

NOTICE OF MEETING
ROYAL OTTAWA HEALTH CARE GROUP
BOARD OF TRUSTEES
June 18, 2020 at 3:30 p.m.
via Zoom (see details in calendar)

- Oral presentation
- Paper enclosed
- Paper to follow
- Paper at meeting
- IN Information
- DEC Decision required
- ** Guidance required

BOARD VISION

TO BE THE CATALYST FOR IMPROVING MENTAL HEALTH CARE SYSTEM-WIDE THROUGH BOARD EXCELLENCE

This vision will be accomplished by the Board of Trustees focusing on five key areas that will define the Board's value and contribution to The Royal:

- Culture, Stakeholder Engagement and Focus, Innovation, Board Processes and Stewardship

🕒	Pg #		ITEM	REFERENCE	RESPONSIBILITY	STATUS	
05	1	1.	CALL TO ORDER	<ul style="list-style-type: none"> - <i>The Royal's Ethics Framework for Decision Making Page 276</i> - <i>Conflict of Interest Policy Page 278</i> - <i>Public, Non-Public and Restricted Meetings Page 282</i> 	A. Graham	○	IN
01	4	2.	AGENDA AND MINUTES	a. Acceptance of Agenda	All	●	DEC
02	5			b. Approval of Minutes	All	●	DEC
10		3.	INFORMATION ITEMS	a. Chair and CEO's Oral Report	A. Graham J. Bezzubetz	○	IN
15				b. Year in Review - ROHCG Annual Report	K. Monaghan	○	IN
05				c. Update on Foundation Campaign	M. Bellman	○	IN
05	20			d. Centre of Excellence Report	P. Smith	●●	IN
10	22	4.	COMMITTEE REPORTS & DECISION ITEMS	a. Quality Committee Report - <i>DRAFT Minutes from June 1, 2020</i>	L. Lewis	●●	IN
	37			i. French Language Services Annual Report	C. Crocker	●	DEC
	58			ii. Integrated Risk Management Framework	C. Crocker J. Lambley	●	DEC
	70			iii. Corporate Patient Safety Report		●	IN
10				b. Governance Committee Report - <i>No meeting due to Covid-19</i>	C. Coulter	●●	IN
	82			i. Extension of Term of Office of an Elected Trustee		●●	DEC

	83			ii. 2020-2021 Slate of Trustees (Membership Terms)		○●	DEC
	87			iii. 2020-2021 Committee Membership		○●	DEC
05	89			c. Innovation Committee Report - <i>DRAFT Minutes (Governance) from May 19, 2020</i>	N. Bhargava	○●	IN
10				d. Compensation & Succession Planning Committee Report	A. Graham	○	IN
	99			i. COVID-19 Succession Planning	J. Bezzubetz	○●	IN
	102			ii. Update on Strategic Planning Process	J. Bezzubetz	○●	IN
10	108			e. Medical Advisory Committee Report - <i>Approved Minutes from February 20, 2020</i> - <i>Approved Minutes from April 23, 2020</i> - <i>Approved Minutes from April 30, 2020</i> - <i>Approved Minutes from May 7, 2020</i> - <i>Approved Minutes from May 21, 2020</i>	R. Bhatla	○●	IN
	134			i. Annual Re-appointments			
	141			ii. Medical Staff Privileges		●	DEC
10	142			f. Audit Committee Report - <i>DRAFT Minutes from May 21, 2020</i>	J. Gallant	○●	IN
	148			i. Audit Findings Report		●	DEC
	169			ii. Audited Financial Statements		●	DEC
	204			iii. Re-appointment of the Auditors/Auditor Compensation		○	DEC
				iv. Management Letter		○	IN
	205			v. Statutory Obligations Letter		●	IN
05				g. Finance Committee Report - <i>No meeting due to Covid-19</i>		○●	IN
	208			i. Service Accountability Agreement - SAA Amending Agreement	C. Crocker	●	DEC
				h. Policies			
				i. <i>None</i>			
02	212	5.	CONSENT AGENDA	a. Approval of the Consent Agenda	A. Graham	●	DEC

	213			i. President & CEO's Report	J. Bezzubetz	•		
	225			ii. Research Ethics Board Report	D. Bourget	•		
	229			iii. IMHR Annual Report	F. Dzierszinski	•		
	233			iv. The Royal Ottawa Foundation for Mental Health Report	M. Bellman	•		
	242			v. Strategic Plan Performance Scorecard	J. Lambley	•		
	273			vi. Mental Health Addictions and Quality Initiative (Peer Comparators)	M. Webb	•		
01		6.	NEW BUSINESS					
01	276	7.	REPORT ON THE ETHICS FRAMEWORK FOR DECISION MAKING – I. Levy					
		8.	NEXT MEETING	September 24, 2020 at 4:30 p.m.				
		9.	ADJOURNMENT			•	DEC	
See separate package		10.	EXCLUDED SESSIONS	1. RESTRICTED - Independent Board Members and CEO				
				2. IN CAMERA - Independent Board Members only				

Joanne Bezzubetz, Secretary, ROHCG Board of Trustees

RSVP to patricia.rob@theroyal.ca

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2019-2020 – 50	Priority: Important
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DATE:	June 18, 2020
COMMITTEE:	
PRESENTER:	A. Graham
SUBJECT:	Acceptance of the Agenda

BACKGROUND INFORMATION:

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT the June 18, 2020 agenda be accepted, as presented.

Moved by:

Seconded by:

Motion approved:

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2019-2020 – 51	Priority: Important
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DATE:	June 18, 2020
COMMITTEE:	
PRESENTER:	A. Graham
SUBJECT:	Approval of Previous Minutes

BACKGROUND INFORMATION:

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT the minutes of the March 26, 2020 Board meeting be approved, as presented.

Moved by:

Seconded by:

Motion approved:

MINUTES
ROYAL OTTAWA HEALTH CARE GROUP
BOARD OF TRUSTEES
March 26, 2020 at 5:30 p.m.
Via Zoom

BOARD VISION	<p style="text-align: center;">TO BE THE CATALYST FOR IMPROVING MENTAL HEALTH CARE SYSTEM-WIDE THROUGH BOARD EXCELLENCE</p> <p>This vision will be accomplished by the Board of Trustees focusing on five key areas that will define the Board's value and contribution to The Royal:</p> <ul style="list-style-type: none"> Culture, Stakeholder Engagement and Focus, Innovation, Board Processes and Stewardship
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MEMBERS		STAFF		GUESTS
Present	Regrets	Present	Regrets	
A. Graham, Chair I. Levy, Vice Chair C. Coulter, Vice Chair L. Leikin N. Bhargava J. Gallant R. Anderson S. Squire D. Somppi J. MacRae L. Gillen <i>Ex-officio members:</i> J. Bezzubetz, President & CEO R. Bhatla, Chief of Staff/Psychiatrist in Chief E. Millar, Chief Nursing Executive T. Lau, President Medical Staff J. Nyman, University of Ottawa representative S. McLean	J. Charette	C. Crocker M. Bellman P. Sedge J. Lambley K. Monaghan J. Dagher S. Farrell F. Dzierszinski	K. Corace S. Gulati	S. West, Chair, IMHR Board G. O'Hara, Chair, Client Advisory Council M. Langlois, Chair, Family Advisory Council REGRETS: G. Cudney, Chair, Foundation Board P. Smith, President & CEO, Centre of Excellence
				SCRIBE
				P. Robb

#	ITEM	REFERENCE	ACTION REQUIRED
1.	CALL TO ORDER	<p>A. Graham, Chair, called the meeting to order at 5:37 p.m. and declared it to have been regularly called and properly constituted for the transaction of business.</p> <p>The intent is to stay within our time limits and in that regard C. Coulter volunteered to be the timekeeper.</p> <p>L. Gillen was thanked for acting as the Ethics monitor for the meeting with a request that she report on the quality of decision making at the end of the meeting. A copy of the Royal's Ethics Framework for Decision Making is included in the meeting package. Also enclosed is the Conflict of Interest Policy and the Policy on Public, Non-Public and Restricted Meetings.</p>	
2.	AGENDA AND MINUTES	a. Acceptance of Agenda	

#	ITEM	REFERENCE	ACTION REQUIRED
		<p>Moved by C. Coulter and seconded by N. Bhargava</p> <p>BE IT RESOLVED THAT the March 26, 2020 agenda be accepted, as presented.</p> <p style="text-align: right;">CARRIED</p> <p>The Board requested more information on Covid-19 and The Royal's response and this will be included in the Chief of Staff's report.</p>	
		<p>b. Approval of Minutes</p>	
		<p>Moved by L. Leikin and seconded by D. Somppi</p> <p>BE IT RESOLVED THAT the minutes of the February 20, 2020 Board meeting be approved, as presented.</p> <p style="text-align: right;">CARRIED</p>	
3.	REPORTS AND UPDATES	<p>a. Chair and President & CEO's Oral Report – A. Graham, J. Bezzubetz</p>	
		<p>The Chair provided her report. She has been involved in interviewing several candidates to fill the current Board vacancy and has been attending the various Committee meetings. She took part in an OHA webinar on Advocacy for Action. This webinar provided an overview of the government's health agenda and priorities, and offered advice for advocating on behalf of hospitals on issues like hospital funding. This will be the first in a series of communications-focused webinars, aimed at hospital communicators, CEOs or Board Chairs.</p> <p>The Chair has had discussions with Board members regarding continued interest on the Board and regarding the Committee structure. She attended a meeting with the CEO at the Brockville Hospital and has also been involved in ongoing activities with the strategic plan and the Boyden Group about the IMHR P/VP position. The Chair also attended a town hall meeting with S. West, Chair, IMHR Board.</p> <p>Following her report, the Chair expressed her thanks to the Senior Management Team for everything they are doing to run core operations during the current Covid-19 crisis.</p> <p>The President & CEO then provided her report and noted that during the Covid-19 pandemic, it is not business as usual. A shout out was given to the Senior Management Team who have been organizing not only the immediate needs of the organization, but in thinking about how we fit into the system. We are working closely with acute hospitals in our region and play a big role there. R. Bhatla will cover more of that and some of the plans going forward in his Annual Chief of Staff/Psychiatrist-in-Chief report.</p>	

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		<p>The current situation has been a challenge on many fronts. In the beginning there was very little information and now we are being inundated with information from many sources. Our beacon has been Ottawa Public Health (OPH). The challenge lately has been that some large acute hospitals have veered a little from good advice and we have heard concerns from our staff wanting to know why we are not following their lead.</p> <p>At The Royal we were able to pivot quite quickly to provide virtual care. Some programs are more suited to this, but feedback from clients has been very positive. The crisis has helped with change management and adopting new practices. There was also a recent announcement for permanent funding for the pilot project of the CBT (Mind Ability) initiative.</p> <p>Following discussion there was a question about how staff are doing. For many of them it is business as usual, but there are employees who are not coming to work either because they are not feeling well or do not feel safe. The Royal has accommodated employees who returned from vacation to self isolate and employees who are not feeling well are encouraged to work from home.</p> <p>Some PPE equipment has gone missing, or staff are not using it appropriately, and it is eating into our supply. In future, staffing may become problematic, but this is being monitored. The legislation from government is trying to make it easy for hospitals to redeploy staff and assign them where we need them. Some of our staff are working from home, but the understanding is they may be asked to come back to work.</p> <p>A limiting factor with the government legislation is they are highly recommending we work from one location instead of multiple locations. Some of our healthcare workers work in multiple units so we are going to have to keep a pulse on that in our workforce.</p>	
		<p>b. Annual Report from the Chief of Staff/Psychiatrist-in-Chief – R. Bhatla</p>	
		<p>The purpose of this item was for the annual report from the Chief of Staff/Psychiatrist-in-Chief. A copy of the presentation was included in the meeting package.</p> <p>The Chief of Staff/Psychiatrist-in-Chief reported as follows:</p> <ul style="list-style-type: none"> - In comparison to other hospitals, The Royal has done well in maintaining psychiatry staffing - Would like to see The Royal as an academic organization including clinical care, research, teaching and education - Performance reviews are conducted annually. There is also a performance review for Clinical Directors. We are looking for an opportunity to enhance and modify reviews to reflect where the hospital is going. The LEADS framework is well known by physicians so it should not be hard to try to align things 	

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		<ul style="list-style-type: none"> - The annual credentialing happens in a methodical way - The Royal is very aligned with the Department of Psychiatry and Faculty of Medicine <p>Questions followed regarding the age of the physician group, the culture as it relates to research, and remuneration of physicians as compared to others in the province.</p> <ul style="list-style-type: none"> - It was noted that the physician group, although many are over 65 years of age, do not tend to retire early. As physicians advance in their careers they are followed closely and this is being tracked - The physician group are increasingly engaged in research and donate \$1 million to the Foundation every year, which speaks volumes in terms of engagement. In the performance reviews, grants and research has been added. R. Bhatla also has thoughts about methodologies to encourage psychiatrists to engage in that activity. He would like to align the medical staff with the research mission - Remuneration for physicians comes through negotiations with the Ministry, but are aligned with others in the province <p>A report was then made on the Covid-19 situation. This will also be discussed in the Restricted Session, but highlights were provided as follows:</p> <ul style="list-style-type: none"> - Looking to open a Covid-19 prompt clinic on April 6, 2020 that will be focused on getting rapid consultation for things such as an injection clinic. A space on the first floor has been identified in the OSI clinic that would be suitable for this because it has an outside entrance and clients would not need to enter through the hospital. There has been remarkable work on this by S. Farrell and P. Sedge who are front and center on this work - Looking at the capability of The Royal in treating people with a mental health diagnosis who tested positive for Covid-19. Various parts of the hospital are being looked at as to where this may be done. We owe it to partners and the clientele we serve to have a Covid-19 unit - C. Crocker and E. Millar have leadership roles on the C4 Committee, which is mainly populated by the TOH. E. Millar is leading the IMS structure. R. Bhatla is the newest member and is a content expert when it comes to mental health. This was seen as important so we do not get forgotten in acute care. <p>A challenge has been front line anxiety and concerns, but overall, everyone has been doing a great job. One physician is in self isolation, but is using telemedicine to connect with clients. There is problem solving being done on the units and the nurses have been phenomenal. The pendulum has to swing to more of a public health approach and not individuals.</p>	

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		<p>The Royal will need to contribute to surge planning. There is an agreement between the hospitals as to what they can open up in terms of bedded capacity and The Royal has an obligation to do that. We are in a different scenario with Covid-19. There are infection control people coming tomorrow to look at our facilities to see what is appropriate to do right now and there is also an urgent Inter-Hospital Committee teleconference to look at how we are responding as hospital based mental health providers.</p> <p>The Royal is well ahead of the curve on virtual telemedicine. Licenses are secured and many physicians have already signed up. Things have moved rather quickly in this regard and it was done seamlessly.</p> <p>The Board thanked everyone and gave kudos to the front line who are taking a public health approach. The Leadership was also thanked for supporting them as it has never been more important.</p> <p>R. Bhatla ended his report noting that mental health will probably surge after the physical health concerns are sorted out. We need to be self aware and put that aside and do our jobs to the best of our abilities. Counselling takes a different twist in this type of situation.</p>	
		<p>c. Strategic Plan Update – J. Bezzubetz</p>	
		<p>An update was provided on the Strategic Planning process and a presentation was made. A copy of the presentation is included in the meeting package along with a timeline document.</p> <p>Separate sessions have already been scheduled with the consultant and the ROHCG/IMHR Boards and there has been good attendance. J. Bezzubetz has since reached out to Board members who were not able to attend these sessions and offered an individual meeting with the consultant at a convenient time so that people who want to contribute can do so and not lose out on the opportunity.</p> <p>Something that may come up next week is regarding the kick off. We are paying attention to stakeholders and partner and community members to see if they would be receptive to a launch or whether it should be delayed. We will continue to measure the temperature to see what the timing should be.</p> <p>The consultant is going to adapt what they normally do in person by virtual means and are exploring ways to do that. Something that is working in our favour is what we did in phase one can still be used. The consultant also understands the context of the roadmap to wellness and it is great to have them help us.</p>	

#	ITEM	REFERENCE	ACTION REQUIRED
		<p>With the unfolding of events with Covid-19, it is important that The Royal is seen as an organization that is really caring and devoted to mental health and addictions. The strategic planning process gives us an opportunity to connect with what clients, families and stakeholders are asking about and what we know from government that they are going to invest in the future. The case for support articulates what offerings would be for donors as we move forward and it dovetails with what we should be doing as part of strategic planning. There is alignment with what we want to be and every initiative has an aspect of research tied to it. We are going forward with what we said we would do.</p> <p>J. Bezzubetz was thanked for her presentation. The Board is looking forward to understanding more about the hospital without walls vision and virtual care. It was noted that a good question to ask stakeholders will be what does a hospital without walls mean, and what do they think we should do to become one?</p>	
		<p>d. Foundation Campaign Case - M. Bellman</p>	
		<p>The purpose of this item was to put into context what the campaign might look like. Endorsement is being sought from the three Boards. A copy of the presentation was included in the meeting package.</p> <p>This report has been in the works for some time to prepare an exciting bold vision to respond to the challenge of improved access and to create a vision of a hospital without walls. The Foundation Board reviewed it today and approved the set of priorities. Next, it will go to the IMHR Board to seek approval as well.</p> <p>The Foundation has engaged a formal case writer and the consultant has been conducting interviews and building up stories to bring that story to life. The work is underway, but it is challenging to have face to face meetings as hospital staff are not available because of Covid-19. Covid-19 has also had a significant impact on future fundraising events which may now be in jeopardy. The priority in the short term is to focus on an emergency appeal for the C Prompt clinic and how best to engage our donors. In tandem, we will be looking at how to support the Foundation to sustain operations.</p> <p>After a robust discussion, the Board agreed not to proceed with the motion at this time, but agreed in principle with moving forward with the Foundation and campaign case and supporting the case the team put together, with the addition of the Brain Imaging Centre opportunity.</p> <p>Comments and suggestions were made by Board members and J. Nyman and M. Bellman will have a conversation off line about making a special funding request to government and about other funding opportunities. N. Bhargava offered to have a special Innovation Committee session to solicit ideas. S.</p>	

#	ITEM	REFERENCE	ACTION REQUIRED
		<p>West also offered to put M. Bellman in contact with one of the IMHR Board members (G. Bonin) who does a lot of work in Covid-19.</p> <p>M. Bellman will be in touch with Board members to follow up on their suggestions, and he will also have discussions with staff when he returns to the office. He is presently in isolation having returned from a trip outside of the country.</p>	M. Bellman
		<p>e. Brockville Re-development Committee Update – C. Crocker, S. McLean</p>	
		<p>This item was deferred.</p>	
4.	DECISION/ INFORMATION ITEMS	<p>a. Quality Committee Report – L. Leikin - DRAFT Minutes of March 5, 2020</p>	
		<p>L. Leikin provided a brief report. The Ministry has extended the deadline for the Quality Improvement Plan to May 1, 2020, but it does require Board approval.</p>	
		<p>i. Annual Quality Improvement Plan (QIP)</p>	
		<p>The Quality Improvement Plan is in the new HQO format. Six targets were identified, with one being the provincially mandated workplace violence. The Board appreciated the work put into this and L. Leikin will pass that along to D. Simpson and her team.</p> <p>Moved by J. Gallant and seconded by J. MacRae</p> <p>BE IT RESOLVED THAT as recommended by the Quality Committee, the 2020-2021 Annual Quality Improvement Plan be approved as presented.</p> <p style="text-align: right;">CARRIED</p>	
		<p>b. Medical Advisory Committee Report – R. Bhatla</p>	
		<p>A copy of the minutes from January 16, 2020 were included in the meeting package. It was noted that we are moving to a situation where we will become the regional resource for ECT in collaboration with TOH.</p>	
		<p>i. Medical Staff Privileges</p>	
		<p>Moved by C. Coulter and seconded by D. Somppi</p> <p>BE IT RESOLVED THAT in accordance with the criteria and credentialing process outlined in the ROHCG Appointment and Re-appointment Schedules, the Medical Advisory Committee recommends to the Board of Trustees the following candidates for Medical Staff Privileges:</p> <ul style="list-style-type: none"> - Dr. Jeewanjit Gill, GP, from Temporary to Probationary Part-Time, Royal Ottawa Place, effective immediately - Dr. Kelly Mascioli, Psychiatrist, from Temporary to Probationary Full-Time, Youth Program, effective immediately 	

#	ITEM	REFERENCE	ACTION REQUIRED
		<ul style="list-style-type: none"> - Dr. Elena Paraskevopoulos, Family Physician, Locum Privileges, Central Services, effective immediately - The following TOH Neurologists, Courtesy Privileges, EEG Services, effective immediately: <ul style="list-style-type: none"> - Dr. Rajendra Kale - Christopher Skinner - Tad Fantaneanu - Arezoo Rezazadeh - Lucian Sitwell - Dr. Rasveg S. Grewal, Courtesy Privileges, Cardiology Services, effective immediately. <p style="text-align: center;">CARRIED</p>	
		<p>c. Finance Committee Report – J. Gallant</p>	
		<p>A meeting was held on March 19, 2020, but the minutes from that meeting were not immediately available, but will be made available for the Board's information in the near future. The Finance Committee caught up on some deferred items from January and reported as follows:</p> <ul style="list-style-type: none"> - There will be some additions to the Integrated Risk Management Report. The campaign will be added as high risk. Management will take care of that for the next iteration of the Report - There is a difference in terms for the overall number of grants, but some mitigation action is in place. - CIBC/FRIPP presented a written report which provided an overview of what was happening with the investment funds. Things have changed substantially since that report due to Covid-19 and the affect it has had on the markets, but we will not know where we stand until things stabilize - There has been an increase in sick leave due to the regular flu season. This is something management will keep tracking very closely - There is no news yet on the funding envelop for the regular budget for 2020-2021 - Management is keeping track of any expenses out of the norm due to Covid-19 as the government has made a commitment to pay for these - Cyber security is a topic of concern in a crisis like Covid-19. C. Crocker provided a few comments on how the Royal is protected in these times: <ul style="list-style-type: none"> o Two years ago we engaged an external consultant to do a cyber security audit. Consultants presented to the Finance Committee and all of the recommendations were implemented o We are due to have another cyber security audit that will be integrated at the three partner sites (The Royal, Waypoint, Ontario Shores). This has now gone to market o IT professionals have said it is important to always do patches because there is more risk these days of someone hacking our system. We will continue to do this o Now that we have a partnership with Waypoint and Ontario Shores, there are opportunities in future for a 	

#	ITEM	REFERENCE	ACTION REQUIRED
		<p>CIO and Chief Information Security Officer as costs are now shared between the 3 organizations for EHR infrastructure</p> <p>J. Gallant and C. Crocker are monitoring investments and will be in contact on a regular basis. Discussion and questions followed. The Board gave a huge thank you for all the work that has been done.</p>	
		<p>i. Sinking Fund Investment</p>	
		<p>This is an annual transfer between these two funds. There are sufficient funds to make the mortgage payment and it was verified that there is no problem at this point with doing that. The funds balance is renewed annually.</p> <p>Moved by J. Gallant and seconded by D. Somppi</p> <p>BE IT RESOLVED THAT, as recommended by the Finance Committee, the Board of Trustees approves the transfer of \$575,572 from the Sinking Fund Account to the General Fund Investment Account.</p> <p style="text-align: right;">CARRIED</p>	
		<p>ii. Corporate Procurement Policy</p>	
		<p>This policy came to the Board for its annual review. There are no changes.</p> <p>Moved by D. Somppi and seconded by J. MacRae</p> <p>BE IT RESOLVED THAT, as recommended by the Finance Committee, the Board of Trustees approve the Corporate Procurement Policy as presented.</p> <p style="text-align: right;">CARRIED</p>	
		<p>d. Governance Committee Report – C. Coulter - DRAFT Minutes of March 10, 2020</p>	
		<p>A copy of the Governance Committee minutes from March 10, 2020 were included in the meeting package.</p> <p>Further to a Board request at the February 20, 2020 meeting, the Governance Committee had a fulsome discussion regarding the oversight of the REB and agreed that it fit best under the Quality Committee. L. Leikin agreed and the Quality Committee will take this on. This arrangement will be reviewed and evaluated after a year.</p> <p>A question was raised regarding the Skills Matrix and whether the Chairs of the other Committees should be involved in the process. Currently, A. Graham and J. Bezzubetz are reviewing the Skills Matrix, but will reach out to sother Committee Chairs. Once that is done, a second draft will be reviewed at the</p>	<p>A. Graham J. Bezzubetz</p>

#	ITEM	REFERENCE	ACTION REQUIRED
		Governance Committee meeting in order to finalize and send out to Board members to populate.	
		i. Professional Development Reports	
		The professional development reports from A. Graham and S. Squire were included in the meeting package for the information of the Board.	
		e. Innovation Committee Report – N. Bhargava	
		<p>A copy of the Innovation Committee minutes from March 3, 2020 were included in the meeting package. This was the first meeting where there was representation from the IMHR and Foundation Boards.</p> <p>SMT has established an Innovation Council, which is responsible to vet things before coming to the Innovation Committee. The inventory dashboard is currently being reviewed for realignment so we may see a new format in the future. J. Bezzubetz and C. Crocker will report back to the Committee on this. A change may also be needed to the Innovation Governance Framework as the two group processes need to be aligned and not redundant.</p> <p>At the last meeting, there was a good Ideation session. The IMHR External Review was discussed, and there will be a follow up conversation on partnerships coming out of the innovation discussion and with the new Covid-19 reality. As reported under the Campaign Case item above, a special Innovation Ideation session may be called to solicit ideas.</p> <p>Congratulations were given to the team for moving that forward.</p>	
		i. Integrated Care	
		R. Anderson attended this event on Integrated Care. A copy of the meeting materials were included in the meeting package and was shared with the Board for their information.	
5.	NEW BUSINESS (if any)	A. Graham noted that although there was no meeting of the Compensation & Succession Planning Committee that needed to be reported on, the next meeting is scheduled for April 29, 2020 for the purpose of reviewing the objectives of the President & CEO and the Chief of Staff/Psychiatrist in Chief in advance of the Special June 3, 2020 Board meeting.	
6.	REPORT ON THE ETHICS FRAMEWORK FOR DECISION MAKING	L. Gillen, the meeting Ethics monitor, reported that decisions were fair, equitable and that business was conducted in a transparent manner. Decisions were fact based. Members were recused if necessary. The meeting was collaborative and met requirements and our accountability for reasonableness.	

