Court File No. CV-23-00698007-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

ONTARIO HEALTH COALITION AND ADVOCACY CENTRE FOR THE ELDERLY

Applicants

-and-

HIS MAJESTY THE KING IN RIGHT OF ONTARIO AS REPRESENTED BY THE ATTORNEY GENERAL OF ONTARIO, THE MINISTER OF HEALTH, and THE MINISTER OF LONG-TERM CARE

Respondents

AFFIDAVIT OF SCOTT JARRETT

I, SCOTT JARRETT, of the City of Toronto, in the Province of Ontario, MAKE OATH AND SAY:

1. I am Executive Vice President and Chief Operating Officer of Trillium Health Partners (THP), an Ontario hospital with three main sites at Credit Valley Hospital, Mississauga Hospital and Queensway Health Centre. Trillium Health Partners is one of Canada's largest leading academically-affiliated health centres with highly-specialized regional programs in Advanced Cardiac Surgery, Geriatric Mental Health Services, Hepato-Pancreato-Biliary Services, Neurosurgery, Palliative Care, Primary Percutaneous Coronary Intervention, Sexual Assault and Domestic Violence, Specialized Geriatric Services, Stroke, and Vascular Services.

2. Credit Valley Hospital is an inpatient facility serving the people of Mississauga and the surrounding region (approximately one million people), featuring a regional cancer and ambulatory care centre, a 24-hour emergency care centre, a regional women's and children's health centre, and 495 beds. Mississauga Hospital is located in the heart of Mississauga's south end and has 668 beds. The 24-hour Emergency Centre at Mississauga Hospital is the largest in Canada, one of the busiest in the country, and frequently the front door to many of our regional programs including Stroke, Neurosurgery, Cardiac and Sexual Assault & Domestic Violence Services. Our Mississauga location also houses the largest concentration of critical care services in Canada with modern facilities offering bright and roomy patient rooms for Intensive Care, Cardiac Surgery Intensive Care and Coronary Care. Queensway Health Centre is a model ambulatory care centre providing comprehensive outpatient services with 195 beds. An additional 99 beds are in the Humber River Hospital \Reactivation Care Centre.

3. As Chief Operating Officer, I have accountability for health system integration, performance management, Primary Care, Rehabilitation, Complex Continuing and Palliative Care, Seniors Services, Laboratory Medicine and Genetics, Pharmacy and Diagnostics Imaging. I am responsible for the enabling (i.e., human resources, finance, IT services) and diagnostic services, site redevelopment and the post-acute program. Before taking this role, I was Executive Vice President and Chief Administrative Officer at THP.

4. I came to THP with other 13 years' experience at Humber River Hospital where I held the position of Executive Vice President and Chief of Clinical Programs. Throughout my career, I have led and influenced several key change management initiatives. I was involved in the redevelopment of Humber's Reactivation Care Centres and the development of two

innovative long-term care facilities. I also have leadership accountability for the Ontario Health Team for Mississauga, which is a partnership of local health care organizations and providers who are committed to ensuring patients, families and caregivers in the Mississauga community have better and more seamless access to the care they need, when and where they need it. A copy of my curriculum vitae is attached as Exhibit "A".

5. I have been asked by the Government of Ontario to address the following questions:

    a) What is patient flow and is it important to your hospital and the community it serves?
    b) How has Bill 7 impacted patient flow at your hospital?
    c) How should acute care beds be prioritized?

A) <u>Patient Flow</u>

6. Patient flow is the movement of patients through a health care system that enables all patients to receive the level of care they require through their care journey. It involves care, treatment and resources to transition patients from an emergency department (ED) visit to admission to an inpatient unit through any required rehabilitation or transitional care to the point of discharge to the community.

7. Patient flow is very important to our hospital and the community we serve, as having the patient in the right bed at the right time optimizes access to specialized hospital services when patients need it most and is an essential component to delivering high quality, evidence-based care.

8. While THP regularly experiences some of the highest patient volumes in the province, part of the challenge is that on any given day there are many patients who have been designated as ALC and no longer require hospital care. On average, ALC patients occupy 15% of THP's 1457 beds across hospital sites. Due to the high ALC patient rate, those in need of an acute

hospital bed are waiting longer in the emergency department or in unconventional care spaces (e.g. hallways, auditoriums).

B) The Impact of Bill 7

9. Bill 7 is one of many tools THP uses to increase patient flow across hospital sites. THP has standardized discharge practices that support the transition of patients out of hospital in a timely fashion. Discharge to a home/community environment is the goal but when it is not an option, long-term care (LTC) may be pursued, and homes are selected by the patient or their substitute decision-maker (SDM).

10. When patients are unable or unwilling to make choices that support discharge to LTC in a reasonable time frame, Bill 7 enables Home and Community Care Support Services (HCCSS) to select an LTC within a 70km range of their home or preferred location. Bill 7 increases the likelihood of an ALC patient transitioning out of hospital care. Bill 7 also helps address patient expectations and communicates the importance of transitioning to LTC once their acute care needs have been addressed.

11. While improving patient flow and wait times cannot be solely addressed by Bill 7, it has supported the availability of some hospital beds that were otherwise used for ALC patients, who in turn benefit most from being in a LTC setting.

12. Bill 7 has been used to select LTC homes for patients/SDMs who are unable or unwilling to make LTC choices that have a reasonable wait time. THP's standard work to engage in early discharge planning has resulted in over 240 discharges of ALC patients from hospital to LTC in the last 3 months. LTC home choices by HCCSS under the provisions of Bill 7 are

infrequent, but have been helpful when THP teams have been unsuccessful in having productive conversations with families/SDMs about the most available LTC options.

