with diagnostic, outpatient and day surgical programs. With this transition, the delivery of emergency services was divided between the two hospitals, based on the degree of illness or injury in the patient.

Today, KGH’s Emergency Department provides care to acutely ill or injured patients, such as those arriving by ambulance, unconscious or in critical condition. Open 24 hours, 7 days per week, KGH’s Emergency Department offers the full range of trauma and critical care services, with round-the-clock access to clinical laboratory and diagnostic imaging services as well as on-call specialists and sub-specialists.

HDH’s Urgent Care Centre (or UCC) is open 12 hours per day, 7 days per week to provide rapid access to emergency-trained physicians for patients who have minor injuries or non-life threatening illness. The UCC has diagnostic imaging available on site, as well as a rapid response lab, but does not typically offer access to specialists.

Neither hospital has the optimal emergency/urgent care facilities needed to care for the population it specializes in serving.

KGH's Emergency program is now caring for patients who are consistently very ill and in need of specialty services. This scope of care requires larger, private spaces for each patient, able to accommodate the range of specialized equipment that caregivers need for medically unstable patients.

HDH needs more spaces designed for rapid assessment and treatment.

Both hospitals require better line-of-sight between the care desks and patient beds. Both need space better designed for optimal patient flow and training and education of health care professionals. Not only will these improvements result in shorter wait times for patients, but it will also help reduce the amount of time paramedics spend transferring patients into the Emergency Department's care. Support from the City will help equip our Emergency and Urgent Care programs with the most appropriate and advanced patient care equipment.

Clinical Laboratories

The Clinical Laboratories at KGH carry out more than five million diagnostic tests each year. Diagnostic lab results create the roadmap to effective treatment, and inform care decisions every step of the way.

HDH and Providence Care rely on KGH for all hospital-based laboratory testing and do not operate their own lab facilities. KGH's labs also provide reference testing for the four other hospital organizations in the South East Local Health Integration Network.

The labs at KGH are currently located on four different levels of a building which is more than 50 years old. Lab technologists and pathologists function in overcrowded facilities. Every day, they make decisions about how to work around the limitations of the space. Processes must be designed to link specialized labs which are not co-located on the same floor. Collaboration is challenging in this kind of environment.

Despite this, our lab staff team has a deep commitment to ensuring the accurate, timely delivery of diagnostic information for every patient. They have a vision that, one day, they will have the facilities and equipment to support a "personalized medicine" model, where highly customized treatment plans can be developed for each patient based on their specific genetic makeup or response to therapies.

Realizing this vision will require a complete reconstruction of the entire lab facility, in a new tower to be constructed on the KGH site. Support from the City will help equip our clinical laboratories with the most advanced diagnostic equipment, benefitting not only patients in our Kingston hospitals but those throughout the entire region who have complex or rare illnesses or health conditions.

The City of Kingston can help ensure that our citizens have the most advanced, specific, and reliable diagnostic information supporting their health care, through directing support to equipment for our labs.

Birth and Newborn Care

Approximately 2,000 babies are born in KGH each year. Of these, approximately 60% are born to residents of the City of Kingston. New parents know our birthing unit as a place of compassionate, attentive and expert care. However, the facilities are outdated and do not reflect the best practices

known to offer the most supportive and healthy birthing experience. Twelve of our obstetrics beds on our Kidd 5 floor are in ward-style rooms, offering little privacy for new mothers with shared or public washrooms. The 2011 addition of seven private-room obstetrics beds on Kidd 10 has allowed us to offer better room options to new moms, but they are located five floors away from the rest of the obstetrics inpatient population, creating staffing challenges.

Our birthing facilities include six birthing rooms and two dedicated operating rooms. Unlike centres such as London, Hamilton, Toronto and Ottawa, most delivering moms do not have access to innovative therapies such as hydrotherapy. There are few amenities for partners and other birth coaches who remain at the bedside throughout a long or complex labour. Rooms for new moms are crowded and don't easily accommodate "care by parent" - the best practice of newborn babies remaining in the mother's room throughout the hospital stay.

Our vision is to provide new moms with a birthing environment similar in design and equal in amenities to what other Ontarians access in their home hospitals.

We are fortunate that Kingston is one of Ontario's five cities to offer the highest level of **neonatal intensive care**. Our 22-bed unit includes 14 Level II beds and 8 level III (higher acuity) beds. This means that most of our area's newborns who arrive preterm, underweight or with specific health concerns that warrant extra care can stay right here in Kingston until they are well enough to be discharged home.

Each year, about 400 newborns in our community need to be admitted into our Neonatal Intensive Care Unit (NICU). Of these, approximately 45% are born to Kingston residents; 45% are born to parents who reside in our region, but outside Kingston, and approximately 10% are born to parents from outside southeastern Ontario³. The NICU is located on the same level as the birthing area, but in a different wing of the hospital. This means that fragile newborns are being moved further than is ideal after a traumatic birth.

Our fragile newborns stay in our NICU for an average of three weeks. This is a very stressful time for young families. Unfortunately, the design of our unit may compound the stress for families and babies alike as all are in one common room, with each bassinet separated from the others by a curtain. A single rocking chair is available beside each bassinet. It is exhausting and uncomfortable for parents to be at the bedside of their newborn for any extended period of time. Families have little privacy as they go through the emotional turmoil of baby's frequent ups and downs. It is also a noisy area for the babies with the amount of equipment needed to help these fragile infants.

Within our plan to redevelop facilities at KGH is a vision to build an entirely different Neonatal Intensive Care Unit adjacent to our delivery area, with separate rooms for each baby, well-appointed with the equipment and furnishings needed to give baby and parents the best possible start at life.