#	ITEM	REFERENCE	ACTION REQUIRED		
7.	NEXT MEETING	<p>The next meeting will be a special meeting on June 3, 2020 at 4:30 p.m. for an opportunity to comment on the CEO and COS/PIC's next year's objectives and similarly look backward with a chance to comment using Q3 results to project Q4.</p> <p>The AGM, Regular meeting and New Officers' meeting on June 18, 2020 at 3:30 p.m.</p>			
8.	ADJOURNMENT	<p>The Chair thanked everyone for attending and gave a shout out to the Senior Management Team. There is a distinction in the work of the Board and the Senior Management Team, but both groups need to come together to do what needs to be done. She noted she was proud of the group and collective support and efforts. We are all dealing with tough issues, but we can challenge each other and come up with great solutions.</p> <p>Moved by D. Somppi seconded by L. Leikin There being no further business, the regular meeting was adjourned at 8:20 p.m.</p> <p style="text-align: right;">CARRIED</p>			
9.	EXCLUDED SESSIONS	RESTRICTED (Independent Board Members, CEO and COS/PIC)			
		IN CAMERA (Independent Board Members only)			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> A. Graham Chair, Board of Trustees </td> <td style="width: 50%; border: none; text-align: right;"> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> J. Bezzubetz Secretary, Board of Trustees </td> </tr> </table>				<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> A. Graham Chair, Board of Trustees	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> J. Bezzubetz Secretary, Board of Trustees
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> A. Graham Chair, Board of Trustees	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> J. Bezzubetz Secretary, Board of Trustees				

Board Meeting Action Items

Item	Individual Responsible	Status
March 26, 2020		
In their review of the Skills Matrix, to reach out to other Committee members for input. Once that is done, a second draft will be reviewed at the Governance Committee meeting in order to finalize and send out to Board members to populate.	J. Bezzubetz A. Graham	Governance Committee May 21, 2020 October 13, 2020
To reach out to Board members to follow up on their suggestions, re the Campaign case. [P. Robb sent M. Bellman email addresses for J. Nyman, N. Bhargava and S. West for this purpose]	M. Bellman	
February 20, 2020		
To send meeting requests for 2020-2021 Board and Committee meetings.	P. Robb	COMPLETED June 18, 2020
The Board Chair assessment to begin in April 2020.	P. Robb	COMPLETED April 2020 September 24, 2020
To update By-laws with new Quality and Innovation Committee Terms of Reference.	P. Robb	June 18, 2020
To make a presentation to put into context what the campaign might look like. At that time, endorsement will be sought from the three Boards.	M. Bellman	COMPLETED March 26, 2020
There was a request to consider the possibility of representation on the Board by a patient. This will be taken to the next Governance Committee meeting for consideration.	Governance Committee	COMPLETED March 10, 2020 Governance Committee meeting March 26, 2020
To make necessary admin changes to show Past Chair is non-voting member.	P. Robb	COMPLETED
To prepare welcome package for J. Nyman as new <i>ex-officio</i> voting member.	P. Robb	COMPLETED
The Governance Committee was asked to take a further look at how University appointments are made. In particular, whether there is a limit to the term served or is it until a new person is appointed by the University.	Governance Committee	COMPLETED March 10, 2020 Governance Committee meeting March 26, 2020 June 18, 2020
The REB Terms of Reference to go back to the Governance Committee for a further review based on the Board's discussions	Governance Committee Quality Committee	March 10, 2020 May 21, 2020 Governance Committee meeting COMPLETED June 1, 2020 Quality Committee September 14, 2020 Quality Committee June 18, 2020 September 24, 2020
To look at By-law review to change first year for new Board members to be a 1-year term as a probationary period.	C. Coulter	June 18, 2020 September 24, 2020

Item	Individual Responsible	Status
Skills Matrix Review	C. Coulter	May 21, 2020 October 13, 2020 Governance Committee meeting December 17, 2020
Governance Committee to recommend appointment of New Board member	C. Coulter	Vacancy 1 - June 18, 2020 Vacancy 2 - September 24, 2020
The matter of the EHR report to be left with R. Bhatla and L. Leikin to consider how this should be reported in the future (MAC/Quality Committee).	R. Bhatla L. Leikin	
To change the language in Appendix 3: Action Plans of the Integrated Risk Management Framework to 'actions in place', rather than 'controls in place'.	J. Lambley	COMPLETED
December 12, 2019		
Strategic Plan Update (Standing item)	J. Lambley J. Bezzubetz	ONGOING June 18, 2020
To schedule a future presentation on guidelines used for Foundation donors.	M. Bellman	COMPLETED March 26, 2020 See above
The Board requested an educational session on what an REB is and how it works, in order to learn more about the questions they need to be asking.	F. Dzierszinski	COMPLETED February 20, 2020
Joint Oversight/Liaison Committee: To meet to look at how to effectively work with all three Boards (it is important to do that after they talk with the University). They will then come up with a schedule of when that might occur and schedule a special workshop. When the time is right, feedback will be provided to the Board.	J. Lambley J. Bezzubetz	IN PROGRESS
S. McLean to come back to the next meeting to report on the meeting with S. Clark. It was noted that at some point this will need to go to the Finance Committee.	S. McLean	COMPLETED C. Crocker reported February 20, 2020
The process document for the President & CEO and Chief of Staff/Psychiatrist-in-Chief's Performance Evaluation needs to return to the Governance Committee at their next meeting on January 23, 2020 for further discussion.	Governance Committee	COMPLETED January 23, 2020 Governance Committee February 20, 2020 Board meeting
September 26, 2019		
S. McLean requested a standing agenda item regarding the redevelopment of the Brockville site. It was agreed he could have five minutes at each meeting. (Standing item)	P. Robb to add to future agendas	ONGOING June 18, 2020 September 24, 2020
The Board was asked what they needed to carry on today's key conversations (Communications Advocacy). Following the meeting a survey will be sent to Trustees by P. Robb and all are encouraged to respond.	P. Robb	COMPLETED
Trustees requested that some key messages be drafted on what would be helpful for them to communicate to their circles.	K. Monaghan	IN PROGRESS
To send P. Blier's two-page report to Trustees	P. Robb	COMPLETED
June 20, 2019		
Accreditation to be added to September 26, 2019 agenda	K. Lepinskie P. Robb	COMPLETED September 26, 2019
A copy of J. Charette's follow up report on off-line discussions will be sent out and is to be discussed at a future restricted meeting	P. Robb	COMPLETED

Item	Individual Responsible	Status
To send typo change on Harassment-Free Policy to S. Sibbit for correction	P. Robb	COMPLETED
To set up a Board meeting for a presentation by S. McLean regarding the President & CEO and Chief of Staff's performance review process.	S. McLean P. Robb	COMPLETED August 8, 2019
March 28, 2019		
To send the Skills Matrix to all Trustees to be updated as needed.	P. Robb	COMPLETED
To send an updated meeting request for the 2019 Board Development days to show the end time of 3:30 p.m. instead of 1:30 p.m.	P. Robb	COMPLETED
Once a final date and time are known for governance discussion with one of the accreditors, an updated meeting request will be sent to all Trustees.	P. Robb K. Lepinskie	COMPLETED [Meeting scheduled on October 7]
Add indigenous training to the list of required training for Trustees.	P. Robb	COMPLETED October 31, 2019 COMPLETED Add a catered meal on December 12, 2019 (include vegetarian option)
Add J. MacRae to next meeting as Innovation speaker.	P. Robb	COMPLETED June 20, 2019 deferred September 26, 2019 deferred December 12, 2019 deferred February 20, 2020
To hold an education session with HIROC so Board members understand the risks.	P. Robb	COMPLETED September 26, 2019
Add to agenda a regular update on the Foundation Campaign.	P. Robb	ONGOING June 18, 2020

Update from Centre of Excellence – PTSD and Related Mental Health Conditions

Dr. Patrick Smith

President &CEO

To

ROHCG – Board of Trustees: June 18th, 2020

Several postings and interviews for staff positions were completed in late February and early March before COVID-related changes to working from home. A few additional postings and recruitments have occurred virtually as well. Since the beginning of April, we have onboarded an additional 12 staff bringing the total to 17 – all working remotely from their home offices.

Over the past few months, we have been actively engaged in research and knowledge exchange partnerships across Canada and internationally. We continue to be the lead in Canada in coordinating Canada's involvement in the international consortium to develop the Moral Injury Outcome Scale, lead out of Boston University. We submitted our IRB proposal this month.

While the team is involved in several research initiatives locally, nationally and internationally, I want to highlight one example that is very timely. Around the world, health professionals and decision makers have recognized that healthcare workers are faced with moral stress and dilemmas due to COVID. This pandemic and changes in work practice has caused many to pursue new ways of working and delivering healthcare. Pursuit of virtual care pathways is one of the innovations that has proliferated around the world, out of necessity. While this era has given rise to innovation, it has also been challenging. One universal theme that has been observed is that our health care workforce, from front line clinicians, to middle and senior management, to CEO's and Board Directors have experienced unprecedented challenges and dilemmas. Many are forecasting and predicting higher rates of PTSD and Moral Injury in our healthcare and first responder workforce as a result of these experiences.

We have partnered with The Phoenix Centre for Post Traumatic Mental Health in Australia on three priority areas. The first priority for us was to do a rapid knowledge synthesis of Moral Injury research and the development of a moral injury guide for healthcare workers. Moral Injury is a construct first contextualized within the military and Veterans population and has gained considerable traction and momentum. Taking the opportunity to better understand the experiences of healthcare workers and first responders during COVID through this lens has been identified as an international priority. For us, we recognize that Veterans Peer Support workers and Family Peer Support workers are part of that front-line workforce, whether voluntary or paid. Unlike healthcare workers in larger hospitals and healthcare settings, these workers don't usually have access to robust infrastructure to support their needs as workers. This Moral Injury Guide reviews supports and recommendations at the individual, team, and organization level. Our knowledge mobilization plans – how we want to make sure the guide

has optimal impact – will prioritize Veterans Peer workers and Family Peer workers as well as healthcare providers who serve Veterans and their families. Our current collaborative project co-lead by VETS Canada to map peer support services across Canada will provide a platform for us to collaboratively co-design the best way to utilize the guide and the information for front-line peer workers. The guide will be launched in both official languages within the next few weeks.

A key message is that there is much employers/organizations can do to mitigate against PTSD and Moral Injury for their workers. As noted, many have observed and predicted higher rates of these issues amongst healthcare workers because of their challenging experiences during this pandemic. Many have begun to set up “surge response services” to meet the needs that are expected. But rather than sitting back and identifying those with challenges and setting up services to treat them, we are emphasizing the opportunity and responsibility for organizations to respond in ways that mitigate the numbers of workers who develop these serious challenges. An organization may not be able to prevent their workers from being exposed to traumatic events during COVID, but the way they communicate openly to their staff, the way they make space for open dialogue and debriefing opportunities throughout these challenging times, and the way workers see that their senior leadership understands their challenges and “has their backs” will likely play the most critical role in lowering the numbers of workers who experience traumatic or morally injurious incidents that go on to develop PTSD or Moral Injury. For us, our guide is a “call to action” to support hospitals, clinics, and community service organizations to step up and do their part in preventing high rates of these serious outcomes for their staff.

We want to acknowledge our observations of how Joanne and the senior team at The Royal have performed throughout the pandemic. When we look at the literature on the various things organizations can do to support their people through these challenging times, the senior team at The Royal, from our perspective through the lens of the Moral Injury Guide, has performed Best In Class! Even without the guide, Joanne and her team have instinctively done all the right things to keep services for clients and their families front and centre while also supporting staff. We believe honest and transparent communication about what we know and even what we don’t has played a crucial role. We also know that the Ottawa Region, with the leadership of The Royal, has been a “stand-out” in exemplifying opportunities for regional collaboration. We and others have observed the “Hospital Without Walls” philosophy leap from the written page into action.



		MINUTES ROYAL OTTAWA HEALTH CARE GROUP QUALITY COMMITTEE June 1, 2020, at 4:30 p.m. <i>via Zoom (details in calendar)</i>			
Present		Regrets	Present	Regrets	Observer(s)
L. Leikin, Chair D. Somppi, Vice Chair I. Levy A. Graham, Chair of Board <i>Non-voting members:</i> G. O'Hara, Chair, Client Advisory Council M. Langlois, Chair, Family Advisory Council <i>Ex-officio members:</i> J. Bezzubetz, President & CEO E. Millar, Chief Nursing Executive R. Bhatla, Chief of Staff/Psychiatrist in Chief L. McMurray, Secretary, Medical Staff		J. MacRae J. Gallant E. Deacon	C. Crocker D. Simpson S. Farrell J. Desrochers A. Bouchard F. Dzierszinski B. Pryer M. Cardinal (<i>on behalf of J. Lambley</i>) RECORDER: P. Robb	J. Lambley	P. Sedge
#	ITEM	REFERENCE		ACTION ITEMS	
1.	CALL TO ORDER WELCOME & INTRODUCTIONS	L. Leikin, Chair, called the meeting to order at 4:34 p.m. and declared it to have been regularly called and properly constituted for the transaction of business.			
2.	AGENDA AND PREVIOUS MINUTES	a) Acceptance of Agenda			
		Moved by D. Somppi and seconded by A. Graham BE IT RESOLVED THAT the agenda of June 1, 2020 be accepted as presented. <p style="text-align: right;">CARRIED</p>			
		b) Approval of Previous Minutes			
		Moved by D. Somppi and seconded by A. Graham BE IT RESOLVED THAT the minutes of March 5, 2020 be approved as presented. <p style="text-align: right;">CARRIED</p>			
3.	COVID-19 UPDATE	High-level Overview of Operational Changes that Impact Patient Care – R. Bhatla			
		The purpose of this item was to share what impacts the pandemic has had on clinical business as it relates to quality of care at the Royal. S. Farrell was asked to provide the update as follows: - As of last week the C-Prompt Clinic has had 510 referrals. 80% were from primary care practitioners			

		<p>with many patients having moderate to severe depression and anxiety. 95% of services have been provided by virtual care, which ties in to a hospital without walls. Staff in the clinic are primarily part-time as well as working in other practices</p> <ul style="list-style-type: none"> - Work is being done with regional partners regarding surge beds. There is a containment unit at The Royal for Covid-19 positive patients, which remains empty - Behavioural support consultation teams have also switched to virtual care. In retirement homes and small hospitals there have been 600 consults since March 13, 2020 - There are also three sites set up for patients who receive a long-lasting injectable - Most programs have transferred a significant amount of care to virtual care. When we resume services some will remain as virtual and others will be in person, but this will be evaluated <p>The floor was opened for questions and comments. The Chair of the Family Advisory Council, thanked The Royal for its responsiveness to the community through C-Prompt, the i-Phone initiative for patients and the Morale Booster Committee, which was seen as a positive initiative for patients and families. The Family Advisory Council had an enquiry from an emergency response perspective about engagement for families and whether it would consider engaging them earlier in the process and S. Farrell will connect offline on engagement opportunities.</p> <p>An update on the support being provided to the Madonna LTC facility was provided by S. Farrell, E. Millar, C. Crocker and J. Bezzubetz as follows:</p> <ul style="list-style-type: none"> - The Madonna facility is a red zone with a high-risk level of Covid-19 infections. A team of volunteers (across many disciplines) was deployed and have been actively involved since May in a variety of tasks. N. Lesiuk and C. Cumming are the managers with oversight over this initiative - The Royal is working closely with CHEO in terms of an exit strategy and will transition out on Friday. The purpose for being there was to be a bridge and provide them with skills that can be sustained once the team leaves. The region provided a comprehensive framework so we can successfully exit later this week. A transition plan will be submitted tomorrow. Originally there were 18-20 volunteers, but that is now down to five (four nurses and one IPAC person) - A conference call with Madonna was held today and they are having increased success in hiring additional staff. Staffing has been difficult because of the amount 	
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		<p>of deaths and cases with patients and staff. There is still some significant issues around that organization to get it to a normal state</p> <ul style="list-style-type: none"> - The experience with Madonna has proven to be challenging. In particular, it was a very different environment for CHEO. Since The Royal has an LTC we are familiar with the regulations and standards of these facilities. The cases in the home were quite rattling to staff - Sienna operates this facility and we are working with them as partners and trying to help them to get where they need to be - Ottawa Public Health (OPH) has been conducting regular reviews of LTC facilities and our staff will have an opportunity to provide feedback - The Royal's Joint Health & Safety Committee are also going in because our staff are the responsibility of The Royal. There are many eyes on LTC facilities at this time <p>The Committee expressed appreciation for the staff who volunteered to support this facility. They all deserve thanks and admiration for what they have done.</p> <p><i>I. Levy joined the meeting at 5 p.m. Quorum was already established and maintained.</i></p>	
<p>4.</p>	<p>OCCUPATIONAL HEALTH & SAFETY REPORT</p>	<p>Covid-19 Impact on Patient Safety and Clinical Care – C. Crocker</p>	
		<p>The Occupational Health & Safety report was included in the meeting package. This report is normally found in the Consent Agenda, but was removed so the Committee could better understand the Covid-19 impact on patient safety and clinical care.</p> <p>The following report was made:</p> <ul style="list-style-type: none"> - Two staff members have tested positive, but they were mild cases. Of the 18 staff members who volunteered to go to the Madonna facility, two employees contracted Covid-19, but they were mild cases. They were both off work, but one has since returned and the other person is going through the process. The only other case was in the STU, but it was not a Royal staff member and there were no other cases in patients and other staff - The Joint Health & Safety Committee has been very active. They were originally meeting 5 days a week, but they transitioned to 3 days and are now meeting 2 days a week. Generally, the members have done a great job of bringing things to the attention of management and have conducted many risk assessments. They also went to Madonna along with 	

		<p>CHEO to do a risk assessment and have brought forward items from that</p> <ul style="list-style-type: none"> - There are currently about 280 staff working from home. From this experience, we have found that many of our jobs can effectively be done from home with the technology we are using, which has held up remarkably well. The bandwidth has been doubled and security requirements have not been relaxed. There are two things being heard from employees: the majority like it, but a minority miss the social interaction of the work place. We will be going through a process looking at the positions we have and making a determination as to who can work from home. Some may come in for a few days and work from home the other days. Working from home also works well for physical distancing requirements. There is ongoing support from managers to employees who are working from home and they are in regular contact. Now that we are looking at this on a more permanent basis, Occupational Health is dealing with benchmarks and processes to ensure there is appropriate space at home and that it is ergonomically set up. This will be a priority for them. Occupational health nurses are also busy following individuals who are sick and the Booster group is active as well <p>Discussion followed the report. A question was raised about work computers that do not have cameras. Going forward the specs will be changed and every computer ordered will have a camera.</p> <p>All staff have access to a mask when they are screened into the building, but it was observed that not all staff are wearing masks and some are not physical distancing. The message is being reinforced on a regular basis and is improving.</p> <p>An update was also provided on the supply chain for PPE. Organizationally, the main categories are hand wash, gowns, masks and face shields. The Royal has a good supply of everything except N95 1870+ masks. They are in short supply across the province. Since we are part of a regional distribution system, once stocks are low and we are not able to buy supplies, we can go to the regional supply and if they are out we can ask the province. We also have N95 masks that have been expired for several years. We have Ministry approval to use these as procedure masks if required. Currently there is a good supply of procedure masks in the system.</p> <p>The Committee thanked C. Crocker for the update.</p>	
5.	INTEGRATED RISK	Integrated Risk Management Framework (IRMF) (Quarterly) – C. Crocker; J. Lambley	

	MANAGEMENT FRAMEWORK		
		<p>C. Crocker noted that the categories on the IRMF are consistent with the report seen last quarter for high risks, with the addition of one new category for Covid-19. The main change in the report is that the updates are more detailed. A copy of the IRMF was included in the meeting package.</p> <p>Discussion ensued. A question was raised about the adverse events reported on Appendix 2, which included suicide and was marked as high. The Committee wanted to know how the rating changed and what went into it. It was noted that very high and high are very serious from a risk management point of view and must have a mitigation strategy. There was also a question about the incident review and whether there is a suicide audit that is separate from this review. It was confirmed that that is all part of the incident review. Numbers are not high, but we have now started to break out different types of causes of death and are tracking those on a run chart to see if anything pops out in an increased trend or shift. The Committee was encouraged to hear that suicide was being looked at separately.</p> <p>Moved by I. Levy and seconded by D. Somppi</p> <p>BE IT RESOLVED THAT the <i>Integrated Risk Management Framework</i> be accepted as presented and brought forward to the next Board of Trustees meeting for approval.</p> <p style="text-align: center;">CARRIED</p>	
6.	PRESENTATION	<p>Suicide Prevention Presentation (abbreviated) – R. Bhatla; B. Pryer</p>	
		<p>The focus of this presentation was on context, goals and objectives, with a few key knowledge points. The game plan and strategy will be Part 2 at the next in-person meeting.</p> <p>R. Bhatla then presented to the Committee. As an organization, there are two elements of the strategy and we are also looking at a broader strategy in the community. The Royal has been involved with Suicide Prevention Ottawa in partnership with Ottawa Public Health. Meetings will resume this week as they were stopped due to Covid-19. This will be an opportunity to look at strategies in the region.</p> <p>It is appropriate that work will start again as there have been some concerns that there will be increased risk based on the pandemic as many individuals may have employment stresses and loneliness, which can cause an uptick. There is data on this from the pandemic of 100 years ago and more recently from SARs. This needs to be looked at from</p>	

		<p>a community perspective. From an organization perspective, we have a commitment that we can compare data and have conversations with our peers (Ontario Shores, Waypoint and CAMH).</p> <p>A case in point by Dr. Coffey was noted, which started out as a perfect depression care and made a remarkable change in completed suicides in a small HMO. There was a heavy focus on decreased access to lethal means (gun control etc.) and they were able to bring it down remarkably well.</p> <p>When it comes to The Royal, we have an opportunity to look at how we can do better. The other opportunity is to look at really good care for depression (clinical pathways). We can do some comparisons with our peers to look at what they do well. One of the advantages at The Royal is our facility was built with suicide prevention in mind and is relatively suicide safe.</p> <p>B. Pryer was then invited to provide information on suicide as it relates to the EHR. She noted that the partnership with Ontario Shores and Waypoint has had a positive impact on The Royal.</p> <p>Prior to The Royal joining this group, they standardized using NGASR (Nursing Global Assessment of Suicidal Risk Scale). At the time the Royal was utilizing Step 1 and Step 2 assessment tools derived from the Tidal Nursing Model, but these tools were not validated. We also looked at what our regional peers such as TOH and the Queensway Carleton Hospitals were using and found they were using the Columbia tool, which assesses for suicidal ideation and behaviours. Within our EHR Partnership, the Royal was initially alone in trialling the Columbia with Ontario Shores and Waypoint continuing to use the NGASR. A subsequent joint review requested by Executive Sponsors of the Partnership to move towards greater standardization, found Ontario Shores willingly adopting the Columbia set of tools – the Screener version and the Lifetime/Recent version. The underlying rationale for using the Columbia is that it supports a discussion with the patient and clinical assessment is gold standard in determining suicide risk, and not just relying on a tool. Outcomes of the use of the Columbia tools is brought to the team for discussion and the identification of individualized interventions. With the patient the clinical staff identify a safety plan, the outcome is communicated with the physician and team members and a goal within the Recovery Plan of Care is determined. This working group was tasked to be completed by March 31, but was completed by March 24. We are looking forward to evaluating the uptake of the Columbia set of tools.</p>	
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		<p>A robust discussion followed with questions, answers and comments made:</p> <ul style="list-style-type: none">- The strategy is based on prevention rather than reaction, but there are still cases where suicide happens. This was jarring to read in the meeting package, but it does not reflect how many suicides have been prevented. Would be interested to know if over time we can demonstrate between what happens clinically and risk or actual suicide and if strong correlations can be drawn- Questions were raised about implementation against targets and goals relating to the hospital without walls. What are we going to be monitoring, how frequently and who are we reporting to in order to satisfy ourselves that we are making headway in this? Why are we scoping ourselves in to our inpatients? What is our responsibility to the community?- If someone is on an inpatient unit, the physical layout helps prevent this. Outpatients are different and need to be separated out. As the biggest organization in the region, we need to be robustly involved in Suicide Prevention Ottawa- How do we set ourselves an appropriate timeline to know we are doing better? It was noted that for the first time we can share with Waypoint and Ontario Shores, but we need a fair amount of time and data to see if there are any trends. With our partners, there is now a good chance to have some discussion on this- At what point as we head into strategic planning, questioning our role in the region and community and as we contemplate some of barriers, is this a moment for us to think a little more broadly and provocatively and drive a conversation if an individual in crisis shows up in emergency or calls a community crisis line, will they get the help they need? Should we make this the issue of the strategic plan for the next five years? This organization will drive the conversation in this region about suicide. Are we ready to do that? Do we need an emergency room where people can be cared for? Do we have the wherewithal to provoke that conversation?- Is the strategy to make sure people get the care they need (evidence based), or do we want zero suicide or a combination of both? We want people to get great care (marginalized populations), but do not want a strategy where we shy away from clientele at high risk. If we are afraid of suicide, we would have to stay away from certain groups. People in the	
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		<p>community deserve great care, which is a better strategy</p> <ul style="list-style-type: none"> - There were some critical incidents identified in the patient safety report, including death and two of them talked about suicide. One person attempted to seek care, but it didn't happen and in the other case an assessment was done just before the suicide happened. - It was noted that suicide risk assessments have shown no evidence that they decrease the numbers of suicides. There is a lot of debate on what suicide risk assessment is. There is none that say use this and it will change your outcome. We use the most evidence-based assessment. Risk assessment does not always change the outcome. If it works, you cannot measure what may have been prevented. The only good evidence-based prevention for suicide is ECT and Lithium and esketamine. According to the evidence, we know these two treatments make a difference. What would the Royal's strategy look like in the context of our community? It is no coincidence that the co-chairs of Suicide Prevention Ottawa are from Ottawa Public Health and The Royal. - The two suicides were in the SUCD program. Is there something we can target in that particular program? That could be something to look at. The fact that this is a vulnerable population, perhaps there is something we can be doing. Who were the other partners in this situation? When people are linked with other organizations, we can share findings or have a joint review on what could be done differently - What would our strategy look like if we were making a difference? What would it look like for our city? Does The Royal identify targets for itself and participate in the community (joint planning)? How can we make a difference in our community and what measures do we have under our control to inform a useful strategy? We should try to identify some targets through excellence in care - A comment was made that when a suicide risk assessment is done in the current EMR, there is a worry that it lurks in the system that someone has done it, but it does not get flagged. It would be good to build in a process whereby if someone is identified, it should be flagged and brought to the physician's attention <p>R. Bhatla and B. Pryer were thanked for their presentation. The Committee looks forward to the next iteration of this presentation in the not too distant future.</p>	<p>R. Bhatla</p>
7.	DECISION/	a) Corporate Patient Safety Quarterly Report –	

INFORMATION ITEMS		<p>R. Bhatla; D. Simpson</p> <p>- Recommendations from Quality of Care Reviews</p>	
		<p>The Corporate Patient Safety Quarterly Report was included in the meeting package. D. Simpson reported that the one place where special cause variation was noticed was for medication incidents. We have a better way to track it now, which may have contributed to the new numbers. The Director of Pharmacy reviews incidents and we are also asking the corporate Quality Committee to look at how to lower those across the organization.</p> <p>It was seen by the Committee as a positive thing when near misses are reported and responded to and it was noted that we may see near misses again in the upcoming year because of the pharmacy audit held in April, but it should decrease in the next report.</p> <p>The Committee also wanted to know if there has been any progress made on getting normative data on threats etc. This is something we can continue to look at and will be reported through the MHAQI report, but it is coming.</p> <p>Moved by D. Somppi and seconded by I. Levy</p> <p>BE IT RESOLVED THAT the <i>Corporate Patient Safety Quarterly Report</i> be accepted as presented and brought forward to the next Board of Trustees meeting for information.</p> <p style="text-align: right;">CARRIED</p>	
		<p>b) Annual French Language Report – C. Crocker; A. Bouchard</p>	
		<p>This is an annual report on the provision of French Language Services within the ROHCG and to recommend changes as required. A copy of the report was included in the meeting package.</p> <p>A. Bouchard reported on this item as follows:</p> <ul style="list-style-type: none"> - Our completion of conformity requirements has increased from last year with only seven outstanding left - There have been some increases in recruitment, which is slowly starting to come up. It is the same with the physician levels. The uptake on training is also up - Outstanding conformity requirements in statement describing Board to have contracts signed with third parties and mechanisms for complaints. These are items we will continue to work on in coming years. It was noted that the report has to submitted by April 30 of next year. <p>A brief discussion followed.</p>	

		<p>Moved by A. Graham and seconded by D. Somppi</p> <p>BE IT RESOLVED THAT the <i>French Language Report</i> be accepted as presented and brought forward to the next Board of Trustees meeting for consideration for approval.</p> <p style="text-align: center;">CARRIED</p>	
		<p>c) Research Ethics Board – F. Dzierszinski</p>	
		<p>As per the materials provided in the meeting package (REB Terms of Reference, including fiduciary/oversight responsibility of the Board), F. Dzierszinski was asked to provide a briefing to the Committee:</p> <ul style="list-style-type: none"> - All research taking place at The Royal is required to have a review in terms of research ethics. There are also needs for compliance related to funding that supports research projects - In all academic institutions, the REB reports to the highest governing body, i.e. Board of Trustees. It has a chair and a vice chair and a number of members with complementary expertise (clinical, psychology, psychiatry, brain imaging, community etc.). - Earlier this year, the Board approved the Terms of Reference with a request to revise the process for the Chair. Proposing a mechanism by which risk is managed and there is a vetting process when it comes to the Board so that everything has been looked at - Under the proposed mechanisms, these applications will be reviewed by the senior management team and recommended to the Quality Committee and then it will go to the Board for final approval. The annual reporting of the Chair is the same - It is a heavy workload and typically the Chair serves three terms to ensure flow between management and the Board - The REB typically has about 10-15 members <p>Following the report there was discussion. The Committee questioned the concept that the REB reports to the Board, but people who are not on the Board are responsible for the performance evaluation of the Chair. This should be the Board's responsibility, with advice from senior staff. F. Dzierszinski will propose other language to provide more clarity for item 4.4. It was recommended that 'then approved by the Board' should also be added.</p> <p>The actual work is done by management and then it is reviewed and ratified by the Board as is done in other organizations. Ideally, it would be good for the Board to have a meeting with the Chair of REB, the same as they do for the CEO and Chief of Staff. If that person is reporting to the Board, the Board should be part of the process. One</p>	<p>F. Dzierszinski</p>

		<p>difference noted was that the Chair of the REB is not an employee of the Board. The Chair could be in any number of positions reporting to President/VP or to the clinical side.</p> <p>The evaluation is seen as an annual process, then a report is made to the Quality Committee. There was a bit of confusion about what the Quality Committee is expected to govern, or do they just receive and approve. The REB reports quarterly to the Board in the Consent Agenda. The Board is presented with a list of studies that have been reviewed and approved by the REB. Metrics are provided in terms of clients and family involvement in research studies and it will indicate whether clients are Royal clients. Also a report is provided on any preventive or mitigation measures implemented.</p> <p>F. Dzierszinski was thanked for her report.</p>	
		d) Quality Updates – R. Bhatla; D. Simpson	
		i. QIP Quarterly Update	
		<p>This item is normally found in the Consent Agenda, but was removed so the Committee could have discussion. A copy of the Q4 update was included in the meeting package.</p> <p>Three items remain in red: medication reconciliation, outpatients, patient discharge summaries sent to primary care providers within 48 hours of discharge, and worsening bladder control. In planning for 2020-2021, medication reconciliation remains as an indicator. The discharge summary piece is also a key component that is ongoing.</p> <p>Word was received in March that we do not need to formally submit to Health Quality Ontario as it was extended to May, and then in April we were told we will get further direction. In the meantime we have not formally submitted it. We will receive more direction on what we need to submit and then will have an internal discussion on how we move forward with the QIP this year.</p>	
		ii. Accreditation Readiness Model	
		No report	
		iii. Quality Framework	
		This item was deferred until the next meeting. It was noted that there is a proposed framework now, which has gone through the process.	R. Bhatla
		iv. Quadruple Aim Domains	
		No report	
		e) Annual Client and Family Report – J. Desrochers	
		A copy of the Annual Client and Family report was included in the meeting package. J. Desrochers reported as follows:	

		<ul style="list-style-type: none"> - There are three separate sets of data. The total number of concerns has decreased, but this may be due to a new system. It does not reflect that staff are not dealing with issues, but they may not know how to indicate this in the system. Despite noted areas of improvement, overall, clients find the services at The Royal are of high quality. There are almost equal numbers of concerns from families as there are from clients. - Some things did not happen because of Covid-19, such as the client survey. It would be preferable not to wait until September for this, but there is the issue of crossing paths with people so it is not easy with physical distancing. We are doing our best to try to get that going and will have to work with staff on how to proceed. It was noted that CHEO does family surveys by email which is something we can learn from. <p>The Committee thanked J. Desrochers for her report and look forward to seeing that continue as it is important data for all of us.</p>	
8.	CONSENT AGENDA	a) Strategic Plan – Quality Indicators – J. Lambley	
		b) Mental Health & Addictions Quality Initiative Comparison Scorecard – M. Webb	
		<p>Moved by I. Levy and seconded by D. Somppi</p> <p>BE IT RESOLVED THAT the Consent Agenda, including the items outlined therein, be accepted, as presented.</p> <p style="text-align: center;">CARRIED</p> <p>There were no items removed from the Consent Agenda:</p> <ul style="list-style-type: none"> - Strategic Plan – Quality Indicators - Mental Health & Addictions Quality Initiative Comparison Scorecard 	
9.	ADJOURNMENT	Next meeting: September 14, 2020	
		There being no further business, the meeting was adjourned at 6:46 p.m.	