13. In the absence of Bill 7, I expect patient flow would decrease, as more acute beds would be occupied by patients who do not require acute care, leading to more patients waiting for a bed.

C) <u>Prioritization of hospital beds</u>

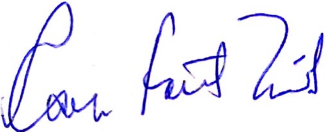
14. As a system, people should receive care in an environment that is suited to their healthcare needs. When a patient no longer requires the level of specialized hospital care (and is therefore designated ALC), the system needs to identify a more suitable care environment that is specifically designed for their physical, cognitive, emotional, functional, and spiritual needs. Acute care is not the most appropriate location for patients designated as ALC whose needs can be safely met in LTC.

15. When patients designated as ALC are in acute care hospital beds, there are more patients waiting in the ED and in the community who need acute care. A hospital bed occupied by an ALC patient who does not require hospital level of care is not available for a patient in the ED or in the community who needs a hospital bed.

16. For patients who need LTC, the discharge destination should be informed by the choices made by patients and/or their SDMs. However, for those who are unwilling or unable to make choices that support discharge in a reasonable time frame, Bill 7 enables the system to flow patients to the most appropriate care setting where they can continue to wait for a LTC home of their choice.

17. I believe that Bill 7 is one of many tools that can help ensure that THP patients receive the right care, in the right place, at the right time, and still permits people to await their desired LTC home while residing in a home that was chosen under Bill 7.

SWORN BEFORE ME in the City of Toronto by Scott Jarrett in the City of Mississauga before meon February 21, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.



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Commissioner for the Taking of Affidavits

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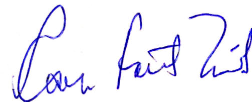
SCOTT JARRETT

This is **Exhibit "A"** referred to in the Affidavit

of **Scott Jarrett,** sworn this 21st day of

February, 2024, in accordance with O. Reg 431/20,

Administering Oath or Declaration Remotely



____ A

Commissioner for taking Affidavits etc. (or as may be)

(pursuant to O. Reg. 431/20)

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E-mail: scjarrett@live.com

Scott R. Jarrett

Skills Profile

Professional, dynamic individual with strong analytical, financial planning and evaluation skills. Proven excellence in multi-site patient care delivery combined with a commitment to promoting an organization's values enables the individual to act as a role model in empowering staff decision-making and team co-operation.

Professional experience

11/22 –present Trillium Health Partners Mississauga, ON

Senior Executive Vice President and Chief Operating Officer

11/20 – 10/22 Trillium Health Partners Mississauga, ON

Executive Vice President and Chief Administration Officer

As a member of the hospital's executive team responsible for managing and continuously improving all services that support and enable the delivery of high-quality care by overseeing the functions of Information Technology, Financial and People Services. In the spring of 2021 assumed responsibility for the Hospital's Master Plan, and accountability for the Capital Planning and Redevelopment division.

As Chief Operating Officer, the portfolio expanded to include accountability for health system integration, performance management, Primary Care, Rehabilitation, Complex Continuing and Palliative Care, Seniors Services, Laboratory Medicine and Genetics, Pharmacy and Diagnostics Imaging.

10/07 – 10/20 Humber River Hospital Toronto, ON

Executive Vice President and Chief of Clinical Programs

As a member of the hospital's senior team responsible for the administration and organization of all Clinical Programs in addition to the departments of Medical Imaging, Laboratory Medicine and Pharmacy. Corporate responsibilities include public relations, utilization management, patient flow initiatives and facilities redevelopment.

11/03 – 10/07 UHN/Mt Sinai Hospital/Women's College Hospital Toronto, ON

Senior Director, Joint Department of Medical Imaging

Working in support of and in collaboration with the Radiologist-in-Chief, provided leadership and direction for project management, quality, planning, human resources, financial and corporate management to the Joint Department of Medical Imaging across eight sites at three corporations.

11/00 – 10/03 St. Joseph's Health Centre Toronto, ON

Administrative Director, Diagnostic Services

Jointly accountable with the respective Chiefs of Services for the quality of patient care and efficient utilization of hospital resources within the areas of Diagnostic Imaging, Cardio Respiratory, Laboratory Medicine and Pharmacy.

Throughout 2002, worked with the Program Medical Director and respective Chiefs, in the overall operations of the health centre's Emergency Department, Ambulatory Care Centre, Renal Therapy Centre and Outpatient Rehabilitation

09/97 – 10/00 Cambridge Memorial Hospital Cambridge, ON

Program Manager, Diagnostics and Therapeutics

Overall responsibility for Diagnostic Imaging, Laboratory Medicine, Cardio Respiratory Services and Pharmacy.

02/93 – 09/97 Ontario Hospital Association Toronto, ON

Director/Consultant, Teaching/Specialty Hospitals and Region 3

Principal contact in supporting advocacy and leadership respecting the direction and role of teaching and specialty hospitals.

09/87 – 08/90 Mount Sinai Hospital Toronto, ON

Medical Laboratory Technologist

Education

1990 – 1992 McMaster University Hamilton, ON

Master of Business Administration

1986 – 1987 Michener Institute for Applied Health Sciences Toronto, ON

Medical Laboratory Technology Diploma in Clinical Microbiology

1981 - 1985 University of Guelph Guelph, ON

Honours Bachelor of Science

Memberships

College of Medical Laboratory Technologists of Ontario
Medical Laboratory Professionals' Association of Ontario
Canadian College of Health Leaders
American College of Healthcare Executives

Board Member

Share Services West
Partners Community Health
Mississauga Health

Committee Member

Toronto and Central Regions Hospital IMS Table Planning Co-Chair

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AFFIDAVIT OF SCOTT JARRETT

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