A financial commitment from the City of Kingston will ensure that our most fragile and vulnerable Kingston residents have the best possible start at life, through well-equipped obstetrics and neonatal intensive care facilities.

³ These are typically mothers who needed urgent access to high risk obstetrical care and are unable to access it in their home community.

Specialized Outpatient Facilities

As one of Canada's leading providers of ambulatory (outpatient) care and day surgeries, HDH has the opportunity to become a showcase organization for innovative approaches to care that are less invasive and more focused on lifelong wellness and chronic disease management than would typically be the case in an acute care setting.

Having the right kind of care environment is key to achieving this potential.

The hospital has identified nine key capital projects which will help position HDH as a leader in its health care niche and as a provider of exceptional care to patients with chronic illness. The projects include the operating suites and urgent care centre described above. The remaining priority projects – which are still subject to provincial approval - are as follows:

- Relocating the current **ear, nose and throat clinic, audiology program and speech language pathology** program from the Murray building into the main hospital, creating a more accessible, collaborative space, designed around the needs of patients;
- Consolidating the **cardiac program diagnostic and clinic facilities** into a common area, providing better linkages between diagnostic services and patient assessment/consultation spaces;
- Developing a new **eye procedure suite**, adjacent to the 6th floor eye clinic to allow patients who need minor surgical procedures (such as cataract removal) to have faster access to care and to open up operating room capacity for surgical cases from other clinical programs.
- Relocate the **urgent eye care clinic** from the first level to the integrated eye care suite being developed on the sixth level of the hospital;
- Reconfiguring the **Children's Outpatient Centre (COPC)**, the primary access point for urgent care for children and youth during weekdays, and the location of specialty clinics for children with cystic fibrosis and other serious illnesses. Separate waiting areas will be created for young children and teens, and space provided for teaching patients (and their families) and health care professionals;
- Revamping the **diagnostic imaging** area to improve patient flow and privacy. HDH conducts more than 80,000 imaging procedures annually, of which about 45,000 are of Kingston residents. Minor renovations are also needed to support new technology and a better configuration of staffing for the area. There are a multitude of major and minor equipment purchases that will go along with this upgrade, which will be funded exclusively through community donations; and
- Improving the **recovery room areas for endoscopy and cystoscopy** to improve patient comfort and privacy, as well as infection control. At present, patients undergoing an endoscopic procedure, such as a colonoscopy, are wheeled from the prep room, into a hallway, around a corner, up a ramp and through a door in order to access the procedure suite. With growing demand for screening and diagnostic care of patients at risk for cancer and other serious illness, we must optimize patient flow, so that our facilities and expertise are being made available as quickly as possible to patients. Our plan is to consolidate the endoscopy and cystoscopy rooms into a single recovery area, on the same side of the hall as the procedure suites, enabling direct access between the procedure suites and recovery room.

Financial support from the City of Kingston can help fund the equipment purchases necessary to improve these important areas of care.

Ongoing equipment needs for vulnerable populations

Though Providence Care does not have plans to undertake additional hospital-based construction at this time, there is an ongoing need to replace patient care equipment throughout the organization. The Province's expectation is that community donations support the purchase of this equipment.

Specialized equipment for physical and occupational therapy is vital to the recovery and return to independence sought by every patient and client receiving specialized mental health, physician medicine and rehabilitation care through Providence Care. Patient care equipment is also vital to the comfort, dignity and independence of patients receiving complex care, including those in our palliative (end-of-life) care program.

Support from the city would help purchase equipment for all hospital and community-based programs offered by Providence Care within the City of Kingston.

Request for Support

We are seeking your support to present a request to City Council this fall, inviting them to continue with the City's vital financial support for capital needs at our hospitals.

Specifically, we will invite council to commit a total of \$6.5 million over a period of five years, from 2017 to 2021 inclusive, to University Hospitals Kingston Foundation. This funding would be directed toward the 100% community share of capital equipment purchases for new and renovated facilities planned for KGH and HDH, and to soon-to-be-opened clinical units at Providence Care Hospital.

A commitment of this level would ensure the continuing access of Kingston citizens to the most advanced and effective forms of hospital-based health care, while helping to secure a substantial provincial investment in local health care infrastructure and to generate economic benefit for everyone in Kingston. In addition, the City's funding commitment would help to leverage proportional commitments from other municipalities in our region; residents of which also benefit significantly from our Kingston hospitals.

Summary

At some point, each one of us or someone close to us will need the care provided in our city's hospitals. When that time arrives, we will count on being able to access the specialists we need, in a well-equipped environment designed to ensure we have the best possible health outcomes.

For area residents who have needed cancer care, pediatric care, intensive care, dialysis, mental health care, rehabilitation support, or the services of a specialist in an outpatient clinic, the City of Kingston has already ensured its citizens have what they need.

Looking forward, we invite the City to join with our Foundation in securing the future of care for patients who will need surgery or face difficult births or a challenging first few weeks of life. We invite the City of Kingston to partner with us, ensuring that every resident of Kingston who experiences an urgent or

critical need for emergency medical care will get that care in the best environment. We urge you to join us by investing in the crucial technology that ensures timely and accurate diagnostic results from lab tests. We hope that you will direct support to equipping hospital programs that keep elderly and vulnerable residents of our community functioning with independence and dignity, despite the physical challenges associated with aging and chronic illness.

We would be pleased to send a delegation to Council to offer a short presentation on this request, and to provide additional information. We would also be pleased to provide tours of specific sites within our hospitals that have benefited from past City of Kingston support or will be the recipient of future City funds, should Council vote in favour of supporting our request.

In closing, we thank you for your service to our community and your leadership and vision for our shared future.

Sincerely,



Denise Cumming
President and Chief Executive Officer
University Hospitals Kingston Foundation