L. Leikin
Chair

J. Bezzubetz
Secretary, Board of Trustees

Quality Meeting Action Items

Item #	Action Item	Individual Responsible	Status
	June 1, 2020		
1.	The next iteration of the Suicide Prevention presentation will be scheduled for the next meeting.	R. Bhatla	September 14, 2020
2.	F. Dzierszinski will propose other language to provide more clarity for item 4.4 of the REB Terms of Reference. It was also recommended that 'then approved by the Board' should also be added.	F. Dzierszinski	September 14, 2020
3.	To add Quality Framework to the agenda for discussion at the next meeting.	R. Bhatla	September 14, 2020
	Moved from March 10, 2020 Governance Committee		
4.	To do more work regarding the REB Board and Chair terms and come back to the Board with some recommendations. To work on the objectives that the REB Chair performance evaluation will be measured against and bring back to this Committee. The objectives will be based on the Terms of Reference.	J. Bezzubetz F. Dzierszinski	March 26, 2020 May 21, 2020 no meeting due to Covid IN PROGRESS June 1, 2020 (See above)
	March 5, 2020		
5.	To update language on the 2020-2021 Quality Improvement Work Plan as amended in minutes above.	D. Simpson F. Dzierszinski (for indicator #1)	COMPLETED Before end of March 2020
	February 4, 2020		
6.	To present at the next Committee meeting on the corporate suicide strategy.	R. Bhatla	COMPLETED June 1, 2020
7.	The Committee remains interested in identifying patient safety trends, as well as tolerance levels for safety indicators. It was agreed that patient safety monitoring has been satisfactory, but further attention is required to develop standards and tolerance levels with indicators. Comparisons of the Royal's patient safety data with relevant population norms and other hospitals, and program specific examination of safety data, is necessary in order to fully assess Royal patient safety and to create thresholds for tolerance. This exercise will be scheduled after the Quality Improvement Plan has been completed.	D. Simpson	
8.	The matter of assessing improved patient access to clinical research was raised. A recommendation that the indicator measure the percentage of patients (of total Royal population) instead of measuring the number of projects, makes for a more	S. Farrell	

	direct and meaningful examination of improved access to research for Royal patients. While examining the number of clinical research projects is of interest to the IMHR scope, the more pressing matter is improving the actual number of Royal patients able to directly access and benefit from research. The proposed indicator measures the scope of clinical to overall research, rather than the number of patients involved in research. Dr. S. Farrell was asked to re-visit this issue for clarification in order to capture the original intent of the research access issue		
9.	To revise language in QIP to review at special teleconference meeting on March 5, 2020. The QIP will be finalized and presented to the Board at its March meeting for approval in order to satisfy the HQO April submission deadline.	D. Simpson D. Simpson	COMPLETED March 5, 2020 Board of Trustees on March 26, 2020
10.	At the last Committee meeting it was noted that the IRMF process for risk inclusion, exclusion and assessment was to be brought to the Senior Management Team in January to be formalized. This was deferred as more training was needed on the portal. This item will be reported on at the next meeting.	J. Lambley	June 1, 2020
	December 2, 2019		
11.	Corporate Patient Safety Report - The Committee expressed interest in better understanding the Royal's role and communication pathways of shared care and inter-agency coordination with its high risk patients, and requested a briefing on any follow up with partners on this issue.	D. Simpson R. Bhatla	COMPLETED February 4, 2020
12.	Quality Improvement Plan - The Committee agreed that in order to meet the reporting and filing deadline with HQO, the QIP will need to be approved at the next meeting in early February. In order to review it before that time and to vote, it was agreed to hold a special teleconference to be scheduled in mid to late January, for final discussion. Committee members will be contacted to canvass for dates and schedule the call.	P. Robb	IN PROGRESS COMPLETED Review at February 4, 2020 meeting Special teleconference in March 2020 to approve Annual QIP
13.	The IRMF process for risk inclusion, exclusion and assessment will be brought to SMT in January to formalize. It was requested that once formalized, the process should come back to this Committee for consideration and to close the feedback loop.	J. Lambley	COMPLETED February 4, 2020
14.	The Committee agreed to the motion accepting the IRMF, with the recommendation that the impact for suicide be adjusted as high.	J. Lambley	COMPLETED February 4, 2020 The recommended change will be

			made in the next iteration of the report
15.	The importance of moving the organization's suicide strategy will be put on the next meeting agenda as a presentation.	L. Leikin R. Bhatla P. Robb	COMPLETED June 1, 2020
	November 4, 2019		
16.	The Quality Committee Terms of Reference will be sent back to the Governance Committee to bring to the Board of Trustees in February for final approval.	P. Robb	COMPLETED January 23, 2020 Governance Committee COMPLETED February 20, 2020 Board of Trustees meeting
17.	The full comments by Committee members on the generative discussions on the QIP were captured by K. Lepinskie and will be provided to D. Simpson and her team, who will translate them into themes and determine how they can be measured. There will be a report back to the Committee on the progress of this process at the December Committee meeting by D. Simpson and a verbal report to the Board as part of the Quality Committee report.	K. Lepinskie D. Simpson P. Robb	COMPLETED December 2, 2019 Quality Committee meeting COMPLETED December 12, 2019 Board of Trustees meeting
	September 9, 2019		
18.	To add item on Assessing Individual Board Member Performance to the Governance Committee agenda	P. Robb	COMPLETED
19.	Questions relating to the Quality Committee Terms of Reference will be added to the next Governance Committee agenda	P. Robb	COMPLETED
20.	To bring the matter of the IRMF at both the Quality and Finance Committees to the Governance Committee for clarification	P. Robb	COMPLETED
21.	To put forward a proposal about increased meeting frequency for review by members	L. Leikin	COMPLETED

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2019-2020 – 52	Priority: Important
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DATE:	June 18, 2020
COMMITTEE:	Quality Committee
PRESENTER:	L. Leikin
SUBJECT:	Annual French Language Report

BACKGROUND INFORMATION:

The Royal strives to provide French language services for people dealing with mental illness. As a requirement under our Hospital Services Accountability Agreement (H-SAA) with the Champlain Local Health Integration Network (LHIN), we are required to bring this report forward to the Board of Trustees for approval prior to submission to the LHIN. The Quality Committee has reviewed the attached document and recommends that the Board consider approval of the report.

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT the 2019-2020 French Language Services Annual Report be approved, as presented.

Moved by:

Seconded by:

Motion approved:

2019 - 2020

French Language Services

a n n u a l r e p o r t

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Message from the President & CEO

I am pleased to present the 2019-2020 French Language Services Annual Report.

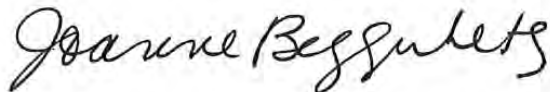
This report demonstrates the progression in implementing the Human Resources Designation Plan. The Plan incorporates The Royal's capacity to provide French Language Services and its compliance with the French Language Services Policy.

The Royal's Mission is to deliver excellence in specialized mental health care, advocacy, research and education and strive to offer the best care possible to people with complex mental illness in both official languages.

The organization has made a long-standing commitment of working in partnership with stakeholders in supporting the development and expansion of quality French language services to people residing in the Champlain and South Eastern Ontario regions.

The Royal's Board of Trustees vision is to have the Ottawa site fully designated under the French Language Services Act. To achieve this vision the Senior Management Team has set long-term goals for improving our current levels of service to French-speaking clients. Our Board of Trustees fully endorses the designation of additional programs currently under review by Le Réseau.

As President and CEO, I believe The Royal has a unique and important role to play in providing French Language Services across the region by serving the needs of our population through the enhancement of both the accessibility and quality of French language mental health services. We are committed to continued implementation of the French Language Service designation plan.



Joanne Bezzubetz President & CEO
Royal Ottawa Health Care Group

EXECUTIVE SUMMARY

The following is a summary of the French Language Services (FLS) data across programs and services at The Royal.

Overview of The Royal's Designation Status

Current Status

The Royal holds designation status for its Geriatric Program and in 2017 initiated a partial designation of eight (8) other programs indicated in Phase 1, with an updated submission sent in 2019. In early 2020 we received information on the partial designation and it identified that The Royal currently meets 27 of 34 compliance requirements. The Royal has committed, as an organization, to pursue full designation status of the Ottawa site. The French Language Services Committee is working with the French Language Health Services Network (Le Réseau) to identify the needs and priorities of the local francophone community. Francophones in the Champlain LHIN region account for 20.51% of the population and 17.66% for Ottawa only.

At present, 28% of The Royal's employees and 42.5% of our physicians are bilingual at the required level (A- to A+). 3% of employees are at B+ level and deemed possible that candidates can attain the required bilingual level (A-) with training, (a minimum of two semesters). 3.4% of employees are at B level and require a minimum of 2 to 3 years intensive training and private tutoring to attain the required bilingual level of (A-). The percentage of bilingual employees may be higher given that testing is mandatory for bilingual positions only. These numbers are consistent with French levels reported in 2018/2019.

Designation Criteria for French Language Services Established by the Ministry of Health

- Permanence and quality of services
- Guaranteed access to services in French (staff quota 24/7)
- Adequate representation of Francophones (Board of Trustees and management)
- Responsibility for French language services (accountability - through its Mission Statement, bylaws and policies)

Guidelines/ Policies that Guide The Royal in providing French Language Services

Internal

- Mission and Vision Statement
- Bylaws
- French Language Services Policy
- Quality Assurance
- Labour Impact such as Arbitration Awards and past practices

External

- Bill 8—the French Language Services Act
- Bill 36—Ontario Local Health Integration System Act 2006
- Ministry of Health & Long Term Care
- **Réseau des Services en français**, the planning entity for the Champlain and South East Local Health Integration Networks (LHINs) established in 2010
- The Office of Francophone Affairs
- Potential partnerships with Montfort Hospital and other community agencies that can focus on joint planning, models of shared-care and teaching opportunities
- Hospital Services Accountability Agreement

French Capacity Review

A review of The Royal's French capacity is part of the ongoing work being completed that focuses on meeting the designation criteria. The review adopts a three step approach i.e., gap analysis, determination of the uniqueness of service (type of positions, number of staff rotation schedule hours, etc.) and the development of the Human Resources (HR) Plan.

1. Gap Analysis	2. Determine Number of Designated Positions	3. Develop HR Plan
<p>Conduct a gap analysis between the number of employees meeting the linguistic profile of their position and the number of designated positions.</p>	<p>Determine the required number of designated positions by using the following criteria:</p> <ul style="list-style-type: none"> • Area • Type of position • Number of staff • Rotation schedule 	<p>Develop a strategy to reach the required level of bilingualism in the Unit, Program. This may include:</p> <ul style="list-style-type: none"> • Training for employees who are close to reaching the level required in the linguistic profile • Posting all future vacant positions as bilingualism required

PROPOSED PLAN—FRENCH LANGUAGE SERVICES

The Geriatrics Program was designated bilingual in 1991. Every 2 years we are required to submit an updated application to maintain this designation. Additionally, The Royal submitted a designation application for Phase 1, in 2016-2017, and an updated application in 2018-2019. These programs will not be approved for designation until the remaining 7 outstanding conformity requirements are completed.

<u>Phase 1</u>	<u>Percentage of Bilingual Employees</u>
• Family Court Clinic	60%
• Schizophrenia Outpatients	44%
• Youth Inpatients and Outpatient Programs	39%
• Communications	40%
• Switchboard Services	77%
• Legal Services	100%

Please note the Operational Stress Injury (OSI) Program provides all services in both official languages under the Federal Contract Program (44%).

The Royal continues to work at achieving designation status for the following programs:

<u>Phase 2 (for next submission)</u>	<u>Percentage of Bilingual Employees</u>
• Admitting	50%
• Central Intake – Patient Flow	71%
• ASU and SUCD Programs	30%
• Forensic Outpatients	44%
• Schizophrenia Inpatients	29%
• Schizophrenia ACTT (under CMHP)	58%

<u>Phase 3 – (under review)</u>	<u>Percentage of Bilingual Employees</u>
• Central Services	5%
• Forensic Inpatients Program	16%
• Mood Disorders & Anxiety Program	14%
• Recovery Program	27%
• Long Term Care (LTC) - Royal Ottawa Place	17%

In fiscal 2016/17 The Royal submitted a designation application for programs identified in Phase I as noted above, an updated submission was sent in 2018/2019. The status of our updated submission from Phase I was received in March 2020 which indicated that before the application can be recommended to the Board of Directors of the Network, we are required to submit a revised designation plan that satisfies all the conformity requirements. In 2018 we were advised about the 34 conformity requirements and to date we have implemented 27 of 34 conformity requirement. We will continue to work with Le Réseau on satisfying the remaining 7 conformity requirements. The outstanding conformity requirements are as follows:

- 1) The existence of a policy and committee on French language services;
- 2) A statement describing the responsibilities of the Board of Directors and the senior management team with respect to French language services;
- 3) A mechanism in place to determine clients' linguistic identity from the very first point of contact;
- 4) Contract signed with third parties contain a clause stating their obligations to offer French language services;
- 5) A mechanism, such as a survey or complaint process, is available in French and is clearly communicated to clients so that they can evaluate the quality of French language services offered;
- 6) Effective representation of Francophones among the senior management team;
- 7) Staffing of employees proficient in French,

Partnership in Recruitment and Retention

Recruitment and retention of qualified bilingual staff is an ongoing challenge faced by The Royal, other hospitals and community agencies. We continue to advertise on websites, social media sites, professional journals and are attending career fairs at universities and colleges with the focus to attract qualified bilingual candidates. We have also partnered with Le Réseau to advertise bilingual vacancies in both official languages.

Language Training

The Royal provides in-house French training sessions at the Ottawa campus. Participation in these sessions continues to rise. Courses are offered at both the beginner and intermediate levels and we continue to partner with the University of Ottawa Heart Institute French Language Training Centre and New Avenues Linguistic Services to provide additional French language training. In addition we continue to use the online language training Fluenz software, to have French courses available in the computer lab to meet the needs of employees working on various shifts. Staff identify they are very keen to use the self-initiated learning opportunity.

Future Insight

As the current employee population approaches retirement (40% eligible in 5 years), there is a continued need for bilingual specialized professionals. We continue with proactive practices, outlined through the Human Resources Plan, to fulfil its long-term goals of maintaining a stable bilingual workforce and its level of French language designation by, posting positions at Le Réseau, connecting with colleges that offer French programs and offering French language training for employees

PATIENT CENSUS AT A GLANCE

By Programs | Services – Language of Choice

Outpatient Services	FY 2016-2017			FY 2017-2018			FY 2018-2019			FY 2019-2020		
	Total Served	In French	%	Total Served	In French	%	Total Served	In French	%	Total Served	In French	%
ACTT – Bank Street	15	2	13.33	37	2	5.41	34	0	0	46	0	0
ACTT – Step Down	11	2	18.18	33	1	2.02	23	0	0	19	0	0
ACTT – Schizophrenia	22	0	0	6	0	0	14	0	0	25	0	0
CMHP – Dual Diagnosis	138	10	7.25	144	6	4.17	158	6	3.79	33	1	3.03
CMHP – Psychiatric Outreach	262	10	3.82	254	6	2.36	231	5	2.16	202	0	0
CMHP - RDDCT	NA	NA	NA	NA	NA	NA	NA	NA	NA	62	1	1.61
Consult Clinic	440	6	1.36	330	4	1.21	258	2	0.78	91	0	0
Central Intake	NA	NA	NA	NA	NA	NA	NA	NA	NA	76	1	1.31
Family Court	94	3	3.19	94	1	1.06	91	2	2.19	98	2	2.04
Forensic – Champlain	634	66	10.41	560	41	7.32	657	31	4.72	437	20	4.57
Forensic - Anger Clinic	NA	NA	NA	NA	NA	NA	NA	NA	NA	17	0	0
Forensic - Brief Assess.	NA	NA	NA	NA	NA	NA	NA	NA	NA	36	2	5.55
Geriatrics	1039	42	4.04	1245	37	2.97	1088	79	7.26	1139	40	3.51
Meadowcreek	143	0	0	NA	NA	NA	NA	NA	NA	NA	NA	NA
Mood and Anxiety	890	19	2.13	581	16	2.75	896	19	2.12	1465	38	2.59
Ontario Telehealth Network	326	2	0.61	501	4	0.8	415	9	2.17	551	21	3.81
Operational Stress Injury Clinic	336	55	16.37	477	55	11.53	546	44	8.05	546	46	8.42
Opioid Intervention	NA	NA	NA	NA	NA	NA	NA	NA	NA	9	0	0
Recovery	27	0	0	25	1	4	27	1	3.7	196	7	3.57
Schizophrenia	243	12	4.94	300	8	2.67	290	3	1.03	1752	52	2.96
Sleep Lab	1924	44	2.29	2042	52	2.55	1769	33	1.87	23	1	4.35
Structured Psychotherapy	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
SUCD	846	10	1.18	803	7	0.87	703	11	1.56	98	1	1.02
CDU				148	1	0.68	170	0	0	146	1	0.68
Addictions Outpatient	NA	NA	NA	NA	NA	NA	NA	NA	NA	534	4	0.75
Alcohol Med Intervention	NA	NA	NA	NA	NA	NA	NA	NA	NA	19	0	0
Youth ADTU				19	0	0	19	0	0	481	2	0.41
Youth Outpatient	313	12	3.83	359	6	1.67	364	5	1.37	31	0	0
Youth Partial Hospital	33	2	6.06	40	0	0	35	0	0	62	0	0
Youth Transitional Age	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Youth Outreach	1	0	0	NA	NA	NA	NA	NA	NA	46	0	0
Total	7803	298	3.82	7998	248	3.1	7808	250	3.2	8194	240	2.93

Inpatient Services	FY 2016-2017			FY 2017-2018			FY 2018-2019			FY 2019-2020		
	Total Served	In French	%	Total Served	In French	%	Total Served	In French	%	Total Served	In French	%
Concurrent Disorders	136	3	4.78	158	1	0.63	146	2	1.37	122	0	0
Crisis	197	15	7.61	168	4	2.38	148	5	3.38	45	4	8.89
Forensic Assessment	98	11	11.22	90	12	13.33	70	1	1.43	52	7	13.46
Geriatrics	225	12	5.33	232	14	6.03	224	14	6.25	211	9	4.26
Youth In Patient	85	1	1.18	90	0	0	73	0	0	45	0	0
Mood	61	2	3.28	42	0	0	44	1	2.27	73	4	5.48
Recovery	24	0	0	35	1	2.86	39	3	7.69	32	1	3.12
Schizophrenia	68	0	0	62	2	3.23	77	1	1.3	106	6	5.66
SUCD	201	6	2.99	234	4	1.71	291	4	1.37	282	2	0.71
Forensics Rehab	12	1	8.33	8	2	25	8	0	0	20	1	5
Total	1107	51	4.61	1119	40	3.57	1120	31	2.77	988	34	3.44

LANGUAGE STATISTICS FOR PHYSICIANS

There are 80 active physicians at the Royal Ottawa Mental Health Centre practicing across ten programs with 42.5% bilingual.

Program	FY 2016-2017		FY 2017-2018		FY 2018-2019		FY 2019-2020	
	Number of Physicians	Bilingual	Number of Physicians	Bilingual	Number of Physicians	Bilingual	Number of Physicians	Bilingual
Mood Anxiety Disorders Program	11	3	11	4	10	4	11	5
Forensic Program	12	7	13	5	15	7	15	7
Geriatrics Program	15	8	15	8	16	8	16	8
Schizophrenia Program	10	5	10	3	11	3	12	3
Substance Use & Concurrent Disorders	4	1	5	2	6	3	6	3
Youth Program	5	3	6	2	6	2	5	2
Community Mental Health Program	5	2	4	1	5	1	5	1
Operational Stress Injury Clinic	2	2	3	2	4	2	4	2
Sleep Medicine Clinic	4	1	4	1	3	1	3	1
Central Services					2	1	3	2
TOTAL	68	32	71	28	78	32	80	34

OTHER LANGUAGES OF CHOICE IDENTIFIED DURING ADMISSION

The following questions are asked during admission to identify language of choice and are captured in our ADT System:

1. Language
2. Interpreter needed
3. Preferred language E/F

The collection of this data has allowed us to track other languages of choice identified by our clients. The following languages have been identified by our clients across the organization:

	FY 2019-2020	
Other Language	Total Identified	%
Arabic	2	0.16
Dutch	7	0.56
English	1176	93.26
French	34	2.70
Inuktitut	3	0.24
Italian	1	0.08
Somali	1	0.08
Other/Unknown	37	2.93

The table below provides the number of employees within each program who are bilingual.

REVIEW OF BILINGUAL CAPACITY OF UNITS, PROGRAMS AND DEPARTMENTS (Ottawa Site)

Programs Services	Human Resources Plan FT and PT	Present Status as at		Comments
		March 31, 2018	Ongoing Recruitment	
Administration				
• Human Resources	3 positions	3 of 15 positions		
• Leadership Team	3 positions	1 of 4 positions		• 1 B
• Management-Directors	6 positions	2 of 14 positions		
• Legal Services	2 positions	3 of 3 positions		
• Nursing Administration	30% Float Team	8% Float Team 3 of 38		• 1 B+ • 3 B • 4 B-
• Pastoral Services	2 positions	2 of 2 positions – 100%		
Admitting	100%	2 of 3 positions - 67%	1 Vacancy: • Clerk	3 positions Identified A through attrition
Switchboard	100%	7 of 9 positions - 77% (100% days/evenings)		Nights covered by a level B staff – grandfathered.
Communications	4 positions	2 of 5 positions - 40%		Includes Director of
Foundation	3 positions	0 of 14 positions		• 1 B
• OSI Clinic Federal Program	50%	16 of 36 positions - 44%	3 Vacancies: • Psychologist • Secretary • RN	• 1 B+ • 1 B
Central Services • Venipuncture Lab • Radiology/ECG • Sleep Lab • Neuropsychology • ECT	10 of 18 positions	1 of 17 positions - 5 %		• Designate through attrition • 1 B+ • 1 B-

Programs Services	Human Resources Plan FT and PT	Present Status as at	
		March 31, 2018	Ongoing Recruitment
		Comments	
Forensic		17%	
• Family Court Clinic	3 of 5 positions	3 of 5 positions 60%	
Forensic Units: Inpatients Rehab	40%—min 1 per shift	12 of 72 positions 16%	1 Vacancy: • RN
• Forensic Units: Outpatients	40% - min 1 per shift	15 of 34 positions - 44% (27 FT and 7PT)	2 Vacancies: • Secretary • Psychologist
Geriatrics	Official Designation	49 of 121 positions – 40%	
• Day Hospital	100%	9 of 11 positions -81%	
• Inpatients	50%—min. 1 per shift 2 RPNs day/nights to ensure shift coverage 2 ward clerks	Nsg 28 FT and 35 PT – 22% Allied Health 7 of 10 positions 70% Includes • + 2 day/night bilingual RPN • 1 bilingual ward clerks • 3 bilingual secretaries	2 Vacancies: • PCA • Secretary
• Outpatients	4 of 6 clinical positions and 5 secretary positions	3 of 4 positions	
• BSO Outreach	9 of 18 positions	9 of 23 positions - 39%	2 Vacancies: • RN • BSO
Community Mental Health Programs		Overall 36%	2 Vacancies: • Social Worker
• Dual Diagnosis Consultation	6 of 8 positions 20 FT and 2 PT	7 of 22 positions – 31.8%	
• Psychiatric Crisis Outreach Team	4 of 12 positions	3 of 13 positions - 23%	
• Schizophrenia ACT Team	9 out of 13 positions - 70%	7 of 12 positions - 58%	
• Ottawa ACT Team and Step Down	1 secretary designated 16 FT and 2 PT	5 of 17 positions - 29%	

Programs Services	Human Resources Plan FT and PT	Present Status as at		
		March 31, 2018	Ongoing Recruitment	Comments
Mood Disorders & Anxiety		6 of 43 positions - 14%		
• Inpatients	40%— min. 1 per shift (16 FT and 12 PT)	3 of 28 positions - 11%	3 Vacancies: • 2 Secretaries • Social Worker	• 2 B-
• Outpatients	8 of 15 positions (13 FT and 2 PT)	3 of 13 positions 9 FT and 4 PT 23%		• 1 B
• Patient Flow Central	7 positions	5 of 7 positions - 71%		• 2 RN A+ • Secretary A-
Schizophrenia		28 of 84 positions - 33%		
• Inpatients	40% - min. 1 per shift 31 FT and 30PT	17 of 61 positions - 27%		• 2 B+ • 3 B • 2 B- • With training potential to increase profile level to A-
• Integrated Schizophrenia & Recovery Admin	50% 7FT	4 of 7 positions – 57%		
• Day Program	100%	2 of 2 positions –100%		
• Outpatients	11 of 17 positions	7 of 16 positions – 43.7%	Vacancy: • Secretary	• 1 B+
• Outreach/Case Manager	1 position	0 of 1 positions		
Substance Use and Concurrent Disorders		Overall 30%		• 1 B+ • 1 B
• Assessment Stabilization Unit	40% - min. 1 per shift	5 of 14 positions - 35%		
EIP	40%	0 of 3 positions - 0%		
Outpatient	40%	3 of 9 positions – 33%		
• Concurrent Disorders	40%-min 1 per shift	3 of 9 positions - 33%		• 1 B

Programs Services	Human Resources Plan FT and PT	Present Status as at		
		March 31, 2018	Ongoing Recruitment	Comments
Royal Ottawa Place (ROP)	35%— min. 1 per shift Under review	11 of 63 positions - 17% (36 FT and 27 PT)	1 Vacancy: • PCA	<ul style="list-style-type: none"> • 4 B+ • 1 B
Recovery Unit	35% - min. 1 per shift Under review	8 of 30 positions—26.6% (17 FT and 13 PT)	1 Vacancy: • Orderly	<ul style="list-style-type: none"> • 1 B+
Youth Program		Overall 39%		
• Inpatients	40%—min. 1 per shift	8 of 20 positions (40%)		<ul style="list-style-type: none"> • 1 B+ • 2 B-
• Outpatients	70%	4 of 8 positions – 50%		1 level B 1 level B-
• Brookfield	N/A English program 1 of 3 positions			
Volunteers	40% 1 of 3 bilingual (33%)			

Definitions

A linguistic profile is an objective tool which determines the linguistic requirements the incumbent is required to have to perform for a particular position.

Linguistic profiles are composed of a letter C, B or A, further defined by a – or + sign. The C- category is the lowest level, the A+ category the highest. Linguistic standards are written for each level. For all intents and purposes, the C levels are never used in a linguistic profile as their standards clearly indicate inability to function in any kind of position.

Levels:

- C-,C No capacity
- C+ Minimum French
- B-, B Some French—introductions and salutations
- B+ Functional level
- A- Can converse and understand professional vocabulary, can present in French with limitations
- A More confident to address themselves in meetings, good vocabulary and grammar
- A+ Same as native speaker

FRENCH LANGUAGE TRAINING 2019-2020 AT THE ROYAL

French Language Training is available to full-time and part-time Royal employees and employees of Carillion Services. The Royal continues to provide courses during the work-day, on-site at the Royal Ottawa Mental Health Centre, and off-site via other reputable French Language Training services, in an effort to encourage all staff to gain capacity to communicate in the workplace in both official languages.

The profile of Royal employees participating in the in-house courses continues to indicate early entry levels, with courses between Real Beginners and Intermediate being highest in demand.

The Royal continues to provide financial support for accredited training available off-site in the Ottawa region by New Avenues Linguistic Services (east-end), the University of Ottawa Heart Institute French Language Training Centre (west-end), CHEO, and Algonquin College. St. Lawrence College offers access to French Language Training for Brockville employees. The Royal currently offers reimbursement to employees as set out in the French Language Training Policy.



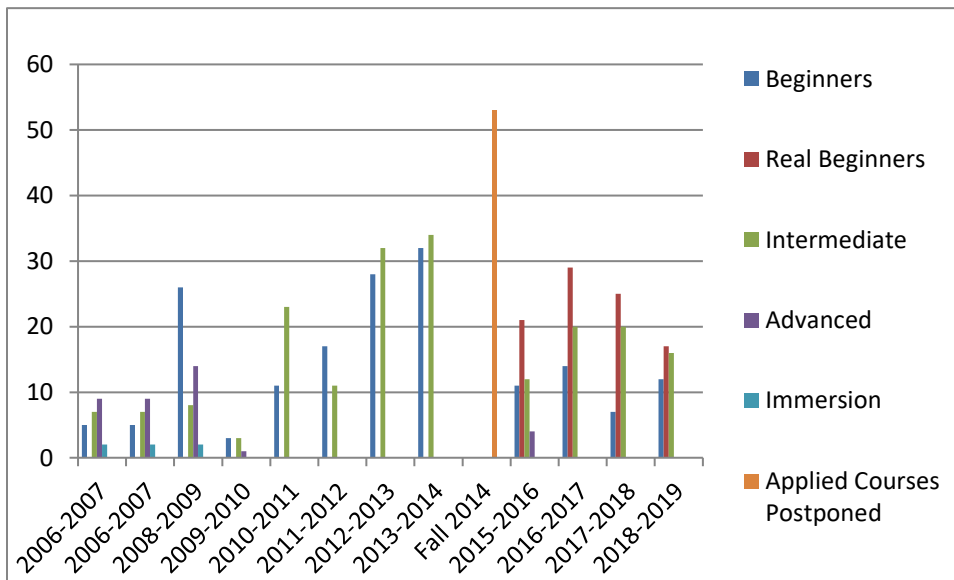
New Avenue Linguistics recommends dividing the high number of students at the Beginner Level into two groups, Real Beginner and Beginner. The facilitator follows the course workbooks: *Moi Je Parle Français! Niveau 1* by Anne-Marie Connolly, and; *Le Français Langue Seconde Par Thèmes Niveau intermédiaire* by Guylaine Cardinal.

The program initiated a pre-course deposit process in 2016 with hopes toward improving course retention and completion rates.

We are happy to report increases in registration and far higher completion rates for 2016-2017 through to 2018-2019.

The Royal continues to offer the e-Learning FLUENZ software, making French online training modules available in the Royal's Library or computer labs.

The chart below indicates the registration in the programs for 2018-2019 in comparison to the previous years.



COMMUNITY OUTREACH & PARTNERSHIPS

The Royal participated in a number of activities throughout the year to ensure visibility within the Francophone community and to actively participate in discussions and deliberations regarding the needs of the community. Examples include:

1. Representation at the Board level and Mental Health Network
2. Representation at the Human Resources/Coordinators Working Group
3. Participation in LHIN's initiatives on French Language Services

RECOMMENDATIONS – Update for 2019-2020 Report

RECOMMENDATIONS		STATUS	COMMENTS
1.	Increase budget for French Language Training. The increase in demand, plus the addition of Real Beginner and Advanced courses, requires that the budget for training be increased. This will be explored within the current annual Learning & Development budget which will incur a 2% reduction in 2019-2020.	Reviewed annually	Variations were minor in comparison with annual budget (approx 10-15%)
2.	Continue with in-house courses to ultimately encourage the bilingual training of up to 100 employees per year to strive toward achieving A-. A key goal is to encourage staff at the B+ level to achieve A-. The Beginner group will continue to encourage new learners including clinical and medical staff who may soon reach the B level. <u>We moved forward with a third session (Spring-Summer) running between the months of April to June but this may be postponed for 2019 due to the implementation of the Electronic Health Record. It will return Spring 2020.</u>	Implemented	Ongoing training by Learning & Development
3.	We continue follow-up with the results of a comprehensive needs assessment in 2017 based on a survey of 146 respondents who self-assessed at the Beginner and Intermediate levels: The results highlighted a very strong interest among respondents to become bilingual and educational opportunities will continue to be worked upon to cater to these staff members	Ongoing	Ongoing monitoring by Learning & Development
4.	There is growing awareness of the e-learning option using the software FLUENZ. Staff members are very keen to use such opportunities for self-initiated learning.	Ongoing	Continues to be available. Usage may be dropping as web-based alternatives have more appeal than CD-ROM's
5.	An OREO web page for staff has been developed and serves as a means of encouraging people to become engaged in classroom or self-motivated learning through FLUENZ and other means. We will include updates on in-house and region wide French Language learning resources.	Ongoing	To be reviewed-updated at a minimum semi-annually
6.	Increase the number of French Language learning events (Academic Rounds, Professional Development Workshops, Public Lectures) 2019-2020.	Ongoing	Introduced in 2018-2019. Will continue to encourage events presented in French language.

CONCLUSION

In fiscal 2017-2018 The French Language Health Services Network (*Le Réseau*) conducted a valuation of our Geriatric Psychiatry Program that currently holds an official designation. A review of other programs as noted in the Proposed Plan Phase I was also conducted. An updated submission was completed and sent to *Le Réseau* in 2018-2019. Feedback from our updated submission was received in March 2020. The feedback indicated that we have met 27 of the 34 conformity requirements. In order to be recommended for designation we were required to submit a revised designation plan that satisfies all conformity requirements. Over fiscal 2020-2021 we will continue to work with *Le Réseau* on satisfying the 7 outstanding conformity requirements, and submitted an updated designation application for the programs identified in Phase I in 2021. The outstanding conformity requirements were as follows:

- 8) The existence of a policy and committee on French language services;
- 9) A statement describing the responsibilities of the Board of Directors and the senior management team with respect to French language services;
- 10) A mechanism in place to determine clients' linguistic identity from the very first point of contact;
- 11) Contract signed with third parties contain a clause stating their obligations to offer French language services;
- 12) A mechanism, such as a survey or complaint process, is available in French and is clearly communicated to clients to that they can evaluate the quality of French language services offered;
- 13) Effective representation of Francophones among the senior management team;
- 14) Staffing of employees proficient in French, meeting the HR plan requirements
 - a. This requirement is compliant for part of our submitted programs. The list below represent if the program is compliant or not:

Compliant	Not Compliant
Geriatrics	Youth Inpatient
Communications	Schizophrenia
Forensic	
Legal Services	
IT (Switchboard)	

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2019-2020 – 53	Priority: Important
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DATE:	June 18, 2020
COMMITTEE:	Quality Committee
PRESENTER:	L. Leikin
SUBJECT:	Integrated Risk Management Framework

BACKGROUND INFORMATION:

Historically, the Integrated Risk Management Framework was about financial risk, but in the last few years the Quality Committee has reviewed it as well. The Finance and Quality Committees are empowered to recommend changes to this document and to ensure it makes it to the Board at the earliest opportunity. The Finance Committee did not meet so this has only been reviewed by the Quality Committee.

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT the Integrated Risk Management Framework be approved, as presented.

Moved by:

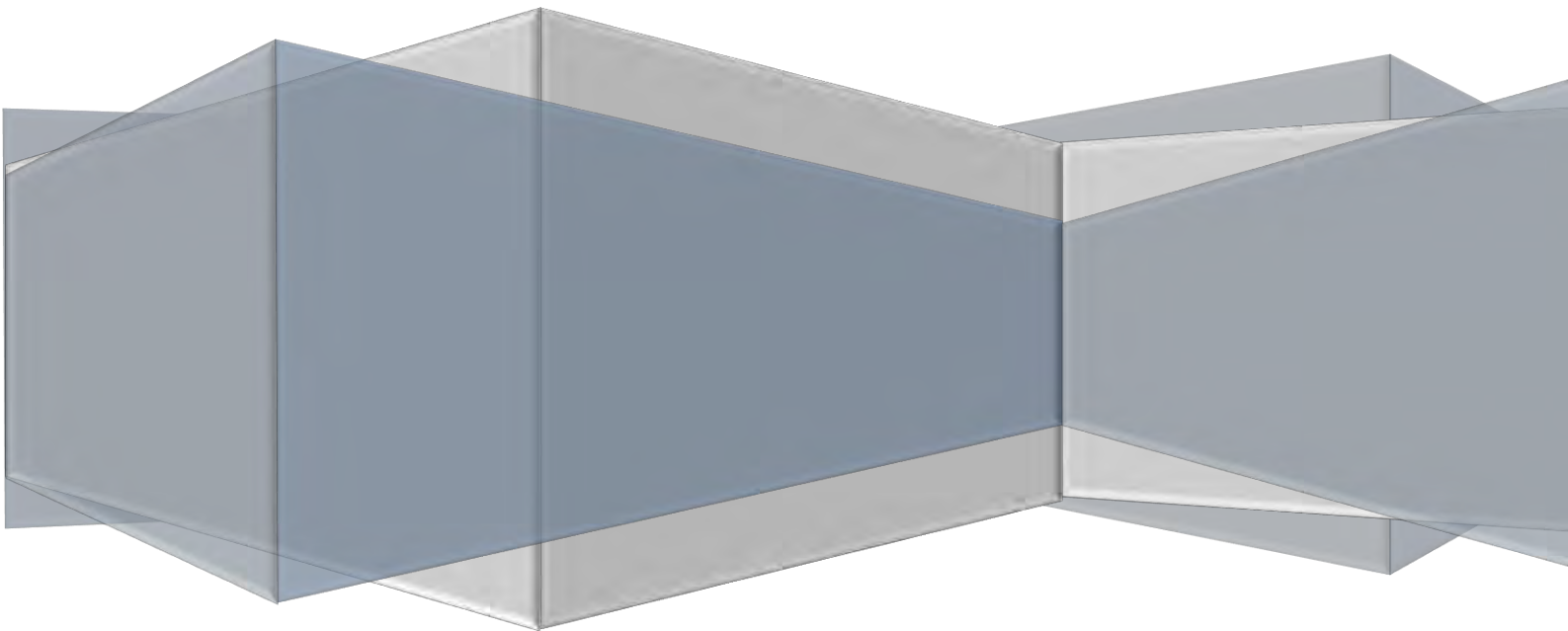
Seconded by:

Motion approved:

Integrated Risk Management (IRM) Framework

Royal Ottawa Health Care Group – May 2020
Update

Jim Lambley, Director, Strategic Planning



Executive Summary – Integrated Risk Management Framework (IRMF)

The IRMF is a “living document” and represents continual reflection leading to updates and action plans for either very high or high risk items.

In this quarterly review the document has been further refined using the online version through the HIROC portal. Senior management staff and their delegates are able to view risks and associated action plans through summary reports. All senior leads and their delegates now have access to the HIROC portal and provide updates through the Director of Strategic Planning. For each very high or high risk there is an associated action plan, updated quarterly. Over the past five months, there has also been a review of overall organization risks and four new risks for initial review are included.

There are six risks in the very high or high category. In addition, the new risks have a preliminary rating of one very high, and three high risks.

Next Steps:

1. Review with Finance Committee of the Board
2. Review with Quality Committee of the Board
3. Bring forward to the Board of Trustees at the discretion of the Finance and Quality Committees of the Board, with risk mitigation strategies for high risk items.
4. Executive leads to engage stakeholders and continue risk mitigation action plans.
5. Continue to align the IRMF to the quality improvement plan, strategic plan document and other important metrics through the portal.

Appendix 1: HIROC Risk Sample Risk Assessment Scale

Potential Impact Scale

Dimension	Very Low	Low	Medium	High	Very High
Physical/ psychological harm	<ul style="list-style-type: none"> Minimal harm, no/minimal intervention or treatment No time off work 	<ul style="list-style-type: none"> Minor harm or illness, minor intervention Time off work for <3 days Increase in LOS by 1-3 days 	<ul style="list-style-type: none"> Moderate harm, professional intervention Time off work for 4-14 days Increase in LOS by 4-15 days Small number of patients 	<ul style="list-style-type: none"> Major harm leading to long-term incapacity/disability Time off work for >14 days Increase in LOS by >15 days Mismanagement of patient care with long-term effects 	<ul style="list-style-type: none"> Incident may lead to death Multiple permanent instances of harm, irreversible health effects Large number of patients
Disengaged staff/ physicians	<ul style="list-style-type: none"> Low level of internal grievances 	<ul style="list-style-type: none"> Grievances occurring but not in large numbers 	<ul style="list-style-type: none"> Grievances show an increasing pattern Low staff morale 	<ul style="list-style-type: none"> Grievances are increasing and more pervasive Very low staff morale 	<ul style="list-style-type: none"> Grievances preoccupy the organization, arbitration and external review Loss of several key staff
Financial loss	<ul style="list-style-type: none"> Small loss 	<ul style="list-style-type: none"> 1% of budget 	<ul style="list-style-type: none"> 1-2% of budget 	<ul style="list-style-type: none"> 2-3% of budget 	<ul style="list-style-type: none"> >3% of budget
Reputation with stakeholders (including: community, donor, media, gov't, public, partners)	<ul style="list-style-type: none"> Rumours Potential stakeholder concern 	<ul style="list-style-type: none"> Local media coverage (short term) Elements of stakeholder expectation not being met 	<ul style="list-style-type: none"> Local media coverage (sustained) Short-term reduction in stakeholder confidence 	<ul style="list-style-type: none"> National media coverage (short-term) Potential for political involvement Longer-term reduction in stakeholder confidence 	<ul style="list-style-type: none"> National media coverage (sustained) Political intervention Sr. leader termination Long-term reduction in stakeholder confidence
Service/ business interruption	<ul style="list-style-type: none"> Interruption of >1 hour 	<ul style="list-style-type: none"> Interruption of >8 hours 	<ul style="list-style-type: none"> Interruption of >1 day 	<ul style="list-style-type: none"> Interruption of >1 week 	<ul style="list-style-type: none"> Permanent loss of service or facility
Compliance	<ul style="list-style-type: none"> Minor non-compliance statutory duty 	<ul style="list-style-type: none"> Single failure to meet external standards or follow protocol Recommendations to comply with external agency 	<ul style="list-style-type: none"> Repeated failures to meet external standards Orders issued, report required by external agency 	<ul style="list-style-type: none"> Multiple statutory breaches /non-compliance with external standards Prolonged inspection, significant findings Prosecution initiated for non-compliance 	<ul style="list-style-type: none"> Gross failure to meet standards Maximum fines Criminal code violation Impact on affiliation agreements
Business objectives/ projects	<ul style="list-style-type: none"> Insignificant schedule delay 	<ul style="list-style-type: none"> Minor schedule delay Small number of objectives not met 	<ul style="list-style-type: none"> Moderate schedule delay Some objectives not met 	<ul style="list-style-type: none"> Significant schedule delay Key objectives not met 	<ul style="list-style-type: none"> Initiative not implemented Key objectives not met

Likelihood Scale

Category	Very low	Low	Medium	High	Very high
Broad descriptors	<ul style="list-style-type: none"> Will probably never occur/recur 	<ul style="list-style-type: none"> Do not expect it to happen/recur but it is possible 	<ul style="list-style-type: none"> Might happen or recur occasionally 	<ul style="list-style-type: none"> Will probably happen/recur 	<ul style="list-style-type: none"> Will undoubtedly happen/recur, possibly frequently
Time-frame	<ul style="list-style-type: none"> Not expected to occur for years 	<ul style="list-style-type: none"> Expected to occur at least annually 	<ul style="list-style-type: none"> Expected to occur at least monthly 	<ul style="list-style-type: none"> Expected to occur at least weekly 	<ul style="list-style-type: none"> Expect to occur at least daily
Probability	<ul style="list-style-type: none"> <0.1% 	<ul style="list-style-type: none"> 0.1-1% 	<ul style="list-style-type: none"> 1-10% 	<ul style="list-style-type: none"> 10-50% 	<ul style="list-style-type: none"> >50%

Adapted from NPSA, 2008

Appendix 2: Integrated Risk Management Document (Very High and High)

REF #	Risk category	Risk name	Senior Lead	Lead	Key strategy	Impact (current)	Likelihood (current)	Risk level (current)
2019-17	Care	Adverse events including Suicide	Bhatla, Dr. Raj	Simpson, Daneille	Care: Demonstrate Positive Outcomes and Experiences	High	Very High	Very High
2019-18	Facilities	Infrastructure at the Brockville campus	Crocker, Cal	Millar, Esther	Care: Ensure a Safe Care Environment	High	High	High
2019-6	Financial	Funding Shortfall	Crocker, Cal	Kealey, Kim	Resources: Support Best Practices in Sustainability and Efficiency	Medium	High	High
2019-4	Human Resources	Occupational health, staff injury	Crocker, Cal	Addo, Nicholas	Care: Ensure a Safe Care Environment	Medium	High	High
2019-13	Information Management/Technology	Privacy and cyber-security	Crocker, Cal	Webb, Melissa	Resources: Leverage Technology for Best Outcomes	High	Medium	High
2019-15	Leadership	Requirement for Innovation	Bhatla, Dr. Raj	TBD	Discovery: Integrate Clinical Care and Research	Medium	High	High

Appendix 3: Action Plans

REF #	Risk name	Description	Senior Lead	Key strategy	Action Plans in Place	Risk level (current)
2019-17	Adverse events including Suicide	Deaths by suicide continue to occur in both in-patient and out-patient clientele, despite our best clinical efforts. The clients we treat at The Royal experience medical co-morbidities that may put the clients at risk	Bhatla, Dr. Raj	Care: Demonstrate Positive Outcomes and Experiences	Review audit of deaths by suicide of patient's of the Royal. Attempt to obtain comparable data from similar organizations. Review suicide strategy/processes at QCB. Obtain feedback regarding Royal's role in community suicide prevention as well as prevention for patient's of the Royal	Very High
2019-6	Funding Shortfall	There are funding pressures created by: i. Inflation pressure around 2% and funding increase of 1% confirmed for 2020/21 ii. Board approved a balanced budget for 2020/21	Crocker, Cal	Resources: Support Best Practices in Sustainability and Efficiency	i. Board approved balanced budget for fiscal 2019/20 and we are projecting there will be a small surplus at year-end as required to cover capital loans. ii. Additional revenue sources under review iii. Ensure we maintain benchmark of 70/30 re: Clinical to admin, as set out in the 2016 Auditor General report iv. 3 year budget projection completed for 2021/22 – 2023/24 v. All major contract expenditures publicly tendered vi. Member of HealthPro, a National group purchasing organization allowing us to take advantage of national purchasing power volume discounts vii. Ongoing review of staffing & operational efficiencies viii. Covid-19 related expenses being tracked in separate cost centres ix. Fundraising efforts by Foundation so far successful for C-Prompt clinic	High

REF #	Risk name	Description	Senior Lead	Key strategy	Action Plans	Risk level (current)
2019-13	Privacy and cyber security	Negative consequences arising from a breach in privacy can be far-reaching and include lawsuits, reputational damage, and cyber-attacks.	Crocker, Cal	Resources: Leverage Technology for Best Outcomes	<p>Organization:</p> <ul style="list-style-type: none"> i. Added encryption on all portable devices within the organization (Completed) ii. Implementation of 2 factor authentication iii. Secure remote desktop solution for all users who will have access to the EHR (Meditech software located at Waypoint data centre) – (June 2019 EHR) <p>Partnership:</p> <ul style="list-style-type: none"> i. Ensure compliance with eHealth security standards as we are using their networks for electronic traffic flow ii. Implementation of SIM (Security Information and Event Management) This software looks at patterns of data for potential threats that have not been picked up by our standard anti-virus or intrusion detection software iii. Patient Privacy Monitor System (Iatrics) This privacy software allows us to audit the EHR data access by users to ensure appropriate authorization iv. Cyber Security Assessment External consultants review covering the three partners going to market in February 2020. v. External consultant has started with review of cyber security for our EHR partnership (Royal, Ontario Shores, Waypoint) 	High

REF #	Risk name	Description	Senior Lead	Key strategy	Action Plans	Risk level (current)
2019-15	Requirement for Innovation	<p>Without a sustainable infrastructure to integrate research and clinical practice, The Royal may miss the opportunity to implement newly emerging technologies and treatment approaches in our care.</p> <p>This may impact recruitment and retention in clinical and research areas.</p> <p>May leave The Royal lagging behind our peers/competitors making the organization vulnerable</p>	Bhatla, Dr. Raj	Discovery: Integrate Clinical Care and Research	<p>Consider research infrastructure in flagship Programs</p> <p>Inventory current state at The Royal and consider the role of program evaluation</p> <p>Focus on funding sustainability for IMHR and clinical uptake of emerging best practice</p>	High

REF #	Risk name	Description	Senior Lead	Key strategy	Action Plans	Risk level (current)
2019-18	Infrastructure at the Brockville campus	Current FTU building inappropriate for providing leading patient care services. Units are institutional and lack of space for programming activities/personal. The current building was retrofitted in 2000 but for correctional use.	Crocker, Cal	Care: Ensure a Safe Care Environment	1. Brockville redevelopment Task Group set-up with membership including: Scott McLean, Past Chair Board ROHCG, Ester Millar, VP Professional Practice & CNE, Cal Crocker, COO & CFO, - Presented at December Board meeting and support to move forward with a discussion with Minister Clarke on new build 2. Meeting with Minister Clarke took place February 14, 2020. We provided the Minister with a written concept for development of the Brockville site as he requested.	High
2019-4	Occupational health, staff injury	Hospitals must take “every precaution reasonable in the circumstances” for the protection of staff from violence. Efforts must be ongoing to ensure minimal violence/disruptive behaviour to prevent staff injury and negative impact on patient care. Without this, we may be subject to litigation, Ontario Labour Relations Board (OLRB) reviews, labour challenges and increased reputational risk.	Crocker, Cal	Care: Ensure a Safe Care Environment	Ongoing initiatives such as <ul style="list-style-type: none"> • Unit risk assessments • Mandatory training re: NCI and sharps • Orientation for new staff • Ongoing training on emergency codes • Workplace Violence Prevention Committee reviewing incident and recommending change(s) • New electronic reporting system (Datix) • Personal safety devices • Joint Health and Safety committee at ROMHC, BMHC, ROP and Carlingwood • Union and management members work together to review safety incidents on a monthly basis and recommend a process for all incidents and other suggestions they deem important • Violence in the Workplace Committee with management and union membership 	High

Appendix 4: New Risks for Initial Review

REF #	Risk name	Description	Senior Lead	Key strategy	Action Plans in place	Risk level (current)
2020-03	Pandemic-Covid-19	The Covid-19 Pandemic has created an unprecedented healthcare and economic environment across the globe. The breadth, scale and speed of the event has made it difficult to adapt to the dynamic environment.	Bezzubetz, Joanne	Care: Ensure a Safe Care Environment	<p>The Royal Incident Management System (IMS) has been activated with all sections.</p> <p>Working with key partners to determine consistent messaging</p> <p>Reacting to updates from Ontario Health, Ottawa Public Health and other key regulatory bodies.</p> <p>Planning in Human Resources for staff reassignment</p> <p>Full engagement of the Senior Management Team</p>	Very High
2020-01	Regulatory and Ethical Compliance (human subjects research) (including Health Canada Regulated)	The regulatory environment surrounding human subjects' research is extensive and complex. Regulatory bodies reserve the right to audit the records and physical facilities of research organizations. Compliance to all relevant guidelines, legislation and regulations is critical.	Dzierszynski, Florence	Discovery: Integrate Clinical Care and Research	<p>Direct Controls:</p> <p>The Research Ethics Board (REB) is dedicated to the ethical review of all clinical research conducted at the ROHCG</p> <p>Assessed via REB approval process and Quality Assurance for Research Excellence (QARE) program</p> <p>Joint Health and Safety Committee audits</p> <p>Monitoring by industry Sponsor(s)</p> <p>Inspection by Health Canada and/or FDA where applicable</p> <p>Action Plan:</p> <ul style="list-style-type: none"> • Adherence to the 'Research and Ethical Review of Human Participant Studies' and 'Responsible Conduct of Research' policies • Researchers and research personnel wishing to conduct clinical research are required to complete the tutorial on the Tri-Council Policy Statement (TCPS2) regarding human subject research prior to initiating their research so they are aware of their ethical obligations • Research Ethics and Clinical Research Standard Operating Procedures (SOPs) in place • Rigorous REB protocol review and approval process • REB incident reporting and follow-up • Adherence to ICH Good Clinical Practices (ICH-GCP) and incident reporting to regulatory authorities • Research and trainee training re: ICH-GCP, TCPS2 and regulatory guidelines; includes expected adherence to these guidelines • Regular audits of Research Protocols through the QARE program based on institutional risk but may be for cause or as requested • All employees, trainees and volunteers must sign and adhere to confidentiality oath • Adherence to relevant privacy legislation, including PHIPA <p>An active member of the Network of Networks (N2) aimed at streamlining clinical research in Canada</p> <p>Implementation of mandatory training requirements for research staff (GCP, SOPs, and Health Canada regulations where applicable)</p>	High

REF #	Risk name	Description	Senior Lead	Key strategy	Action Plans in place	Risk level (current)
2020-02	Royal Ottawa Foundation - Fundraising and Campaign Launch	Covid-19 and associated economic factors have created a challenging environment for fundraising. Many high dollar donors may have lost substantial amounts of money in the falling markets, and/or needed to close businesses and layoff staff members. There may be challenges to get necessary commitments in these uncertain times and to get focus when the virus situation is overwhelming.	Bellman, Mitchell	Resources: Create New Funding Opportunities	The Foundation in partnership with other parts of the organization are working hard to finalize the case for giving. Options for marketing and innovative ways to hold fundraising events are being discussed with Senior Management and the Foundation board executive. Focus has turned to Emergency funding requests, for example, the C-Prompt urgent care clinic has received generous donations.	High
2020-04	Increased Medical Complexity and aging client population	As one of the four mental health partners, The Royal provides excellence in mental health care treatment to its clients. However, many of the clients, especially in the forensics setting are aging in place and have increasingly complex medical care needs. In addition, medical needs created by the strain on the overall system, including pandemics have created an increased	Millar, Esther	Care: Ensure a Safe Care Environment	Two Nurse Practitioners have joined the organization. One in Ottawa and one in Brockville to support the medical needs of clients and the current compliment of medical physicians. Additional nursing training is being reviewed, in addition to a comprehensive approach to providing enhanced medical care in the mental health setting.	High

Appendix 5: Integrated Risk Management Document (Medium)

REF #	Risk category	Risk name	Senior Lead	Lead	Key strategy	Impact (current)	Likelihood (current)	Risk level (current)
2019-5	Human Resources	Staff and Physician Engagement	Crocker, Cal	Gulati, Sanjiv	Engagement: Engage Our Staff in the Success of Our Strategic Plan	Low	Medium	Medium
2019-7	Leadership	Evolving to a Just Culture & Learning Culture	Bezzubetz, Joanne	Gilchrist, Sarah	Engagement: Ensure a Safe and Positive Work Environment	Medium	Medium	Medium
2019-10	Leadership	Alignment of strategic plan objectives of The Royal, Foundation and IMHR	Bezzubetz, Joanne	Dzierszinski, Florence	Resources: Support Best Practices in Sustainability and Efficiency	Medium	Low	Medium
2019-11	External Relations	Strategic Partnerships	Bezzubetz, Joanne	Monaghan, Karen	Partnerships: Advocate with Partners for System Improvement	Medium	Medium	Medium
2019-12	Information Management/Technology	Clinical Transformation	Crocker, Cal	Millar, Esther	Resources: Leverage Technology for Best Outcomes	High	Low	Medium
2019-19	External Relations	Reputation Risk	Bezzubetz, Joanne	Crocker, Cal	Partnerships: Advocate with Partners for System Improvement	Medium	Medium	Medium
2019-2	Care	Patient Flow	Bezzubetz, Joanne	Farrell, Susan	Partnerships: Improve Flow Throughout the System	High	Low	Medium



Mental Health - Care & Research
Santé mentale - Soins et recherche

Corporate Patient Safety Quarterly Report

Period: January 1 – March 31, 2020 (Q4)

Prepared By:
Luba Shumsky, Manager, Patient Safety & Clinical Risk Management
Royal Ottawa Health Care Group
May 14, 2020

Executive Summary

This *Quarterly Report* summarizes the incidents reported through the Client Staff Incident and Feedback (CSIF) system. In a culture of safety, everyone is encouraged to report patient safety incidents in order to identify patterns or trends, learn from the incident and make improvements. This report displays the incident data reported across The Royal in the fourth quarter of this fiscal year in control charts with upper and lower control limits. The control charts allow The Royal to know when changes in the data are normal or expected, or unique and something to investigate further (special cause variation). Special cause variation is depicted in orange data points to help make it easier for the reader to see it.

Timeline:

January 1 to March 31, 2020.

General

- 617 patient incidents were reported; this is an increase of 26 incidents from the previous quarter.
- Special cause variation is noted in medication incidents, both actual and near miss.
- 84% of all reported incidents came from three main categories (as per the last 3 fiscal years): *Threats/Assault/Aggression, Patient Accident, and Medication.*
- Although the quarterly corporate report focuses on the top three incident categories plus Self-Harm, The Royal is tracking incidents in all categories (this includes Absconding/Missing Patient, Smoking & Substance Use, Exploitation, Privacy, Food & Nutrition, and Miscellaneous). Should any of these categories begin to experience special cause variation, they will be included in the report.
- 89% of *Patient Accident* incidents in this quarter were as a result of a fall.
- In 91% of all fall-related incidents in this quarter, the patient sustained no or mild injury.
- One patient on the Schizophrenia in-patient unit sustained a hip fracture after a fall requiring surgical intervention.

Critical Incidents including deaths

- There were two out-patient deaths by suicide this quarter, in the Substance Use & Concurrent Disorders program. Both were clients of the RAAM clinic. One death was due to an overdose; that client had been removed from The Royal's waitlist in the fall of 2019 as we were unable to reach them after multiple attempts. The other client had no history of suicide attempts or ideation, and was at low risk of suicide based on the suicide risk assessment scale two days prior to the client's death by suicide.
- There were eight other reported deaths in Q4, all of apparent natural causes; two patients were considered palliative. Each death was reviewed by the Incident Review Committee.
- A patient of the Forensic Treatment Unit (Brockville) suffered a medical crisis which resulted in the amputation of his right leg. A corporate-level quality of care review was conducted and a number of recommendations identified. These are being actioned corporately and locally.

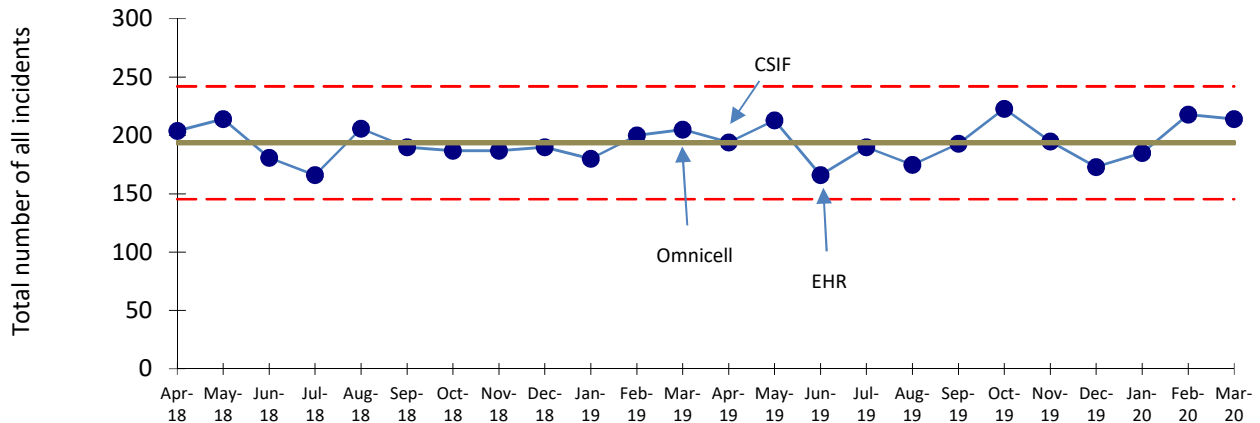
Quality Improvement

- Five patient safety leadership walkabouts took place in Q4 (and three were cancelled due to the COVID-19 pandemic). The issues are recorded and managed by the unit's leadership. The issues raised typically support other work being done across The Royal to improve patient safety and quality.

Key Corporate Patient Safety Metrics

Total number of incidents at The Royal have remained stable since April 2018.

Data source: Total number of incidents (April 2018-Present)

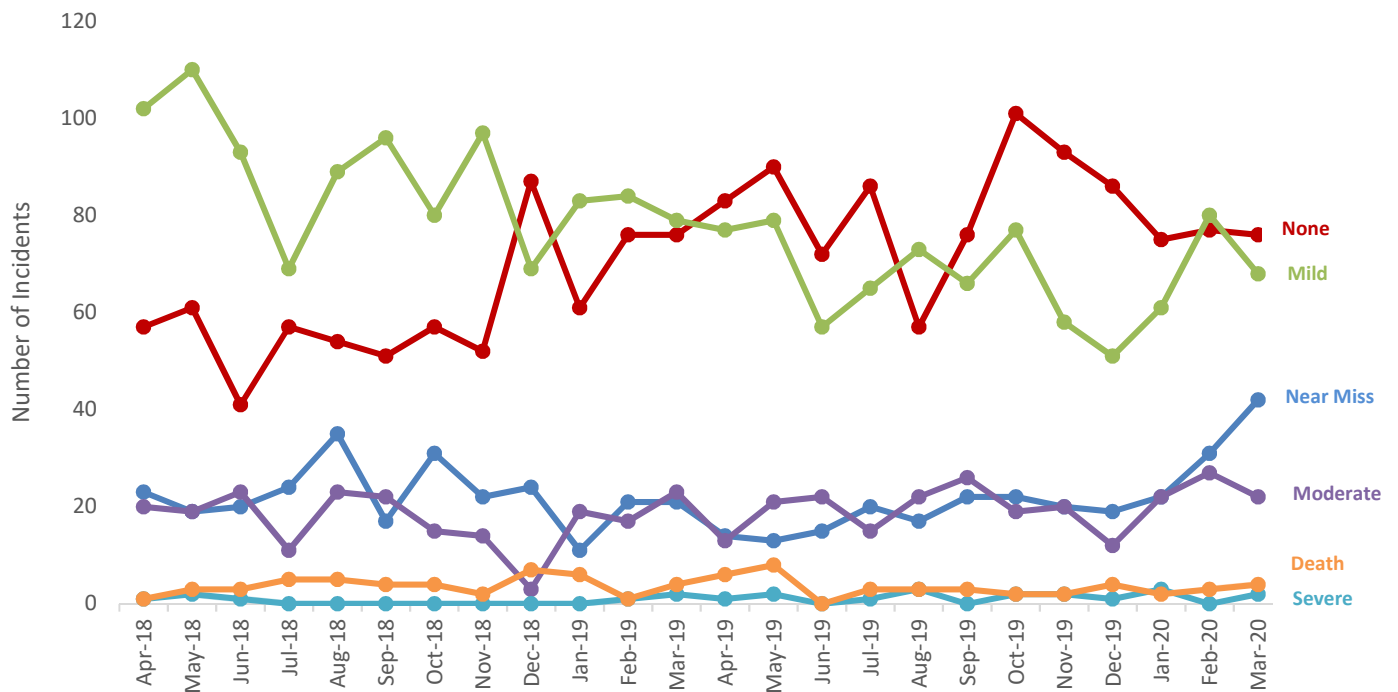


The mean number of incidents per month is 194 and has remained stable over the past two fiscal years.

Special cause variation: None

The majority of incidents have consistently resulted in no or mild injury.

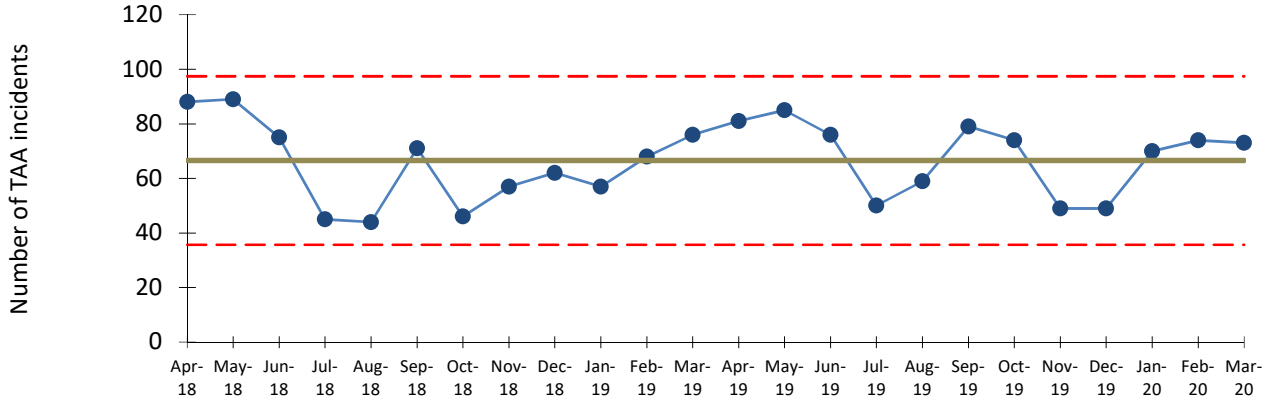
Date source: Level of severity (April 2018-Present)



Threats/Assault/Aggression (TAA)

The number of Threats/Assault/Aggression (TAA) incidents remains stable.

Data source: Total number of TAA incidents (April 2018-Present)



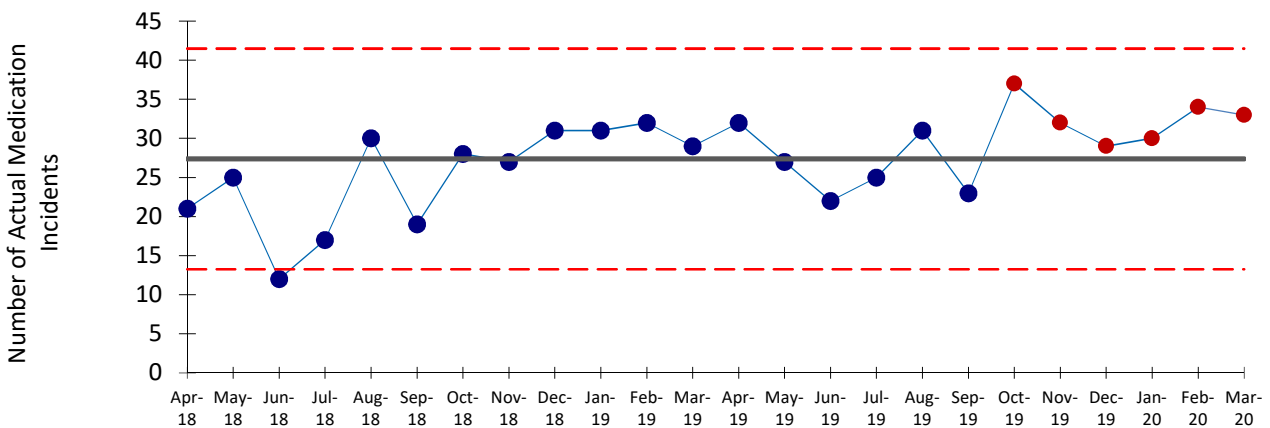
The mean or average number of TAA incidents per month is 66. In this quarter, 78% percent of incidents involved a physical altercation between patients and/or patient-to-staff or objects; in 82% of TAA incidents, there was no or mild harm.

Special cause variation: None

Medication

There has been an increased shift in medication incidents that reached the patient (actual).

Data source: Total number of Medication incidents (April 2018-Present)



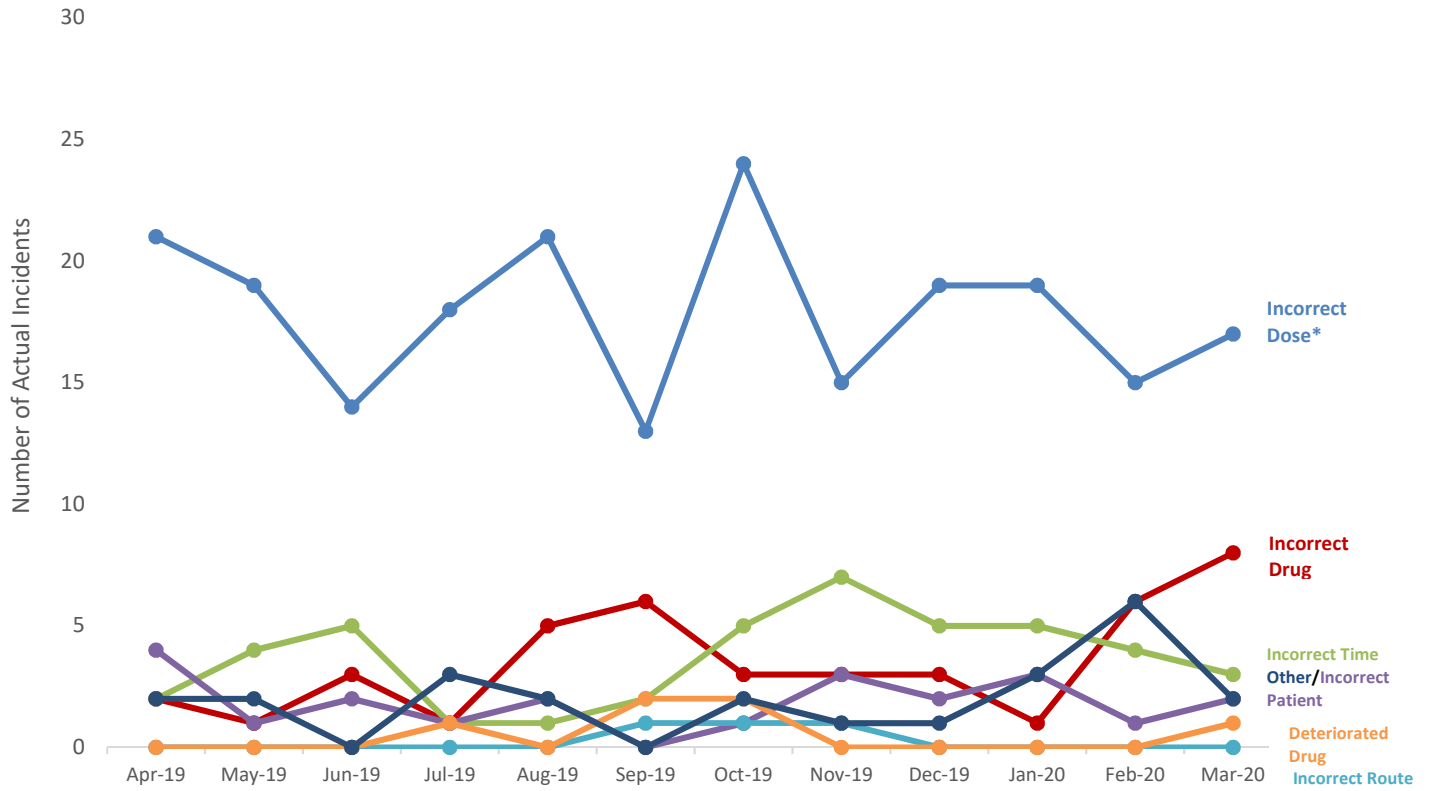
The mean or average number of medication incidents that reached the patient is 27.4 per month. Each medication incident is reviewed by the Safe Medication Working Group. Recommendations are identified to address any trends; the recommendations are presented to and endorsed by the Pharmacy & Therapeutics Committee. One trend noted this quarter is the incorrect use of a medical

directive. A review of the proper use of a medical directive was provided by Professional Practice via practice alerts. The unit pharmacist also reaches out to each individual nurse and/or unit manager to review the corporately-approved medical directive practice expectations.

Special cause variation: Yes

Incorrect Dose incidents have consistently been the most frequently occurring type of medication incident that reached the patient (actual) since April 2019.

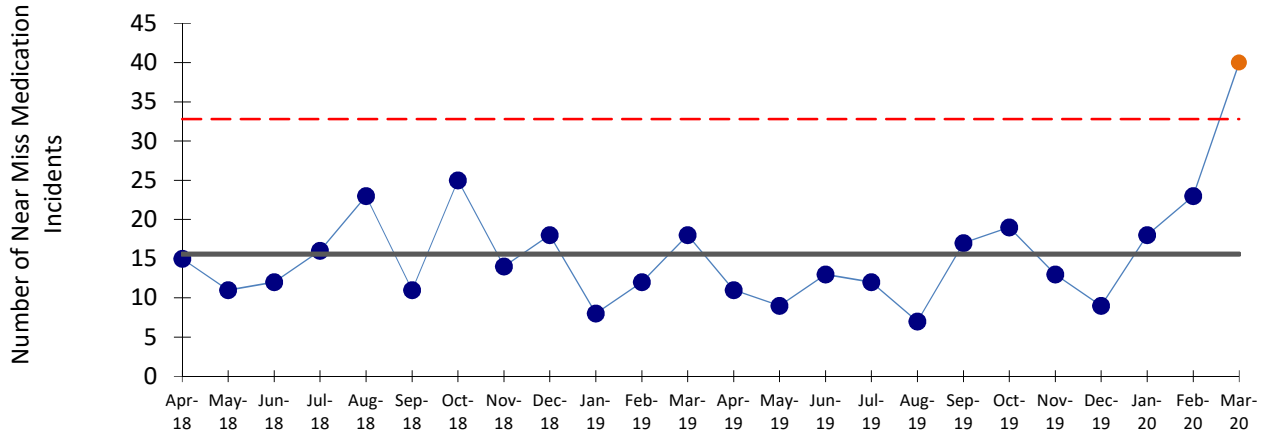
Data Source: Type of medication incident (April 2019-Present)



*Incorrect Dose incidents includes dose omission, extra dose, incorrect dosage form, incorrect frequency and incorrect duration.

Near Miss Medication incidents were stable from April 2018 to February 2020 but deviated from the norm in March 2020. The mean or average number of Near Miss Medication incidents per month is 15.6 incidents.

Data source: Total number of Medication Incidents (April 2018-Present)

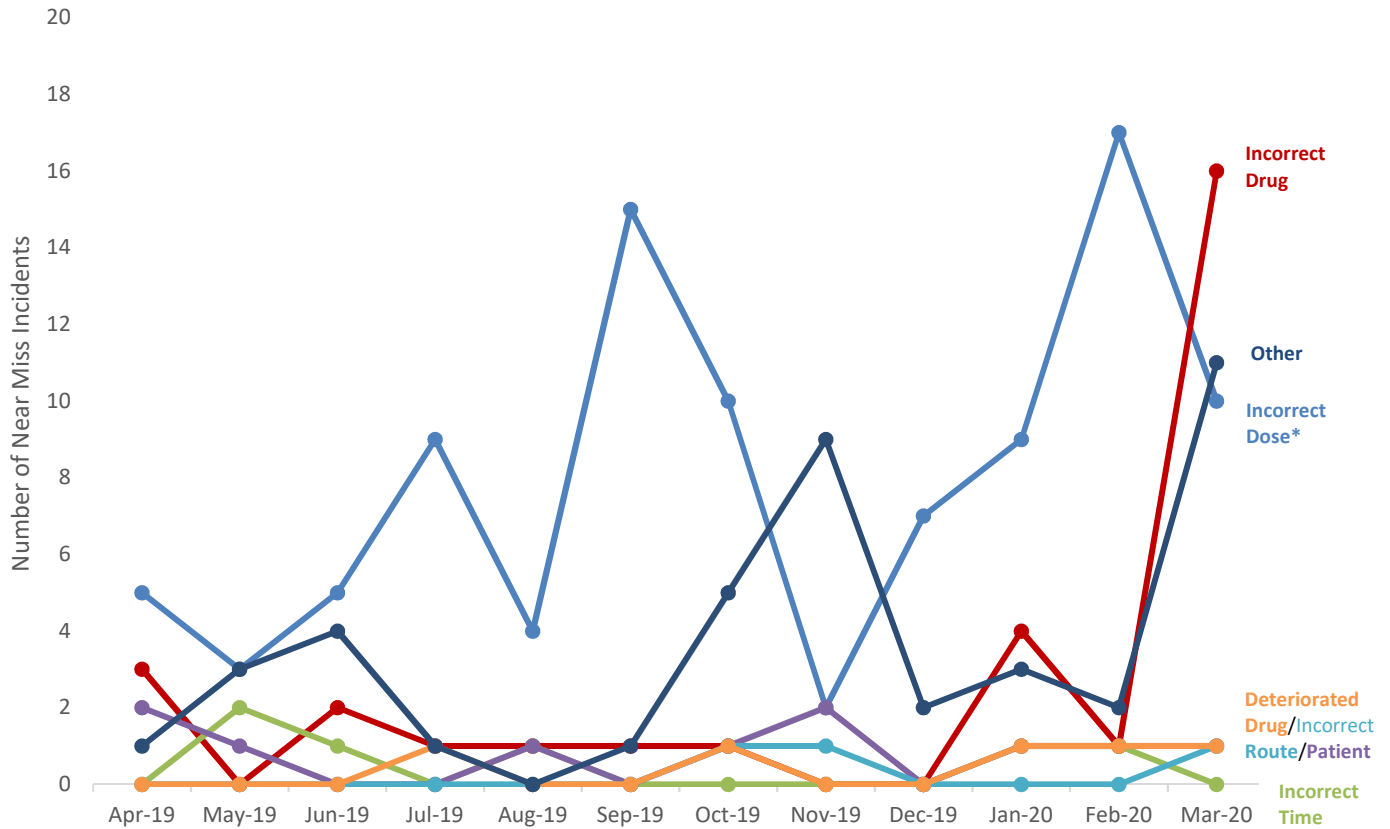


The Royal continues to encourage the reporting of all near miss events, as they provide a rich opportunity to learn how we can prevent future safety incidents from occurring. The astronomical data point in March 2020 is related to an increased reporting by pharmacy technicians of medications that are no longer active (discontinued) but were not removed from a patient’s specific medication bin and could potentially be administered to the patient. There has been discussion about this issue with program leadership, Professional Practice and Pharmacy, and work is underway to address this and mitigate further errors.

Special cause variation: Yes

Near Miss medication incidents (that did not reach the patient) increased this quarter with the reporting by pharmacy technicians

Data Source: Type of medication incident (April 2019-Present)



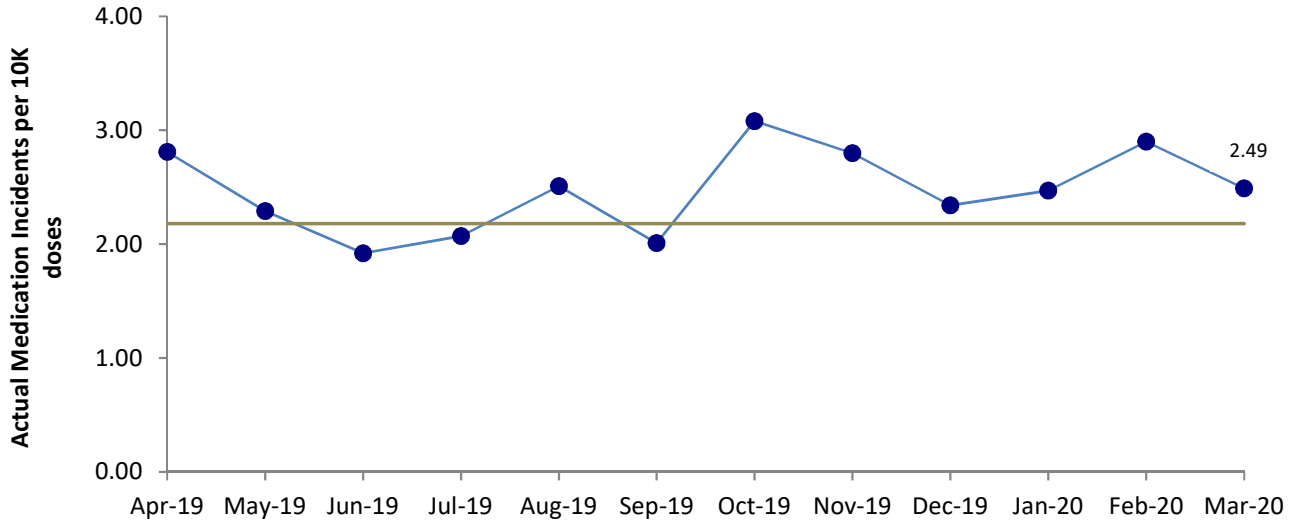
*Incorrect Dose incidents includes dose omission, extra dose, incorrect dosage form, incorrect frequency and incorrect duration.

A medication is considered an “incorrect drug” if/when there is no order from the physician for the patient to be receiving that medication. This can occur when a medication the patient was receiving, has been discontinued by the physician. If the medication is not removed from the patient-specific medication bin, this is considered a potential error. Due to an audit conducted by pharmacy technicians in the latter half of March, this was noted on a number of units, and accounts for the spike in this type of reported medication incidents.

The majority of Incorrect Dose incidents in February involved missing tablets in the return bin of the Omnicell and/or the patient’s prepared blister packs; any of these incidents could have resulted in the patient not receiving the medication as ordered, if not for the astuteness of staff in identifying the error during the process of administering medication to the patient. Almost all of “Other” medication incidents in March involved an incorrect number of medications in the return bin, across various programs.

Mean or average number of actual Medication incidents, when calculated by 10,000 administered doses, is 2.18 per month.

Data Source: Doses administered from the Omnicell (April 2019-Present)

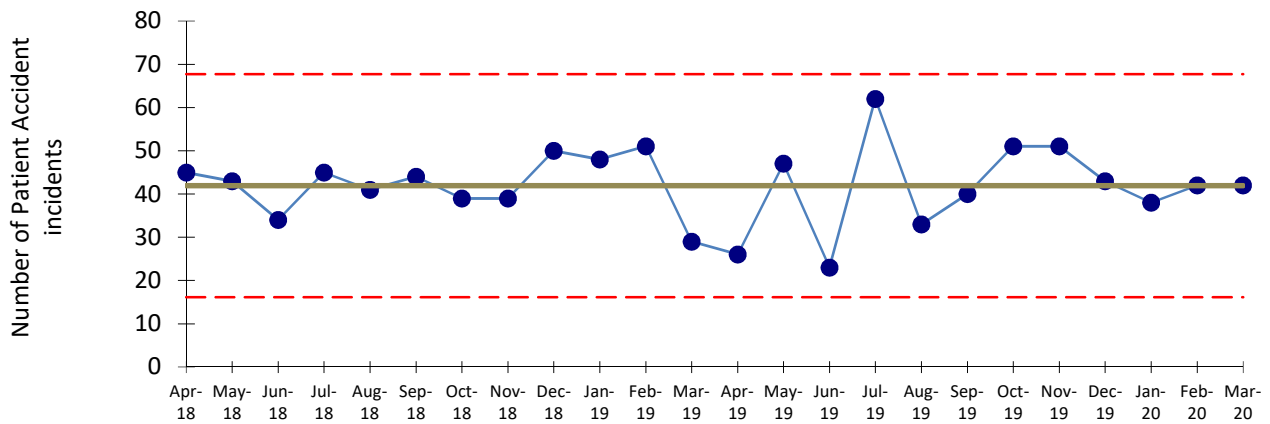


With the implementation of the Omnicell medication dispensing unit mid-March 2019, Medication incidents that reached the patient (actual) can only be calculated by 10,000 doses administered since April 2019. As the data points increase, this graph will be converted to a control chart which will depict any special cause variation.

Patient Accidents

Patient Accident incidents continue to show common cause variation with a mean number of 42 incidents per month.

Data Source: Total number of Incidents (April 2018-Present)

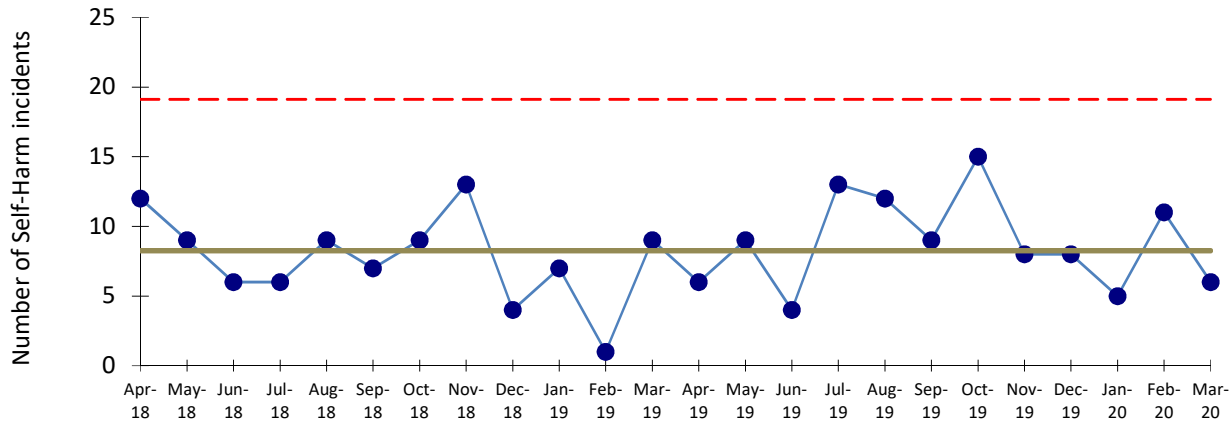


Special cause variation: None

Self-Harm

The number of Self-Harm incidents continue to show common cause variation with a mean of 8 incidents per month.

Data Source: Total number of incidents (April 2018-Present)



Special cause variation: None

Critical Incidents

There were ten deaths this quarter, two of which were by suicide in the Substance Use & Concurrent Disorders (SUCD) RAAM clinic. While every death is reviewed by the Incident Review Committee (IRC), an expedited process is followed in the event of a death by suicide. A triage call is held within 3 days of a committee member being notified of the death. Participants at the triage call include all members of IRC along with the client or patient’s program leadership – the Clinical and Operations Directors. A broad overview of the incident is provided to the committee by the program leadership, and a decision is made as to what type of review (corporate or program-level) is required. The corporate-level review, which is typical in the event of a death by suicide, is held within three weeks of the triage call; participants include all relevant clinical staff who had been directly involved with the client’s care, specifically in the days preceding the death. The purpose of any review is to identify any improvement opportunities to learn from the event to prevent a similar incident in the future. System-wide and/or process-type recommendations that may be generated from the review are tracked by IRC to full implementation.

Table 1: Deaths

Program	Cause	Response
Geriatric In-Patient	1. Medical, secondary to heart disease 2. Palliative	Reviewed at Incident Review Committee. Program-level quality of care reviews are pending*.
Substance Use & Concurrent Disorders (SUCD) RAAM Clinic	3. Suicide (overdose) 4. Suicide	Reviewed at Incident Review Committee. No review was required for the death as the clinical record had no activity for 6 months due to an inability to reach the client. Program-level quality of care review was conducted related to the death; no system/process issues were identified.

Program	Cause	Response
LTC	5. Medical, at TOH 6. Cancer/Palliative	Reviewed at Incident Review Committee. Program-level quality of care reviews were conducted; no system/process issues were identified.
Mood & Anxiety Out-Patient	7. Unknown	Reviewed by Incident Review Committee. Program-level quality of care review was conducted; no system/process issues were identified.
ACTT DD	8. Cancer/Palliative, at BGH 9. Medical, at LTC facility	Reviewed at Incident Review Committee. Program-level quality of care reviews were conducted; no system/process issues were identified.
Schizophrenia Out-Patient	10. Medical	To be reviewed at May 20 th Incident Review Committee. Program-level quality of care reviews to be conducted. Note: this death occurred the end of March 2020; however, the program was notified the end of April 2020.

*Due to COVID-19, a number of quality of care reviews remain pending, in recognition of the importance for the leadership dyads to manage evolving issues related to the pandemic crisis.

Table 2: Q4 – Corporate-level Quality of Care Review Recommendations and Status

#	Program	Incident Summary	Recommendation(s)	Implementation Timeline	Status
1	Forensic Treatment Program	Right limb amputation due to ischemia	Program to review their admission protocol to ensure that comprehensive admission assessments are completed on all new admissions <ul style="list-style-type: none"> Complete a 6 month audit of adherence to this protocol 	On hold due to the pandemic	
			Establish an escalation protocol to guide nursing staff in the management of an acutely ill patient/client. Specifically, this should address when to contact the on-call MD, when to contact the Unit Manager, when to contact the on-call Admin staff, and when to call 911.	On hold due to the pandemic	
			Provide refresher education to nursing staff on: <ul style="list-style-type: none"> How and what to communicate to the attending/on call physician when there are medical and/or psychiatric patient concerns. 	On hold due to the pandemic	
			Provide refresher education to nursing staff on: <ul style="list-style-type: none"> Education on the Health Care Consent Act. The education should cover the domains for capacity and the hierarchy for selection of a SDM, as well as the roles and review of suitability of SDM.	On hold due to the pandemic	

#	Program	Incident Summary	Recommendation(s)	Implementation Timeline	Status
			Provide refresher education to nursing staff on: <ul style="list-style-type: none"> What clinical information should accompany the patient when they are being transferred to acute care hospital and re-admitted to The Royal 	On hold due to the pandemic	
			Provide refresher education to nursing staff on: <ul style="list-style-type: none"> General charting/documentation expectations 	On hold due to the pandemic	
			Recommend the implementation of Morbidity & Mortality rounds to The Royal. Rounds associated with a critical incident will enhance the scope of the quality review process and maximizes educational opportunities across the organization.	On hold due to the pandemic	
			Connect with The Ottawa Hospital, Brockville General Hospital, and Kingston General Hospital to share information, key findings and recommendations from The Royal's quality of care review.	On hold due to the pandemic	
			Share the recommendations from the review with the client/family/SDM.	March 31, 2020	Delayed due to the pandemic

Appendix 1 Definitions: Levels of Severity

Type	Definition
Near Miss	An incident that has potential for harm but is intercepted prior to reaching the patient
None	Incident reached the patient but patient is not harmed; no symptoms are detected and no treatment is required
Mild	Minimal symptoms/harm; no or minimal intervention is required i.e. basic first aid, increased level of observation
Moderate	Patient is symptomatic resulting in minor permanent, long-term harm or loss of function. Police/EMS/Cell Extraction Team intervention required and/or transfer to an acute care hospital for treatment. Abscending/Missing Patient category only: report the incident as "Moderate" if patient is certified under MHA (Form 1, 3, 4); in-custody or direct supervision status (Forensic patients only); if patient has been identified within the last 90 days as having a history of violence/self harm
Severe	Life-saving intervention or major permanent or long-term harm or loss of function. Abscending/Missing Patient category only: report the incidents as "Severe" if patient has recent homicidal or suicidal ideation with plan of intent and/or recent attempt of homicide/suicide
Death	Where death was caused by the incident

A patient safety incident is defined by the *Canadian Patient Safety Institute (2011)* as “an event or circumstance which could have resulted, or did result, in unnecessary harm to a patient”, directly associated with the care or services provided. A near miss is a patient safety incident that did not reach the patient. A critical incident, as defined in the *Public Hospitals Act*, is any unintended event that occurs when a patient receives treatment in the hospital, and that results in death, or serious disability, injury or harm to the patient, and does not result primarily from the patient’s underlying medical condition or from a known risk inherent in providing the treatment. At The Royal, a patient incident involves harm to the patient or others.

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2019-2020 – 54	Priority: Important
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DATE:	June 18, 2020
COMMITTEE:	Governance Committee
PRESENTER:	C. Coulter
SUBJECT:	Extension of the term of office of an elected Trustee

BACKGROUND INFORMATION:

The Governance Committee recommends this amendment to the ROHCG By-laws (subject to a legal review - see below) as it would be useful in *extraordinary* circumstances if the term of a Trustee could be extended by the Board at its discretion. The term of the extension would be left to the discretion of the Board depending on the circumstances and would be exceptional to the general order of things and not tied to any one Board member.

LEGAL REVIEW AND/OR APPROVAL:

A legal opinion was sought and no statutory restrictions to the proposed changes were found.

MOTION FOR APPROVAL:

BE IT RESOLVED THAT the ROHCG By-laws be revised as follows to allow for an extension of the term of office of an elected Trustee beyond what is provided for in recognition of exceptional circumstances:

3.5.1 The elected Trustees shall hold office for a one, two or three-year term as may be determined by the *Board*, on the recommendation of the Governance Committee, and shall be eligible for re-election, provided that each elected Trustee shall hold office until the earlier of the date on which their office is vacated under section 3.7 or until the end of the annual meeting when his or her term expires or until his or her successor is elected. With the exception of the Chair, *and subject to what follows*, no person may be elected a Trustee for more terms than will constitute nine consecutive years of service. *Notwithstanding the foregoing, on the recommendation of the Governance Committee, the Board may extend the term of office of an elected Trustee beyond what is provided for herein in recognition of exceptional circumstances as confirmed by resolution of the Board.*

Moved by:

Seconded by:

Motion approved:

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2019-2020 – 55	Priority: Important
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DATE:	June 18, 2020
COMMITTEE:	Governance Committee
PRESENTER:	C. Coulter
SUBJECT:	2020-2021 Board Membership

BACKGROUND INFORMATION:

The Governance Committee is responsible to the Board for the identification and recommendation of individuals to become Board members. After reviewing the members' appointment terms, updating the Members' skills/education/expertise matrix, contacting members and meeting with Board member candidates following a review of their curriculum vitae, the Governance Committee presents the recommended 2020-2021 Board membership of the Royal Ottawa Health Care Group.

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT, the Board membership for 2020-2021 be accepted as presented in the attached letter and forwarded to the Annual General Meeting for approval.

Moved by:

Seconded by:

Motion approved:

June 18, 2020

Joanne Bezzubetz
Secretary of the Board
Royal Ottawa Health Care Group
1145 Carling Avenue
Ottawa ON K1Z 7K4

Dear Joanne:

As Chair of the Governance Committee of the Board of Trustees, Royal Ottawa Health Care Group, I present the Committee's report with respect to the recommended Board membership for the coming year. I wish to express my sincere thanks to the members of the Governance Committee for their assistance in this important task.

The following Board Members are recommended for re-election for the terms as indicated:

Name	Term length (years)	Appointment
C. Coulter	3	2020-2023
J. Gallant	3	2020-2023
L. Gillen	3	2020-2023
J. MacRae	1	2020-2021

Subsection 12(4) of the *Public Hospitals Act*, which provides as follows:

Despite the *Corporations Act*, a hospital may provide by by-law for the election and retirement of directors in rotation, but in that case no director shall be elected for a term of more than five years and **at least four directors shall retire from office each year**

The elected Trustees shall hold office for a **one, two or three-year term** as may be determined by the Members, on the recommendation of the Governance Committee... (ROHCG Bylaws 3.5.1)

Board membership for 2020-2021 will be as follows:

Members of the Board of Trustees

Name	Term	Initial Appointment
R. Anderson	2019-2022	2017
N. Bhargava	2019-2022	2016
C. Coulter	2020-2023	2017
J. Gallant	2020-2023	2015
L. Gillen	2020-2023	2016
A. Graham	2020-2022	2010
I. Levy	2019-2021	2012
L. Leikin	2018-2021	2016
J. MacRae	2020-2021	2017
D. Somppi	2019-2022	2016
S. Squire	2019-2022	2017
P. Johnston	2020-2021	2020

***The Chair's term may be extended beyond the nine consecutive year period. (ROHCG Bylaws 3.2.2)

Ex-Officio Trustees:

Past Chair	[Vacant]
J. Bezzubetz	President & CEO and Secretary of the Board
R. Bhatla	Psychiatrist-in-Chief/Chief of Staff
T. Lau	President of Medical Staff
E. Millar	Chief Nursing Executive
J. Nyman	University of Ottawa

Based on provincial legislation, all ex-officio trustees, except the University of Ottawa representative, are ***non-voting*** Board Members.

The Committee is recommending to the Board that the following serve as Officers of the Royal Ottawa Health Care Group:

Chair:	A. Graham
Vice Chair:	I. Levy
Vice Chair:	C. Coulter
Secretary:	J. Bezzubetz

C. Coulter
Chair, Governance Committee
Royal Ottawa Health Care Group

Board of Trustees' Membership Terms

Name	Position	Initial Appointment	Term(s) Completed	Current Appointment	Remaining years of term as of AGM 2020	Eligible Until (<i>no more than 9 consecutive years of service</i>)*
Graham, Anne	Chair	2010	2010-2011 (1) 2011-2014 (3) 2014-2017 (3) 2017-2019 (2) 2019- (<i>Chair</i>)	2019-2020 (1) 2020-2022 (2)	2	2022*
Levy, Isra	Vice-Chair	2012	2012-2015 (3) 2015-2018 (3) 2018-2019 (1)	2019-2021 (2)	1	2021
Coulter, Catherine	Vice Chair	2017		2017-2020 (3) 2020-2023 (3)	3	2026
Leikin, Lewis	Trustee	2016	2016-2018 (2)	2018-2021 (3)	1	2025
Charette, Janice	Trustee	2011	2011-2014 (3) 2014-2017 (3)	2017-2020 (3)	0	2020 FINAL TERM
Gallant, José	Trustee	2015	2015-2018 (3)	2018-2020 (2) 2020-2023 (3)	3	2024
Bhargava, Niraj	Trustee	2016	2016-2019 (3)	2019-2022 (3)	2	2025
Gillen, Lynette	Trustee	2016	2016-2018 (2)	2018-2020 (2) 2020-2023 (3)	3	2025
Somppi, David	Trustee	2016	2016-2019 (3)	2019-2022 (3)	2	2025
Anderson, Roxanne	Trustee	2017	2017-2019 (2)	2019-2022 (3)	2	2026
MacRae, James	Trustee	2017		2017-2020 (3) 2020-2021 (1)	1	2026
Squire, Sharon	Trustee	2017	2017-2019 (2)	2019-2022 (3)	2	2026
Johnston, Pari	Trustee	2020		2020-2021 (1)	1	2029
Jacline Nyman	<i>Ex-officio</i> Voting Member	2020		2020-2029 (9)	9	2029 (<i>limited to 9 years</i>)
McLean, Scott	Past Chair <i>Ex-officio Non-Voting</i>	2011	2011-2013 (2) 2013-2016 (3) 2016-2018 (2) 2018-2019 (1) 2015-2019 (3) (<i>Chair</i>)	2019-2020 (1)	0	2020 FINAL

*ROHCG Bylaws section 3.5.1 ... With the exception of the Chair, no person may be elected a Trustee for more terms than will constitute nine consecutive years of service. The term of office of the Trustees serving as Chair may be extended as required beyond the nine consecutive year period to accommodate their term in office as Chair. 11.2.2 ... The Chair shall serve for a three-year non-renewable term, except as otherwise determined by the Board, or until a successor is appointed. If a Trustee assumes the position of Chair in the ninth year of his or her term as a Trustee, the term of office as a Trustee may be extended by two years to accommodate the Trustee's term of office as Chair, which is three years.

**ROHCG Bylaws section 11.2 ... The Past Chair shall hold office for a one-year renewable term or until a successor is appointed.

- Subsection 12(4) of the *Public Hospitals Act*, which provides as follows:

- o Despite the *Corporations Act*, a hospital may provide by by-law for the election and retirement of directors in rotation, but in that case no director shall be elected for a term of more than five years and **at least four directors shall retire from office each year**

- Ex-officio: Joanne Bezzubetz, Raj Bhatla, Tim Lau, Esther Millar. In office until successor appointed. University position in office for 9 years.

- New Board members are to be appointed for a 1-year term their first year as a probationary period

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2019-2020 – 56	Priority: Important
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DATE:	June 18, 2020
COMMITTEE:	Governance Committee
PRESENTER:	C. Coulter
SUBJECT:	Committee Membership for 2020-2021

BACKGROUND INFORMATION:

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT, the Committee membership for 2020-2021 be accepted as presented and forwarded to the New Officers' Meeting for approval.

Moved by:

Seconded by:

Motion approved:

2020-2021 Board Committee Membership

Chair of the Board
A. Graham

Executive Committee
Graham, A., Chair
Levy, I., Vice Chair
Coulter, C. Vice-Chair
Gallant, J., Chair, Finance/Audit
** Bezzubetz, J., Secretary****

Audit Committee
Gallant, J., Chair
Anderson, R., Vice-Chair
Gillen, L.
Coulter, C.
Leikin, L.
Squire, S.
MacRae, J.
*Graham, A.
****Bezzubetz, J.
****Crocker, C.

Finance Committee
Gallant, J., Chair
Anderson, R., Vice-Chair
Gillen, L.
Coulter, C.
Leikin, L.
Squire, S.
MacRae, J.
*Graham, A.
**Bezzubetz, J.
**Khan, A.
****Crocker, C.

Compensation and Succession Planning Committee
Graham, A., Chair
Levy, I., Vice-Chair
Gallant, J.
Somppi, D.
Bhargava, N.
~~**McLean, S.~~
**Bezzubetz, J.
****Crocker, C.

Medical Advisory Committee
Bhatla, R., Chair


Research Ethics Board
Chair TBC

Governance Committee
Coulter, C., Chair
Squire, S, Vice-Chair
Somppi, D.
~~Charette, J.~~
Levy, I.
*Graham, A.
~~**McLean, S.~~
****Bezzubetz, J.

Innovation Committee
Bhargava, N., Chair
Anderson, R. Vice-Chair
Somppi, D.
MacRae, J.
~~Squire, S.~~
Leikin, L.,
*Graham, A.
**Mount, M., IMHR
**Milne, A., Foundation
**Bhatla, R.
**Bezzubetz, J.
° Dzierszinski, F.
° Hale, S.
° Corace, K.
° Monaghan, K.
° Bellman, M.
° Crocker, C.
° Lambley, J.

Quality Committee
Leikin, L., Chair
Somppi, D., Vice-Chair
MacRae, J.
Levy, I
Gallant, J.
~~Squire, S.~~
~~Johnston, P.~~
**McMurray, L.
**Millar, E.
***Deacon, E.
*Graham, A.
**Bezzubetz, J.
Bhatla, R.**
O'Hara, G., Chair, CAC
Langlois, M., Chair, FAC
[vacant]., Chair, ROP
Family Council
BMHC Patient/Family
° Crocker, C.
° Simpson, D.
° Lambley, J.
° Sedge, P.

- ✓ Quorum for the Board of Trustees is a majority of Independent Trustees
- ✓ Quorum for Committees is 51% of Independent Trustees; Medical Advisory Committee (MAC) is 50% of voting members
- * The Chair of the Board of Trustees is entitled to attend all Committee meetings as an ex-officio *voting* member (except on MAC)
- ** Ex-officio member
- *** Community Representative
- **** Management Resource
- o Following discussion with Board Chair, Committee Chairs may add members as resource people

 Mental Health - Care & Research Santé mentale - Soins et recherche		MINUTES ROYAL OTTAWA HEALTH CARE GROUP INNOVATION COMMITTEE (<i>GOVERNANCE</i>) May 19, 2020 at 4:30 p.m. Zoom meeting (<i>details in calendar</i>)			
MANDATE		To advise the Board and encourage a culture of Innovation at The Royal in order to provide better quality of care for patients			
<i>Definition of Innovation</i>		<i>Implementing new or better ways of doing valued things</i>			
Members	Present	Regrets	Members	Present	Regrets
N. Bhargava, Chair	X		J. MacRae	X	
R. Anderson, Vice Chair	X		S. Squire	X	
D. Somppi	X		L. Leikin	X	
A. Graham		X			
Ex-officio					
A. Milne, Foundation	X		Mike Mount, IMHR		X
J. Bezzubetz	X		R. Bhatla	X	
Management Staff					
S. Hale	X		F. Dzierzinski	X	
C. Crocker	X		K. Corace	X	
K. Monaghan	X		P. Robb, Recorder	X	
Observers					
M. Bellman	X		N. Loreto	X	
J. Lambley	X		S. Farrell	X	
#	ITEM	REFERENCE			RESPONSIBILITY
1.	CALL TO ORDER	N. Bhargava, Innovation Committee Chair, called the meeting to order at 4:32 p.m. and declared the meeting to have been regularly called and properly constituted for the transaction of business. Welcome remarks were provided.			
2.	APPROVALS AND UPDATES	a) Approval of Agenda			
		Moved by S. Squire and seconded by J. MacRae			
		BE IT RESOLVED THAT the agenda for the May 19, 2020 Innovation Committee meeting be accepted, as presented.			
		CARRIED			
		b) Approval of Previous Minutes			
		Moved by L. Leikin and seconded by S. Squire			
		BE IT RESOLVED THAT the minutes from the March 3, 2020 Innovation Committee meeting be approved, as presented.			

		CARRIED	
		c) Updates from Chair – N. Bhargava	
		<p>The letter 'C' was highlighted for this meeting. The world is in Crisis, but the crisis is also a Catalyst for positive change. There are many challenges, but there are opportunities as well for discussion around innovation.</p> <p>The Committee's goal is to support and serve the senior management team who are working hard during this pandemic. A thank you was given for all their hard work. Even though there are changes in the work climate and new challenges in mental health, in the midst of this, innovation is happening. J. Bezzubetz will be updating the Committee on some of those initiatives later on in the agenda.</p> <p>In order to keep the conversation as productive as possible, the agenda has been adjusted to include a Consent Agenda.</p>	
		d) Updates from CEO – J. Bezzubetz	
		During this crisis, we are forced to have more focus, which is helping us move forward. In her later report, the Committee will see that we are starting to focus on a few initiatives that we can follow and monitor.	
3.	ACTION ITEMS	a) New Innovation Process and Scorecard – C. Crocker	
		<p><i>S. Squire departed the meeting at 5 p.m. Quorum was maintained.</i></p> <p>The Innovation Council is made up of management and its purpose is to vet innovation prior to it coming to the Innovation Committee. Now that the Council is involved, it will change the Governance Framework that was approved by the Board so that will need to be revised and brought to the Board for approval.</p> <p>The purpose of the Innovation Committee was reiterated, which is to advise the Board on innovation either approved or recommended, and to encourage culture. There was a brief discussion about structure and what is brought to the Committee for oversight and whether it should be similar to what other Committees do. It was noted that in the early definition, this was left up to the CEO to decide what is material. The Committee seemed pleased with the structure of the meeting with both the governance and ideation sessions. The CEO noted</p>	<p>C. Crocker J. Bezzubetz</p>

		<p>that the ideation portion of the meeting has inspired a lot of direction.</p> <p>A question arose about how the Foundation fit into the new Innovation Council and it was noted that the Council is meant to be inclusive. There will be discussions with the Foundation in the coming days to ensure they are represented and have input.</p> <p>On review of the proposed scorecard, the Committee requested that a timeline be added so they can see what is being implemented.</p> <p>C. Crocker then joined the meeting and had the following updates:</p> <p>At the last meeting there was a discussion whether the Terms of Reference of the Innovation Committee would need to be changed with the creation of the Innovation Council, but it does not look like that needs to be done.</p> <p>Following a meeting with M. Webb from IT, they looked at some charts and determined that the best scenario would be to sit down with some board members to ask what works for them and then come up with a dashboard from those discussions. This will be organized with Committee members.</p> <p>In summary, it was agreed there is opportunity to adjust approach on the governance framework and scorecard, and to add a timeline. SMT to come back in advance of the next meeting for governance action item. Chair offered to participate in an iterative review as may be helpful.</p> <p>A copy of the Innovation Council and Scorecard materials were included in the meeting package.</p>	<p>J. Bezzubetz</p> <p>C. Crocker</p> <p>C. Crocker</p>
		<p>b) Update on initiatives during Covid (to summarize innovations that have been approved) – J. Bezzubetz</p>	
		<p>The following updates were made:</p> <ul style="list-style-type: none"> - The way the C-prompt clinic was done was very innovative. The team recently was asked by Ottawa Public Health to give a brief snapshot of service delivery to date. There have been 407 referrals, with the highest number of referrals in a day being 31. There are nurses, social workers, psychologists and 	

		<p>residents involved. The capacity for psychotherapy is established. The clients who are visiting present with modern/severe depression and anxiety. Almost two-thirds are female with the average age of 40. 95% of visits are done virtually.</p> <ul style="list-style-type: none"> - As others are reducing, the Royal has continued to provide ECT. - A long acting injection clinic was established for individuals who would have challenges in maintaining wellness without injections. People attend at the hospital to receive the injections. - Some residents of LTC have moved to acute hospitals and our team have offered continuous support. - A mindability program for health care workers was established. This was launched a week ago to help them deal with wellness related to Covid-19 Ontario Health Centre of Excellence asked The Royal to partner with them to help healthcare workers and we are continuing to work closely with them. Any resident of Ontario can be served, with a focus on eastern and northern Ontario. There is a link to this service on the Ontario government's website. Appointments are booked online and within the first week there were over 20 referrals who have all been seen. The majority were from hospital in-patient wards and were RNs or social workers. Half had had mental health problems in the past and most were women with a mix of different races. The main problem was situational crisis and some trauma as well. K. Corace has been working closely with the Communications team to get this information out there. <p>These things have been put together quite rapidly, including the virtual care option. Many more physicians have now signed up to provide virtual care. IT has had to work swiftly to get licenses and ensure that we could manage volume and traffic on our network. In particular, they were good about looking at things that were overwhelmed and were able to use other platforms to accommodate (Zoom for healthcare etc.). Security is also an important</p>	
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		<p>issue and IT was able to ensure security is maintained.</p> <p>An item was raised about when The Royal finally opens up and people return to work. There will be a challenge around testing and knowing people's health status. An Ottawa company has developed a rapid test, but there are a few issues to be fixed before it can be used. It was noted that testing will likely have to go through the Champlain LHIN, but if we can use any influence to test the region more quickly, that will be good. We can also use our expertise to leverage some of the technologies that are out there. At the Royal, we are a congregate living organization. which is a high risk group so we have pushed hard to ensure we have testing.</p> <p>J. Bezzubetz and team were thanked for this report and for making things happen so quickly. The Committee was pleased to hear there are sustainable activities.</p>	
		c) Brain Imaging Centre (to make a decision whether it belongs to this Committee) – J. Bezzubetz	
		This item was deferred to the next meeting.	P. Robb
		d) Update on governance process around AI: attendees for the workshops – C. Crocker	
		A pro-bono contract was signed late last week with NuEnergy.ai (N. Bhargava previously declared his participation in this company and remains outside the Committee/Board review on this item). C. Crocker will be following up this week to see who will participate and setting times, but it should be in place over the next few weeks. The first workshop can be done virtually and we should be able to move ahead with that in June. The hope is that it will be completed before the start of summer.	C. Crocker
		e) Brief Update on proposed questions on innovation for the Board from last meeting – J. Bezzubetz; C. Crocker	
		This item was deferred to the next meeting.	P. Robb
4.	INNOVATION GOVERNANCE <i>(From work plan)</i>	a) Social Innovation Prototype – J. Bezzubetz; K. Corace	
		This item is part of the early phase governance (workplan language – 5b below). It is a concept we have become familiar with and will hear more about. It has resonated with both partners and board	

		<p>members: What is the new system of care that allows the hospital without walls to be part of that system?</p> <p>This prototype will lead to social impact and change. Various stakeholders who want to be part of the change will be brought together to come to a joint vision and development of what the hospital without walls means.</p> <p>The outcome we are looking to achieve is improved access and improved wait time. The Royal exists to help people and whatever we do for the organization of the future should result in those improved wait times. This is the start of the exploration stage. More information will be provided at the next meeting.</p>	<p>J. Bezzubetz K. Corace</p>
		<p>b) Review the objectives and goals of the Royal's Research Group with respect to Innovation – F. Dzierszynski; K. Corace</p>	
		<p>This item was deferred to the next meeting. K. Corace will be invited for the clinical side and Z. Kaminski will be invited to talk about his work.</p>	<p>P. Robb</p>
CONSENT AGENDA			
<p>5. INNOVATION GOVERNANCE <i>(From work plan)</i></p>	<p>None of the following items were removed from the Consent Agenda, nor were there any further items brought to the committee from management.</p> <ul style="list-style-type: none"> a) Review of the state of the Culture of Innovation <i>(including determining the means of measurement and frequency of measurement)</i> as per 3a. action item b) Discuss potential Innovation Initiatives at infancy stage c) Review and Assessment of Innovation Initiatives using the Governance Framework and recommendation for approval of Innovation Initiative to the Board of Trustees and involve other Board Committees, as appropriate/relevant d) Monitor implementation of Innovation Initiatives approved by Board of Trustees and report same to Board of Trustees e) Review the means of measuring Innovation and reporting of same 		
<p>6. INNOVATION COMMITTEE QUESTIONS & REPORT TO THE BOARD</p>	<p>This item was deferred to the next meeting.</p>		<p>P. Robb</p>

7.	OTHER BUSINESS <i>(if any)</i>	There was no new business.	
8.	ADJOURNMENT	Next Meeting September 1, 2020 at 4:30 p.m.	
		<p>Moved by J. MacRae and seconded by D. Somppi</p> <p>There being no further business, the meeting adjourned at 5:30 p.m.</p> <p style="text-align: right;">CARRIED</p>	
<p>_____</p> <p>N. Bhargava, Chair _____</p> <p style="text-align: right;">J. Bezzubetz, Secretary</p>			

Innovation Committee Meeting Action Items

	Action Item	Individual Responsible	Status
	May 19, 2020 GOVERNANCE		
	To revise the Governance Framework and Scorecard to include the work of the Innovation Council. The revised versions to be brought to the Board for approval, via the next Innovation Committee meeting.	J. Bezzubetz C. Crocker	Sept. 1, 2020 Board of Trustees Sept. 24, 2020
	To have a conversation with the Foundation around the Innovation Council to ensure they are represented and have input.	J. Bezzubetz	
	To add a timeline to Scorecard so Committee can see what is being implemented.	C. Crocker	
	To make arrangements to sit down with some board members to come up with a dashboard from those discussions.	C. Crocker	
	Re governance process around AI: C. Crocker will follow up this week to see who will participate and set times.	C. Crocker	
	Update on Social Innovation Prototype	J. Bezzubetz K. Corace	Sept. 1, 2020
	<i>From Workplan:</i> Review the objectives and goals of the Royal's Research Group with respect to Innovation	F. Dzierszinski K. Corace	Sept. 1, 2020
	May 19, 2020 IDEATION		
	Entered into a one-year license with company out of Portland that does virtual broadcasting. On May 27, 2020 doing a trial for a high school education program. Will send out invitation to Committee members to provide them with an opportunity to observe event on this platform.	M. Bellman	COMPLETED Sent to Committee members
	<i>Partnerships and Digital Health:</i> Actions are to build from both ideation topic as the partnership discussion built on digital hub conversation	J. Bezzubetz (with assistance from N. Loreto)	
	- Complete inventory of partnerships and innovations at The Royal	N. Loreto	
	- Evaluation of partnership options based on defined criteria (Example: outcomes, desirability, benefits for client populations, resourcing, etc.) and strategic goals for sustainable digital and virtual health plans.	N. Loreto	
	- Develop strategy roadmap for partnerships and virtual care and	N. Loreto	Sept. 1, 2020

	establish a timeline. Bring to next Governance		
	March 3, 2020 GOVERNANCE		
	To bring back a new inventory document/innovation scorecard that aligns with our goals and Terms of Reference.	C. Crocker	COMPLETED May 19, 2020
	To make a decision whether BIC belongs to this Committee and bring decision back to the next meeting.	J. Bezzubetz	May 19, 2020 Sept. 1, 2020
	Re governance process around AI. Once details are finalized as to how many will be in the workshops, C. Crocker will follow up with J. Bezzubetz about getting attendees for the workshops.	C. Crocker J. Bezzubetz	COMPLETED May 19, 2020
	To look at the proposed questions on innovation to the Board and come back with some recommended changes at the next meeting.	C. Crocker J. Bezzubetz	May 19, 2020 Sept. 1, 2020
	March 3, 2020 IDEATION		
	The Integrated Care document that R. Anderson presented to the Ideation session will be shared with the Senior Management Team. J. Bezzubetz is to follow up with SMT to see if the information can be used to support any of the asks that management is making. This will also be added as part of the Innovation report to the Board on March 26 and will be included in the meeting package.	J. Bezzubetz P. Robb	COMPLETED P. Robb sent to J. Bezzubetz to add to SMT agenda COMPLETED Added to March 26, 2020 Board agenda
	IMHR External Review: A future ideation topic on new types of partnerships with industry. How does mainstream partner with other providers that are for profit? There a potential to have partnerships. Think about it generically. If we have a model we have thought about it might be clearer what kinds of companies we want to form partnerships with.	N. Bhargava	COMPLETED May 19, 2020
	To look into arranging a joint session with Innovation Committee and Scientific Advisory Board at their annual meeting. Possibly facilitated by a third party.	F. Dzierszinski	May 19, 2020 Sept. 1, 2020
	Grant Competition: Translation of research into care. Can Innovation Committee be involved in any way? F. Dzierszinski will have some sort of summary for Committee on what they are.	F. Dzierszinski	May 19, 2020
	December 3, 2019 GOVERNANCE		

	The scorecard dashboard format will be updated to take into account the timing feedback as well as how to make it more aligned with the Senior Management Team practices.	J. Lambley	COMPLETED March 3, 2020
	The Board will need to be informed of the discussions about the BIC and then the Finance Committee will be asked to look at it.	N. Bhargava	COMPLETED P. Robb sent email to R. Anderson to ask her to facilitate putting this on the Finance Committee agenda
	The President & CEO is to come back to the Innovation Committee to report on how the Senior Management Team proposes to bring business cases to the Innovation Committee.	J. Bezzubetz	COMPLETED March 3, 2020
	December 3, 2019 IDEATION		
	To set up meeting with J. Bezzubetz, N. Bhargava and M. Bellman regarding the Upside Foundation.	P. Robb	COMPLETED February 11, 2020
	September 10, 2019 GOVERNANCE		
	To propose the staff member to collect the initial Innovation inventory and use that to propose initial categories, using the draft dashboard and governance framework as a guide.	J. Bezzubetz/SMT	COMPLETED By end of September
	To update Dashboard for December meeting.	J. Bezzubetz/designate	COMPLETED December 3, 2019
	To add approval of Framework to December meeting.	P. Robb	COMPLETED December 3, 2019
	September 10, 2019 IDEATION		
	To provide an update on Federic and the Shark Tank at the December meeting.	F. Dzierzinski	COMPLETED December 3, 2019
	To provide information on data governance practices.	N. Bhargava	COMPLETED December 3, 2019

Succession Management COVID-19

Top Layer Executive
April 22, 2020



Mental Health - Care & Research
Santé mentale - Soins et recherche

Legend:

1st level replacement
2nd level replacement

President & CEO	Chief Operating Officer & CFO	VP, Patient Care Services & Community Mental Health	VP, Patient Care Services, Professional Practice & CNE	Psychiatrist in Chief/Chief of Staff
Joanne Bezzubetz	Cal Crocker	Susan Farrell	Esther Millar	Raj Bhatla
Psychiatrist in Chief/Chief of Staff Raj Bhatla	Director, Finance Kim Kealey	Director, Patient Care Services Carol-Anne Cumming	Director, Allied Health Professional Practice Emily Deacon (VP function)	Psychiatrist, Associate Chief Paul Sedge
COO & CFO Cal Crocker	Director, Human Resources & Labour Relations Rosanna Lashely (COO function)	Director, Patient Care Services Pam Jackson	Director, Nursing Practice Billie Pryer (CNE function)	Psychiatrist, Associate Chief Sanjiv Gulati
	General Counsel, FOI Coordinator Jacquie Dagher (COO function)		Director, Patient Care Services Joan Garrow	Clinical Director's Incumbent dependent on availability, unit status, skill set, and may be divided amongst Clinical Director's
	Manager, Budgeting and Reporting Craig St. Germain (CFO function)			

Legend:

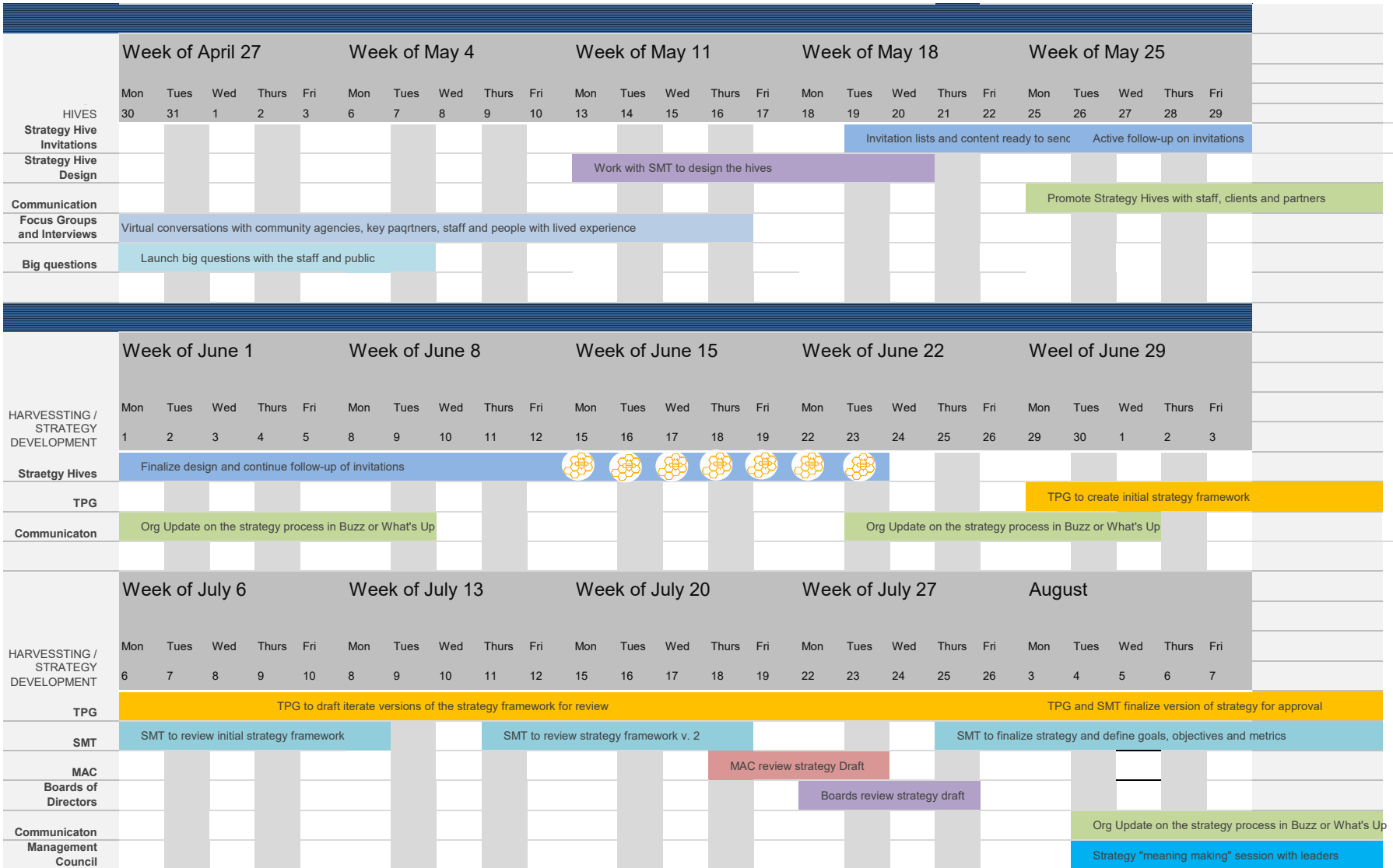
1st level replacement
2nd level replacement

Crisis Leader
Joanne Bezzubetz
Psychiatrist in Chief/Chief of Staff
Raj Bhatla

Finance/Admin Section Coordinator	Operations Section Coordinator	Emergency Command Manager
Cal Crocker	Susan Farrell	Esther Millar
Director, Finance	Director, Patient Care Services	COO & CFO
Kim Kealey	Carol-Anne Cumming	Cal Crocker
Manager, Budgeting and Reporting	Director, Patient Care Services	VP, Patient Care Services & Comm. Mental Health
Craig St. Germain	Karen Daley	Susan Farrell
	Psychiatrist, Associate Chief	
	Paul Sedge	

Project Timeline: Strategic Planning, Royal Ottawa Healthcare Group

Updated 2020-06-12





Mental Health - Care & Research
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Strategic Planning Themes from the Pollination Phase

Focus Groups and Interviews Completed:

- Staff groups (2), community partners (5), people with lived experience (4), Royal leaders and Boards, Ministry, others hospital partners (building on consultation throughout last fall)
- Insights have shaped the next phase -- Strategy Hives -- to co-design visions/priorities for the next several years
- Now over 500 voices have been engaged through the entire process (since the fall)
- Connecting with indigenous groups next week

High Level Themes from Pollination

- The Royal is recognized as the most important regional leader/expert on mental health care, research and teaching, with a great deal of progressive and meaningful work underway
- The biggest need is for an overall regional system lens, with clarity about the role of the Royal as a key player in the system -- where is/should be the Royal be leading, shaping, partnering, researching, translating knowledge, capacity building?
- There are many solid programs and providers making a difference for people with mental health and addiction needs, but mapping the whole landscape is hard and accessing these services and programs can be very difficult (waitlists, not enough resources, hard to find, requirements)
- One of the biggest perceived gaps is “secondary” care -- the interface between the Royal and specialized care in the community
- Knowing the full suite of what is available and accessible, and support for finding appropriate resources and supports are critical needs for both consumers and providers (coordinated access, etc.)
- There is a big appetite for innovations that support people to have SOME care at the moment they need it -- peer support, active waiting, early assessment before putting on a wait list, options
- People with lived experience need an integrated system, tell their story once, and continuity that doesn't make them feel like they “drop off a cliff”, culturally conscious lenses

- There is much desire expressed for supporting interprofessional models of care that empower all team members to make referrals and support flow (with accountability)
- Strategy work needs to be about building on and connecting work underway, not starting all over
- Community partners really value the expertise of the Royal but want to be partnered with in a way that acknowledges the expertise that comes from working with people in the complexity of their environments (humility)
- Everyone values the notion of “hospital without walls” and would like to see it come to life in the most robust way possible (transparency, ease of access and re-access, fewer siloes, understanding of what the Royal does and does not do, etc.)
- There is some misperception about where the Royal is asserting itself versus where it is being asked to step in and lead (e.g. Mindability)
- Many researchers are unclear about where the themes around lack of alignment between clinical and research are coming from
- Staff love working at the Royal and wish for greater sense of flow between programs and services



Mental Health - Care & Research
Santé mentale - Soins et recherche

Hello everyone,

I wanted to let you know that we have achieved an important milestone in our strategic planning process having now completed consultations with clients, families, staff, Board members of all three Royal organizations, partners and the general public. I am so pleased to see that more than 500 voices having participated in focus groups or online to inform our thinking and prepare us for the next phase of our plan. We now have a better understanding of what is most important to our clients, families, staff and members of our community and how we can shape the future of our organization as a hospital without walls.

In mid-June, members of SMT, with the assistance of Danny Nashman and Cate Creede from The Potential Group, will be hosting 5 intensive, online co-design sessions called Strategy Hives. Together, we will be able to explore the themes that have emerged from our consultations and discuss strategies that can help us design the model of care for the future that is responsive to the needs of clients today and those of future generations, and help shape a regional system of care and services for people with mental health and substance use needs.

The following **five topics** are:

1. What can we do together to accelerate towards a better system of mental health care in our region?
2. How do we fulfill the promise of the “hospital without walls”/care without walls?
3. What research and teaching will have the greatest impact?
4. How can we harness the full capacity of the Royal to deliver on our mandate?
5. What partnerships, collaborations and innovations will enable the best mental health system across our region?

As a Board member, I would like to invite you to participate in one or more of these sessions in mid-June. We are hoping for a diverse group of people with lived experience, staff, researchers, board members, volunteers and donors and other providers of care to be part of each session. I want to encourage your feedback in English or French, so please indicate your preference when you register.

Below are full descriptions of the five strategy hives along with links to register. You are welcome to attend one or more session but please note that each topic is going to be explored twice so you need only participate in one session per topic. We are hoping to make as many spots available as possible, but if a session is full, please join the waiting list or consider attending another session.

I look forward to your participation!

Joanne Bezzubetz, PhD
President & CEO

Royal Ottawa Strategy Hives – June 2020

Strategy Hive #1: What can we do together to accelerate towards a better system of mental health care in our region?

In recent years, there has been a deeper recognition of the importance of supporting the mental health of our communities. Across the province and our region, everyone connected with mental health have been working towards improving access to meaningful, high quality services, evidence-supported care, reliable and transparent navigation. Ontario Health Teams, the Roadmap to Wellness and new Centre of Excellence for Mental Health, along with many regional innovations have created multiple opportunities to work together to fully enable a shared system of care. At the same time, advances in digital health, emerging research and treatment, and the powerful agility we've honed through the COVID crisis, are pointing us towards new possibilities for health care delivery and improved client experiences and outcomes.

Join us for this Strategy Hive where we will be bringing together providers of care and services, researchers, and people with lived experience and families to build on the great work being done across our system and to envision what we want to generate for our communities. This will be a foundational conversation that will help us better understand the role of The Royal in our region now and into the future.

Hive 1A: June 15 – 10:00am - 12:30pm

Hive 1B: June 15 – 2:30pm – 5:00pm

Link to register: <https://theroyalhive1.eventbrite.ca>

Strategy Hive #2: How do we fulfill the promise of the “hospital without walls”/care without walls?

The Royal already has many roles in mental health care in the region -- developer of new knowledge, teacher, capacity builder, tertiary care, secondary care, community link, front line provider. At the same time, the current pandemic has illustrated the value and urgency of amplifying our commitment to our future as a “hospital without walls.” We need to continue developing agile and innovative programming, for virtual care, digital health and meeting and serving people where they are. We also need to strengthen our integration and collaboration with community partners, creating a seamless perspective on the system.

Using the vision for care and service in our region which was developed from hive number one as a starting point, we will work with our internal and external partners to explore how The Royal could evolve its role as a hospital without walls to help support the highest quality connected spectrum of care across primary, secondary and tertiary care.

Hive 2A: June 16 – 9:30am - 12:00pm

Hive 2B: June 16 – 4:30pm – 7:00pm

Link to Register: <https://theroyalhive2.eventbrite.ca>

Strategy Hive #3: What research and teaching will have the greatest impact?

The Royal is recognized as an important academic voice, with world class discovery science, innovative clinical research and teaching across the full continuum of mental health. This Hive will explore how to articulate an integrated strategy for the Royal that incorporates the full spectrum of science, identifies new possibilities for interdisciplinary, clinical and patient-driven research, more quickly translates evidence into practice, and articulates shared principles for teaching.

Join us for this Strategy Hive where we will explore the areas of knowledge and research that we are uniquely positioned to strengthen or build, opportunities to improve outcomes through better integration of evidence and best practices, and how to evolve our role as educators.

Hive 3A: June 17 – 11:00am – 1:30pm

Hive 3B: June 17 – 2:30pm – 5:00pm

Link to register: <https://theroyalhive3.eventbrite.ca>

Strategy Hive #4: How can we harness the full capacity of The Royal to deliver on our mandate?

One of the goals of this integrated strategic planning process is to align all parts of the Royal Ottawa Health Care Group behind common goals that transform our organization for the future. Across all three organizations, there is appetite to leverage the full capacity of our hospital, community programs, research, teaching and philanthropy. There is also much interest in harnessing the power of data and digital technologies to improve access, quality of care, client outcomes and simplify the sharing of meaningful information that can support integrated care and research.

Join us for this strategy hive where we will build on the visions for care and the role of The Royal. We will explore how we bring those roles to life in an integrated way across our organization and in the broader system in ways that meet the needs of our teams, donors, community partners, and all those that we serve. These conversations will help us translate our strategic intentions into choices about the programs we offer, the investments we make and our focus areas as a mental health care and research organization.

Hive 4A: June 19 – 1:00pm – 3:30pm

Hive 4B: June 23 – 2:30pm – 5:00pm

Link to register: <https://theroyalhive4.eventbrite.ca>

Strategy Hive #5: What partnerships, collaborations and innovations will enable the best mental health system across our region?

Collaboration and partnerships are cornerstones to building a better system of care for people who have mental health and substance use needs. The Royal has a number of partnerships, joint programs and collaborations that already support examples of seamless care across our region, but we know there is more to do to be a great partner in our community and to provide quality care for all clients that may require different levels of treatment within our regional system.

Join us for this strategy hive where we will build on the visions and insights created in the first four strategy hives to better understand how can we translate our strategic intentions into building collaborations and partnerships in the community, with community partners, governments and the private sector that best enable access to the best care, research discovery, meaningful education, and ease and flow of coordinated care for clients.

Hive 5A: June 22 – 3:00pm – 5:30pm

Hive 5B: June 23 – 10:30am – 1:00pm

Link to register: <https://theroyalhive5.eventbrite.ca>

ROYAL OTTAWA HEALTH CARE GROUP

Medical Advisory Committee Report

**ROYAL OTTAWA HEALTH CARE GROUP
MINUTES
MEDICAL ADVISORY COMMITTEE MEETING HELD
February 20, 2020 – 8:30 to 10:30 a.m.
ROYAL OTTAWA MENTAL HEALTH CENTRE**

Boardroom 2426-1, 2&3 (Brockville via videoconference in FTU Room B2-313)

MEMBERS		STAFF		GUESTS
Present	Regrets	Present	Regrets	
R. Bhatla P. Sedge S. Gulati T. Lau L. McMurray D. Attwood G. Motayne M. Willows M. Tremblay K. Huntington J. Shlik J. Gray C. Ripley <i>Ex-officio Members:</i> J. Bezzubetz S. Farrell E. Millar A. Winter D. Simpson T. Burta	A. Khan G. Beck	F. Dzierszinski	C. Crocker D. Munroe	C. Gemmell
				SCRIBE
				S. Holierhoek
	AGENDA ITEMS			ACTION REQUIRED
1.	CALL TO ORDER	The meeting was convened at 8:37 a.m. S. Gulati agreed to monitor the meeting discussion based on the Royal's Ethics Framework for Decision Making.		
2.	OPENING REMARKS	<u>Environmental Scan:</u> <ul style="list-style-type: none"> Given the March 19 MAC meeting is during the March Break week, it was agreed to cancel this meeting. Work on the Strategic Plan is progressing. 		

		<ul style="list-style-type: none"> The interviews for the VP Research & IMHR President position are moving forward. Following a restructuring of the Quality committees the Quality of Care Committee has changed its name to the Incident Review Committee and an organization wide Quality Committee has been established. 	
3.	PRESENTATION	a. None	
4.	CONSENT AGENDA	<p>BE IT RESOLVED THAT the consent agenda, including the items outlined therein, be accepted as presented.</p> <p>Moved: D. Attwood</p> <p>Seconded: C. Ripley</p> <p>CARRIED</p> <p>The following motions were included in the Consent Agenda:</p> <ul style="list-style-type: none"> i. Acceptance of agenda of February 20, 2020 meeting ii. Approval of minutes of January 16, 2020 meeting iii. Joint Delegated Medical Advisory Group (JDMAG) Agenda & Minutes of January 16, 2020 (<i>Draft</i>) iv. Corporate Patient Safety Quarterly Report v. Quality Improvement Plan Quarterly Update vi. Policy Review for 2020 vii. Policies Requiring MAC Approval – Update viii. Policy Management Tool 	
	ITEMS MOVED FROM THE CONSENT AGENDA	No items were removed from the Consent Agenda.	
5.	ACTION ITEMS	The Action Registry was reviewed and updated.	
6.	NEW BUSINESS	a. QIP Indicators for 2020 & 2021	
		<p>The QIPs included in the meeting package was reviewed. An additional indicator measuring the percentage of discharge summaries completed by physicians is being considered.</p> <p>Discussion took place regarding the delivery of the discharge summaries to primary care providers. P. Sedge will discuss with Clinical Records.</p> <p>S. Farrell will follow up with Central Intake and C. Gemmell will follow up with Admitting to confirm the process for ascertaining and consistently entering primary care provider information into the EHR.</p>	
7.	STANDING REPORTS	ADVISORY COMMITTEE REPORTS	
		a. Credentials Committee – G. Motayne	
		G. Motayne reported for this Committee.	

		The February 4, 2020 minutes were included in the meeting package.	
		i. Appointments & Privileges Applications to the Medical Staff	
		<p>BE IT RESOLVED THAT as recommended by the Credentials Committee, to recommend the approval of the Appointments & Privileges applications to Medical Staff for:</p> <ul style="list-style-type: none"> - Dr. Jeewanjit Gill, GP, from Temporary to Probationary Part-Time, Royal Ottawa Place, effective immediately - Dr. Kelly Mascioli, Psychiatrist, from Temporary to Probationary Full-Time, Youth Program, effective immediately - Dr. Elena Paraskevopoulos, Family Physician, Locum Privileges, Central Services, effective immediately - The following TOH Neurologists, Courtesy Privileges, EEG Services, effective immediately: <ul style="list-style-type: none"> - Dr. Rajendra Kale - Christopher Skinner - Tad Fantaneanu - Arezoo Rezazadeh - Lucian Sitwell - Dr. Rasveg S. Grewal, Courtesy Privileges, Cardiology Services, effective immediately <p>Moved: C. Ripley Seconded: S. Gulati CARRIED</p>	
		b. Integrated Ethics Committee – D. Simpson, N. Lukich	
		<p>D. Simpson reported for this Committee.</p> <ul style="list-style-type: none"> - No report. <p>The November 18, 2019 minutes were included in the meeting package.</p>	
		c. Medical Services Committee – A. Winter, B. Pryer	
		<p>A. Winter reported for this Committee.</p> <ul style="list-style-type: none"> - Continued monitoring of patients for flu symptoms is advised - Consideration is being given to bringing Dr Paraskevopoulos on board on a more part time basis 	

		The December 10, 2019 minutes were included in the meeting package.	
		d. Pharmacy & Therapeutics Committee – M. Tremblay, T. Burta	
		<p>T. Burta reported for this Committee.</p> <ul style="list-style-type: none"> - Phenezine (Brand:Nardil) is still on backorder with an expected return to market mid March. The pharmacy department has enough stock to maintain all current inpatient orders. Outpatients may be impacted by this shortage. If you have an outpatient impacted by this shortage, the retail pharmacy should contact the manufacturer directly as they may ship product directly to the pharmacy. - Ginger Graval was reviewed by the P & T Committee and has recommended that the medication be built in Meditech to reflect the product we are using at The Royal. The Committee has requested the usage to be reviewed after 12 months prior to formally accepting to the formulary. Note the cost of Ginger Graval is ten times the cost of didimenhydrinate. - As of Tuesday, February 25, 2020, Buprenorphine/Naloxone (Suboxone) will be ordered as mg of buprenorphine. Previously, this medication was ordered as number of tablets. This changes was initiated following a review of common prescribing practice at ROHCG and prescribing guidelines published by CAMH, CPSO, OCP, and OPA. <p>The December 17, 2019 minutes were included in the meeting package.</p>	
		INCIDENTS REPORTS	
		e. Critical and Severe Incidents Report – D. Simpson	
		<p>2 deaths occurred in Geriatrics, both were palliative and are being reviewed under the new process;</p> <p>1 corporate level quality of care review in Brockville is forthcoming.</p>	
		OTHER REPORTS	
		f. Electronic Health Records (EHR) – D. Attwood	
		<ul style="list-style-type: none"> • Dr Ilan Fischler will be presenting at The Royal on March 3 to speak about Ontario Shores experience with implementing and using the Patient Portal feature in the EHR. The Royal's go live date for the portal is October 2020. <p>The operationalization of the portal is an IT Department lead project with sound clinical input from The Royal's Physician Advisory Group (PAG). MAC will continue to get regular updates on this project.</p>	

		<ul style="list-style-type: none"> • The Meditech Expanse upgrade begins in September 2020. Some EHR templates will have a different look but the functionality of the templates remains the same. The go live date for Expanse is January 2021. • The Web Ambulatory implementation will begin in February 2021 with go live in October 2021. • The Royal's PAG continues to meet regularly to review documentation. The 3 hospital partners are discussing how to harmonize the 3 separate PAG's into one group. • Go live of the new fillable PDF form on OREO for logging EHR change requests is imminent. The new logging process will allow users to track their change request submission and to view all change requests submitted. 	
		POLICIES AND PROCEDURES	
		g. CORP IX-I – 110 Code White – Psychiatric/Behavioural Emergency (Rev. Nov 21, 2019) – R. Bhatla	
		<p>BE IT RESOLVED THAT CORP IX-I – 110 Code White – Psychiatric/Behavioural Emergency (Rev. Nov 21, 2019) be approved as presented.</p> <p>Moved: P. Sedge Seconded: T. Lau CARRIED</p>	
		h. ROHCG Medical Directive: Administration of Antacids for the Treatment of Gastroesophageal Reflux/Heartburn by Registered Nurses and Registered Practical Nurses (Rev. 2020) – M. Tremblay/T. Burta	
		<p>BE IT RESOLVED THAT ROHCG Medical Directive: Administration of Antacids for the Treatment of Gastroesophageal Reflux/Heartburn by Registered Nurses and Registered Practical Nurses (Rev. 2020) be approved as presented.</p> <p>Moved: M. Willows Seconded: C. Ripley CARRIED</p>	
		EXECUTIVE REPORTS	
		i. Psychiatrist-in-Chief and Chief of Staff – R. Bhatla See above.	
		j. President and CEO – J. Bezzubetz	
		Ontario Health has issued a 3 month extension to operate existing contracts under the current budget. It is anticipated	

		<p>that a new budget will be tabled in early May. The Royal has completed budget planning based on a 0% increase from Ontario Health.</p> <p>Ontario Health will be recognizing The Royal as one of the mental health “Learning and Teaching Centres” in Ontario as it rolls out an expanded plan for the Ontario Structured Psychotherapy program. The Royal will not be affiliated with a particular OHT but will act as a partner to all OHTs.</p> <p>Ontario Health is expected to announce that Increasing Access to Structured Psychotherapy (IASP) services will be a permanent service in the province.</p> <p>The Royal has submitted a proposal to the MOH requesting special designation for all 64 beds and the Recovery Unit at Royal Ottawa Place.</p>	
		k. President of Medical Staff – T. Lau	
		No report.	
		l. Interim Chief Operating Officer & Director, Research Development & Partnerships, IMHR – F. Dzierszinski	
		<p>In keeping with the QIP for further integrating clinical care and research at The Royal, a number of new initiatives are being launched:</p> <ol style="list-style-type: none"> 1. The TRIC (Translation of Research Into Care) competition was launched. Registrations are due March 2, and full proposals March 30. 2. Researchers will soon be able to access the Permission To Contact (PTC) registry. 3. The REB will be circulating monthly via email (and posted on OREO) a list of active research studies that are currently approved to recruit participants for those wishing to refer a patient, client, family member or healthy volunteer to one of the studies. 	
8.	NEXT MEETING	March 19, 2020 at 8:30 – 10:30 a.m. at the ROMHC 2426-1,2&3 (<i>Brockville via videoconference in FTU Room B2-313</i>)	
9.	THE ROYAL’S ETHICS FRAMEWORK FOR DECISION MAKING	<p>S. Gulati confirmed that the meeting discussions were in keeping with The Royal’s Ethics Framework for Decision Making.</p> <p>The discussions touched all pillars of the framework. There was idea sharing and respectful interactions.</p>	
10.	ADJOURNMENT	There being no further business, the meeting was adjourned at 9:42 a.m.	
11.	IN-CAMERA SESSION		

RB

R. Bhatla, Chairperson



S. Holierhoek

S. Holierhoek, Secretary

**ROYAL OTTAWA HEALTH CARE GROUP
MINUTES
MEDICAL ADVISORY COMMITTEE MEETING (*Voting Members Only*) HELD
April 23, 2020 – 9:00 to 10:00 a.m.
ROYAL OTTAWA MENTAL HEALTH CENTRE
Via ZOOM**

MEMBERS		STAFF		GUESTS
Present	Regrets	Present	Regrets	
R. Bhatla P. Sedge S. Gulati T. Lau A. Khan L. McMurray D. Attwood G. Beck G. Motayne M. Willows M. Tremblay J. Shlik J. Gray C. Ripley <i>Ex-Officio Members:</i> J. Bezzubetz A. Winter	K. Huntington	D. Munroe		E. Lee D. Nashman C. Creede
				SCRIBE
				S. Holierhoek
AGENDA ITEMS			ACTION REQUIRED	
1.	CALL TO ORDER	The meeting was convened at 9:00 a.m.		
2.	OPENING REMARKS	<p><u>Environmental Scan:</u></p> <p>The Chair advised that this was an abbreviated voting members' only meeting of the MAC to provide an update on COVID-19 activities at The Royal and to have a focussed feedback discussion with members of The Potential Group with respect to The Royal's Strategic Plan process.</p> <p>During the pandemic, regional hospitals are continuing to conduct MAC meetings but have adjusted the agenda to include COVID-19 responses and accommodate IMS structures.</p>		

		<p>At The Royal, the Clinical Directors and elected Medical Staff representatives, who are the MAC voting members, along with invited clinical leads, have held weekly COVID-19 update meetings since March 13 and will continue to do so. MAC Ex-Officio members will be invited to attend future weekly meetings if they are able.</p> <p>Regionally, the COVID threat with respect to hospital bed usage has been lower than anticipated. The main concern now is the system back up caused by the temporary halt of admissions to LTCHs and residential homes.</p> <p>P. Sedge provided an update on admissions flow in the region. Ottawa Public Health would like to see the Champlain region use one model for mental health admissions across the region. The Royal has submitted its model for admissions flow at The Royal to Ottawa Public Health for consideration in this regard and we await their response.</p> <p>There are two dedicated telephone call lines for mental health and acute care flow information. P. Sedge will provide these numbers to the physician group.</p> <p>The Royal is currently admitting patients to the Crisis Unit and hospital transfers to the new Surge Unit. Four beds in Geriatrics will be used for adult transfers and Geriatrics will use their own new surge unit for their patients.</p> <p>We are concerned with the acute mental health care admission restrictions (i.e. seniors) and we will continue to advocate for our marginalized populations.</p>	
<p>3.</p>	<p>PRESENTATION</p>	<p>a. Exploring Emerging Strategic Themes and Strategy Hive Topics – <i>D. Nashman / C. Creede, The Potential Group</i></p>	
		<p>The Potential Group has been working with The Royal and its stakeholders on formulating The Royal’s next Strategic Plan.</p> <p>Substantial work has been done to date and the purpose today is determine the path forward for Phase II by exploring emerging topics for this phase of work and to outline the plan for conducting “Strategy Hives” sessions on the top five topics.</p> <p>The Potential Group will host round table conversations with stakeholders to get more input and feedback on their impressions of what is most needed from The Royal.</p> <p>These Strategy Hives sessions will conclude by the end of May and the resulting information should be analyzed and outcomes reported by the end of June.</p>	



		<p>Ontario Health expects the health care system to function as one connected system via OHTs therefore The Royal's strategic plan must address not only organizational health care pathways but also the reality of regional coordination expectations as well.</p> <p>Access to mental health care services and The Royal is a consistent theme to date in every region. Health care providers do not necessarily possess knowledge of the full suite of services available to them. Wait times to access these services is also a prominent issue.</p> <p>Discussion ensued about what, from MAC's perspective, are some key items to address in the Strategy Hives sessions. Proposed topics included:</p> <ul style="list-style-type: none"> - Ensuring The Royal is part of the continuum of care when developing a regional coordinated access system and allowing primary care providers to be part of the conversation about what that looks like. - Better define what primary, secondary and tertiary mental health care services looks like in the region and improve/develop a clear strategy for advocacy for mental health care service needs for the region. - Acknowledge and address the systemic shortage of existing and graduating psychiatrists, in both general psychiatry and sub- specialities. How can we bring our services to communities? - Access to mental health care services for Francophone patients. <p>Additional ideas and feedback can be sent to R. Bhatla to collate and forward to The Potential Group. Based on the feedback, the Strategy Hives topics will be recrafted and sent to stakeholders for review and comments.</p> <p>A copy of the presentation was distributed in advance of the meeting.</p>	
4.	NEXT MEETING	April 30, 2020 at 9:00 – 10:00 a.m. via ZOOM.	
5.	ADJOURNMENT	There being no further business, the meeting was adjourned at 10:00 a.m.	
			
<hr/> R. Bhatla, Chairperson		<hr/> S. Holierhoek, Secretary	

**ROYAL OTTAWA HEALTH CARE GROUP
MINUTES
MEDICAL ADVISORY COMMITTEE MEETING HELD
April 30, 2020 – 9:00 to 10:00 a.m.
(Virtual Meeting Via Zoom)**

MEMBERS		STAFF		GUESTS
Present	Regrets	Present	Regrets	
R. Bhatla P. Sedge T. Lau G. Beck D. Attwood M. Willows M. Tremblay J. Shlik C. Ripley <i>Ex-officio Members:</i> S. Farrell E. Millar A. Winter D. Simpson T. Burta	S. Gulati K. Huntington G. Motayne J. Gray A. Khan L. McMurray J. Bezzubetz	F. Dzierszinski C. Crocker D. Munroe		C. Gemmell
				SCRIBE
				S. Holierhoek
AGENDA ITEMS				ACTION REQUIRED
1.	CALL TO ORDER	The meeting was convened at 9:06 a.m. J. Shlik agreed to monitor the meeting discussion based on the Royal's Ethics Framework for Decision Making.		
2.	OPENING REMARKS	The Chair advised that this abbreviated MAC meeting is to focus on COVID-19 related matters and to review the Patient Portal Reports Flow Decision Document. It was noted that during the pandemic and until further notice, a weekly one hour MAC meeting will take place primarily to address COVID-19 matters as they evolve throughout the region and to address any urgent organizational matters that arise. Members are welcome to send the Chair items to be considered for each week's agenda. During this pandemic		

		<p>time, it will be determined each month whether the regular full agenda MAC meeting will take place.</p> <p>The MAC will provide clinical recommendations for COVID-19 responses to SMT and IMS for consideration.</p> <p><u>Regional Update:</u></p> <ul style="list-style-type: none"> • University Deans have compiled a document outlining the measures that need to be in place before considering restarting learner programs in the region. Organizations have shared their concerns and challenges in this regard. The Royal accommodates many learners in its programs and will be affected by reinstatement decisions. As such, this matter will continue to be discussed at MAC, SMT and IMS in order to ensure safety concerns are addressed in the reinstatement of learners to the organization. • Hospitals in the region have been asked to support the staffing crisis at LTC facilities in the area. The Royal, in partnership with CHEO, is assigned to provide volunteer staff at the Madonna Care Community LTC facility to support their clients' healthcare needs, provide best practice information and IPAC support. • The Chair asked members to extend thanks and appreciation to all of their program and team members as The Royal wishes to acknowledge and recognize their commitment to providing essential healthcare services and ensuring the wellbeing of our clients during this challenging time. 	
3.	CONSENT AGENDA	<p>BE IT RESOLVED THAT the consent agenda, including the items outlined therein, be accepted as presented.</p> <p>Moved: P. Sedge</p> <p>Seconded: T. Lau</p> <p>CARRIED</p> <p>The following motions were included in the Consent Agenda:</p> <ol style="list-style-type: none"> Acceptance of agenda of April 30, 2020 meeting Approval of minutes of February 20, 2020 and April 23, 2020 meetings 	
	ITEMS MOVED FROM THE CONSENT AGENDA	No items were removed from the Consent Agenda.	
4.	NEW BUSINESS	a. COVID-19 Update	
		<ul style="list-style-type: none"> • The Royal's current admissions process was circulated to all physicians and directors. Five new patients will be admitted today (3 transfers; 2 from 	

		<p>community) for a total of 17 surge transfers and 6 emergency community admissions to date.</p> <ul style="list-style-type: none"> • The C-Prompt Clinic has received 220 referrals and is managing to connect with patients within 2 weeks of receipt of a referral. • As being done throughout the region, The Royal would like to begin discussion on when and how to reopen some of our essential services and activities. Clinical Directors are asked to review the services within their program to determine which of those services could be reopened and to develop a timeline to do so while considering PPE supplies, safety of staff and patients and The Royal’s commitments with respect to the repatriation agreements in place with regional hospitals. It is noted that the province has not yet authorized the reopening of services at this time. <p>Clinical reopening priorities should be sent to P. Sedge. In order to ensure a measured approach to the reopening of services, all plans will be reviewed by IMS and SMT and an organizational decision will be made.</p> <ul style="list-style-type: none"> • SMT has authorized ECT to operate 1 day a week. However, as ECT must be delivered in a certain frequency to be beneficial to the patient a once a week treatment model is not clinically optimal for this service. <p>As such, the MAC’s recommendation for ECT services is to allow services to a maximum of 3 patients per day with each patient receiving treatment up to 3 times a week if clinically required. The patients must be admitted to The Royal based on an urgent or emergent care requirement. This recommendation allows for the required air circulation procedure between cases and takes into account current availability of PPE.</p>	
		<p>b. Patient Portal Reports Flow Decision Document</p>	
		<p>The above noted document was included in the meeting package.</p> <p>Of the 3 options outlined in the document for the reports flow in the Patient Portal, The Royal’s EHR team has recommended “Option 1”.</p> <p>The MAC endorses Option 1.</p>	



5.	NEXT MEETING	May 7, 2020 at 9:00 to 10:00 a.m. (virtual meeting via Zoom)	
6.	THE ROYAL'S ETHICS FRAMEWORK FOR DECISION MAKING	<p>J. Shlik confirmed that the meeting discussions were in keeping with The Royal's Ethics Framework for Decision Making.</p> <p>The ethics framework was well maintained and the meeting remained productive within this new virtual meeting format.</p>	
7.	ADJOURNMENT	There being no further business, the meeting was adjourned at 9:55 a.m.	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <hr style="width: 30%; margin: 5px auto;"/> <p>R. Bhatla, Chairperson</p> </div> <div style="text-align: center;">  <hr style="width: 30%; margin: 5px auto;"/> <p>S. Holierhoek, Secretary</p> </div> </div>			

**ROYAL OTTAWA HEALTH CARE GROUP
MINUTES
MEDICAL ADVISORY COMMITTEE MEETING HELD
May 7, 2020 – 9:00 to 10:00 a.m.
(Virtual Meeting Via Zoom)**

MEMBERS		STAFF		GUESTS
Present	Regrets	Present	Regrets	
R. Bhatla, Chair S. Gulati P. Sedge L. McMurray D. Attwood G. Beck G. Motayne C. Ripley M. Tremblay M. Willows J. Shlik K. Huntington <i>Ex-officio Members:</i> S. Farrell E. Millar A. Winter T. Burta	T. Lau A. Khan J. Gray J. Bezzubetz D. Simpson	F. Dzierszinski C. Crocker C. Gemmell D. Munroe		
				SCRIBE
				S. Holierhoek
	AGENDA ITEMS			ACTION REQUIRED
1.	CALL TO ORDER	The meeting was convened at 9:03 a.m. S. Gulati agreed to monitor the meeting discussion based on the Royal's Ethics Framework for Decision Making.		
2.	OPENING REMARKS	The Chair announced that he will be departing the meeting at 9:30 a.m. and that P. Sedge will take over as Chair of the meeting at that time. As such, the meeting will start with item (b) under New Business following approval of the Consent Agenda. <u>IMHR Update</u> The TRIC competition has been placed on hold and will be launched at a later date when appropriate.		

3.	CONSENT AGENDA	<p>BE IT RESOLVED THAT the consent agenda, including the items outlined therein, be accepted as presented.</p> <p>Moved: G. Motayne</p> <p>Seconded: P. Sedge</p> <p>CARRIED</p> <p>The following motions were included in the Consent Agenda:</p> <ul style="list-style-type: none"> i. Acceptance of agenda of May 7, 2020 meeting ii. Approval of minutes of April 30, 2020 	
	ITEMS MOVED FROM THE CONSENT AGENDA	No items were removed from the Consent Agenda.	
4.	NEW BUSINESS	a. COVID-19 Update	
		<ul style="list-style-type: none"> • Physicians are encouraged to continue using OTN for virtual consults. For those experiencing issues with OTN, the organization is supporting the use of Doxy.me and Zoom for Healthcare as additional virtual platforms. Computer requirements and access to the Zoom for Healthcare account should be coordinated at the program level. Some programs have placed orders for web cams and microphones however due to retail supply issues these items may be on backorder. • TOH is looking to ramp up on-call virtual healthcare and consults in order to assist hospitals outside of the city limits. R. Bhatla will speak to TOH about the possibility for physicians from The Royal to provide their on call services at TOH virtually in order to reduce COVID-19 exposure risk and transmission to The Royal. • Ontario Health believes the province is past the virus' peak as the number of new COVID-19 cases each day is decreasing and ICU beds are under utilized. Ottawa numbers have been stable. • The Royal admitted 37 patients over the past 5 weeks with the majority of admissions being transfers from acute care hospitals. This rate of admissions is 5 to 6 times more than normal. • The C-Prompt Clinic has received 280 referrals to date and the wait time is 5 to 6 days for contact. • The Covid-19 Containment Unit is ready and remains empty. Any transfer to this unit must be coordinated during day time hours. • All staff and patients at Royal Ottawa Place (ROP) are being tested for COVID-19. There is concern on what to do if a patient at ROP tests positive for the virus. 	

		<p>There are also concerns with transferring these complex patients to The Royal or an acute care hospital as clinically this is not the best approach. Until further notice, the regional principles for LTC protocols should be followed.</p> <ul style="list-style-type: none"> The Royal has partnered with CHEO to support the Madonna Care Community LTC facility. The request was to cover more than 50% of the shifts and we have fulfilled that request to date using volunteer staff. Deployment will continue to be voluntary until such time as the province or region requests otherwise. Deployed staff are expected to return to The Royal mid-June. <p>Management Council has communicated to affected programs any changes in their staffing due to the voluntary deployment of staff.</p> <ul style="list-style-type: none"> The Royal remains on the regional list for supply of PPE. Currently, PPE supply is sufficient. A PPE dashboard is being developed and will be shared with program management. <p>It was discussed that staff continue to have concerns about what PPE should be used and when, given the volatility of provincial protocols on the subject. The Royal's guidelines on the application of PPE needs to be further communicated to staff and additional education on the Ontario Health and OPH approved protocols for PPE is required in order to allay staff's concerns in this regard. E. Millar will look into this matter.</p> <ul style="list-style-type: none"> It was recommended that additional education on the Code White Protected procedure be provided to those responding to this type of code. 	
		<p>b. Draft Principles for Champlain Region Ramp Up of Services</p>	
		<p>The above noted document was included in the meeting package.</p> <ul style="list-style-type: none"> The Regional MAC is looking for input on the prioritizing of services that could safely move forward with re-opening once the province has approved doing so. There will be some essential services that can re-open in the same format and others that may have to operate differently moving forward. Any thoughts or suggestions in this regard can be forwarded to R. Bhatla before the Regional MAC meets on Friday. For discussion at this meeting, F. Dzierszynski will provide 	

		<p>R. Bhatla with an update on the planning underway with CAHO and the universities with respect to low risk research activities that could potentially resume as well.</p> <ul style="list-style-type: none"> Clinical Directors' will be asked to review services in their programs in order to provide prioritization recommendations and plans for safely re-opening certain services. P. Sedge will send CDs and DPCSs a template for completion and submission. Recommendations will be reviewed and sent to the IMS and SMT groups for consideration and final approval. 	
5.	NEXT MEETING	May 14, 2020 at 9:00 to 10:00 a.m. (virtual meeting via Zoom)	
6.	THE ROYAL'S ETHICS FRAMEWORK FOR DECISION MAKING	<p>S. Gulati confirmed that the meeting discussions were in keeping with The Royal's Ethics Framework for Decision Making.</p> <p>Good discussion around COVID-19 matters took place. Collaboration and effective time keeping were observed.</p>	
7.	ADJOURNMENT	There being no further business, the meeting was adjourned at 9:54 a.m.	
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>R. Bhatla, Chairperson</p> </div> <div style="text-align: center;">  <p>S. Holierhoek, Secretary</p> </div> </div>			

**ROYAL OTTAWA HEALTH CARE GROUP
MINUTES
MEDICAL ADVISORY COMMITTEE MEETING HELD
May 21, 2020 – 9:00 to 10:30 a.m.
(Virtual Meeting via Zoom)**

MEMBERS		STAFF		GUESTS
Present	Regrets	Present	Regrets	
R. Bhatla, Chair S. Gulati P. Sedge T. Lau L. McMurray D. Attwood G. Beck G. Motayne C. Ripley M. Tremblay M. Willows J. Gray <i>Ex-officio Members:</i> J. Bezzubetz S. Farrell E. Millar A. Winter D. Simpson T. Burta	J. Shlik A. Khan	F. Dzierszynski C. Gemmell D. Munroe	C. Crocker	K. Corace
				SCRIBE
				S. Holierhoek
	AGENDA ITEMS			ACTION REQUIRED
1.	CALL TO ORDER	The meeting was convened at 9:06 a.m. S. Gulati agreed to monitor the meeting discussion based on the Royal's Ethics Framework for Decision Making.		
2.	OPENING REMARKS	<ul style="list-style-type: none"> The Chair asked MAC leadership to please ensure they thank their teams again for their collaboration and support during The Royal's pandemic response. It is important that staff are acknowledged for their tremendous efforts. Planning for the reinstatement of certain services is underway. Programs have submitted their preferred plans for reinstatement of services. Based on the 		



		<p>collected information, an initial draft document has been developed which groups similar services together and then prioritizes those services based on a rating scale developed from information provided in the submitted plans. The draft document was circulated via email to MAC members this morning prior to this meeting. Members are asked to review the document and provide feedback to P. Sedge. A second iteration of the document will go to the next MAC meeting for further discussion. The final document must be submitted to The Royal's IMS/SMT for review/approval along with notification to the Regional Command Table before The Royal will move forward with reinstatement of any services.</p> <p>The closure of the Containment Unit and its return to Youth services and the closure of the Surge Unit and its return to SUCD services are important factors in developing the reinstatement of services plan.</p> <p>It was noted that the virtual care service offerings have been well received by clients in several programs therefore maintaining these services should be incorporated into the reinstatement of services plan.</p> <p>S. Farrell reported that the Pathways team is developing a framework for providing and evaluating virtual care services across programs and will be reaching out to stakeholders for feedback in this regard.</p> <p>J. Bezzubetz stated that the final plan for reinstatement of services must take into consideration the ability to retract those services quickly should a second pandemic wave occur.</p>	
3.	CONSENT AGENDA	<p>BE IT RESOLVED THAT the consent agenda, including the items outlined therein, be accepted as presented.</p> <p>Moved: S. Gulati</p> <p>Seconded: T. Lau</p> <p>CARRIED</p> <p>The following motions were included in the Consent Agenda:</p> <ul style="list-style-type: none"> i. Acceptance of agenda of May 21, 2020 meeting ii. Approval of minutes of May 7, 2020 meeting 	
	ITEMS MOVED FROM THE CONSENT AGENDA	No items were removed from the Consent Agenda.	
4.	NEW BUSINESS	a. COVID-19 Update	
		S. Farrell provided the following update.	

		<ul style="list-style-type: none"> • There are 3 LAI clinic sites established – one by Schizophrenia on main floor ROMHC and one at Carlingwood with CMHP and one in C-Prompt. All running well. • Geriatric services, through BSO and Outreach consultation teams, have expanded their service models beyond the mandated age for their programs to allow broader regional access to their services during the pandemic. Over 150 consultations have been completed to date. • Surge beds are 4 converted in Geriatrics and the CD Unit of SUCD. • 407 referrals have been received by the C-Prompt Clinic, which opened April 6. 95% of care is delivered virtually. Working on internal and external links when needed. • Formal evaluations of the above noted services will be forthcoming. 	
		b. MOH Funding to ROHCG	
		<p>K. Corace presented on the details of the new government funded project for The Royal, in partnership with Montfort Hospital, via the Mindability Program, to offer francophone CBT psychotherapy services to Franco-Ontarians across the province who are suffering from depression and anxiety.</p> <p>The funding is for three years and also provides for training and clinical consultation for the clinicians of the program.</p>	
		c. Corporate Patient Safety Report – Quarterly Update	
		<p>It was noted that the report reflects a shift upwards (6 data points above the mean) with respect to medication incidents. The increase of incidents reported was anticipated given the recent utilization of bar code verification procedures and the ability of the newly acquired Omnicell to identify errors and near misses. These advanced audit procedures will assist in optimizing safe use of medication practices.</p> <p>SMT recommended that the organization’s Quality Committee investigate possible approaches to utilize in order to decrease medication incidents.</p> <p>Programs are asked to review the trends in the report and to respond accordingly.</p>	
		d. QIP – Q4 Results for 2019/2020	

		<p>Good work went into all projects during year.</p> <p>Two important indicators currently under target are:</p> <ol style="list-style-type: none"> 1. % of medication reconciliation at admission for outpatients, where a medication reconciliation is warranted; and 2. % of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital <p>With respect to #1, an intervention in Meditech will be created to add functionality for medication reconciliation and report generation which should result in improvement in quality and risk mitigation around medication lists and proper reconciliation of these lists. This change request will be tabled at the next MAC meeting and is planned for go live on June 1, 2020 by all three partners.</p> <p>This indicator is split into two parts in the future whereby the initial medication list is entered into Meditech by a pharmacy technician prior to the physician performing the reconciliation.</p> <p>While not a formal QIP indicator, in future, #2 will be looked at in two parts as well. In the first part, currently, 60% of the discharge summaries are being completed within 48 hours of the patient being discharged from hospital. This is within the control of the physician. However, the second part, the percentage of those summaries being delivered to primary care providers, is much lower and is not necessarily in the control of the physician specifically when this is due to a lack of electronic functionality on the part of our EHR system.</p> <p>To help compliance with this indicator, inpatient units are asked to ascertain the primary care provider's name, when there is one, from the patient prior to discharge and chart it. It was also noted that some programs have either unexpected discharges or Friday discharges which affects a discharge summary being completed within 48 hours of the patient's discharge. These instances will skew the statistic for this indicator.</p>	
		e. QIP Indicators for 2020 & 2021	
		Due to the pandemic, Ontario Health has said that the QIP does not have to be submitted at this time. This will be revisited by the ministry in June.	
		f. ALC Planning Document	
		The purpose of the draft " <i>Planning – ALC Mental Health Beds</i> " document is to outline possible ways The Royal could	

		<p>accommodate ALC-MH patients that are appropriate for the LTC setting when regional acute care facilities are full and while respecting IPAC guidelines, The Royal's unique clientele and specialized staffing as well as its physical building limitations for cohorting staff and patients. The Royal's \$1.6M deficit with respect to the ROP is a significant factor for consideration in this brainstorming exercise.</p> <p>Currently, The Royal does not take ALC patients. The 64 beds at the ROP are designated as LTC and Recovery beds. 11 of these beds are for frail geriatric patients.</p> <p>Several concerns about The Royal beginning this service were raised therefore it was determined that in order to allow more time for a fulsome discussion on the matter, this item will be tabled at the next MAC meeting.</p>	
		g. On Call	
		<p>CHEO and TOH are proposing the provision of virtual on call consults, using Zoom and MS Teams platforms, to help out the region's smaller hospitals.</p> <p>As The Royal does not support the MS Teams platform, those physicians who provide on call services at TOH are not able to use it and are therefore limited in providing the service in this manner.</p> <p>Using EPIC also continues to have challenges for The Royal's physicians providing on call services at TOH.</p> <p>It was suggested that before the above proposal is shared with the physician body, at The Royal's next Medical Staff meeting, physicians be asked about what, in their view, is currently happening during on call at TOH.</p> <p>Recently, the Civic campus had a COVID-19 outbreak and concerns were raised by The Royal regarding its physicians providing on call service at the Civic during this time and then returning to The Royal to work. Initial requests to perform virtual on call services at TOH during the pandemic were met with resistance from TOH, however, they are now willing to explore options to the noted barriers.</p>	
		h. Resident Registration	
		<p>The CPSO has been expediting the registration of residents in their final year of study who are unable to sit the examinations due to COVID-19. The document in the meeting package is to provide clarification around supervision of these graduates.</p>	

5.	STANDING REPORTS	ADVISORY COMMITTEE REPORTS	
		a. Credentials Committee – G. Motayne	
		G. Motayne reported for this Committee. The May 2020 e-vote minutes were included in the meeting package.	
		i. Appointments & Reappointments to the Medical Staff	
		<p>BE IT RESOLVED THAT as recommended by the Credentials Committee, to recommend the approval of the following appointments to Medical Staff:</p> <p>Revision of privileges from Probationary to Primary Full-Time Privileges, effective immediately for:</p> <ul style="list-style-type: none"> - Dr. Susan Okigbo, Community Mental Health - Dr. Rebecca Gomez, Operational Stress Injury Clinic - Dr. Robert Smith, Operational Stress Injury Clinic - Dr. Amol Vaze, Mood & Anxiety - Dr. Naista Zhand, Schizophrenia - Dr. Ebad Habibollahzadeh, Mood & Anxiety - Dr. Shehan Katawapitiya, Mood & Anxiety - Dr. Marie-Helene Rivard, Geriatrics (Primary Part-Time) - Dr. Andrea Bardell, Probationary Privileges, Schizophrenia & Recovery Program, effective immediately - Dr. Timothy Ehmann, Locum Privileges, Youth, effective immediately until April 14, 2021 - Dr. Natalie O'Brien, Probationary Privileges, Mood & Anxiety, effective immediately <p>Moved: C. Ripley Seconded: T. Lau CARRIED</p> <p>BE IT RESOLVED THAT as recommended by the Credentials Committee, to recommend the approval of the Applications for Reappointment to the Medical Staff as presented effective July 1, 2020 to June 30, 2021.</p> <p>Moved: G. Motayne Seconded: C. Ripley CARRIED</p>	

6.	EXECUTIVE REPORTS (Item added during meeting)		
		a. Psychiatrist-in-Chief and Chief of Staff – R. Bhatla	
		Work on the organization’s Strategic Plan continues and medical staff are encouraged to participate in the development of the plan.	
		b. President and CEO – J. Bezzubetz	
		As reported at the annual audit meeting, The Royal was successful in balancing last year’s budget and was able to reserve the \$1M to be utilized in the next budget. J. Bezzubetz would like to personally thank the MAC for their continued leadership over the past weeks of the pandemic. Your commitment to our staff and clients is appreciated.	
		c. President of Medical Staff – T. Lau	
		The medical staff are very appreciative of the planning process for reinstatement of services. The morale is good and many physicians and staff continue to step up. There have been questions about the organizations universal masking policy. The distribution of the PPE Dashboard is proving helpful. Some physicians have asked for guidance on physicians working from home as it seems some are able to and others are not.	
7.	NEXT MEETING	June 4, 2020 at 9:00 – 10:30 a.m. (virtual meeting via Zoom)	
8.	THE ROYAL’S ETHICS FRAMEWORK FOR DECISION MAKING	S. Gulati confirmed that the meeting discussions were in keeping with The Royal’s Ethics Framework for Decision Making. Participants in virtual meetings and providers of virtual care services are reminded to mute their mics when not speaking. Given the full agenda, timekeeping was observed well. Good discussion and collaboration occurred.	
9.	ADJOURNMENT	There being no further business, the meeting was adjourned at 10:35 a.m.	
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>R. Bhatla, Chairperson</p> </div> <div style="text-align: center;">  <p>S. Holierhoek, Secretary</p> </div> </div>			

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2019-2020 – 57	Priority: Important
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DATE:	June 18, 2020
COMMITTEE:	Medical Advisory Committee
PRESENTER:	R. Bhatla
SUBJECT:	Annual Re-appointments to the Medical Staff effective July 1, 2020 to June 30, 2021

BACKGROUND INFORMATION:

Under the *Public Hospitals Act (PHA)* and the hospital by-laws, the Board is responsible for appointing and re-appointing professional staff to the hospital and determining their privileges. The board is also responsible for revoking, suspending or refusing the re-appointment of professional staff, where necessary. It is the Medical Advisory Committee, under the PHA, that makes recommendations to the Board concerning appointments, re-appointments, dismissals, suspensions or restrictions of hospital privileges. This annual review is in place to protect patients.

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT, in accordance with the criteria and credentialing process outlined in the ROHCG Appointment and Re-appointment Schedules, the Medical Advisory Committee recommends to the Board of Trustees to approve the following list of candidates:

- Re-appointments to the Medical Staff effective July 1, 2020 to June 30, 2021 (see attached).

Moved by:

Seconded by:

Motion approved:

Royal Ottawa Health Care Group

Reappointment to the Medical Staff - Appendix A

July 1, 2020 to June 30, 2021

Name	Privilege Level	Service	Primary Hospital
Adiele, Anthony	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Aggarwal, Dhiraj	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Ahmed, Adekunle (A.G.)	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Amjad, Afsari	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Antochi, Ruxandra	Courtesy	Psychiatry	The Ottawa Hospital
Arora, Sunder	Consultant	Psychiatry	Royal Ottawa Health Care Group
Attwood, David George	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Baines, Alexandra	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Baksh, Anton	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Bali, Neena	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Balmaceda, Rufino B.	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Basran, Sukhjeewan	Courtesy	Psychiatry	The Ottawa Hospital
Bazaid, Khalid	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Bazile, Emilio	Courtesy	Psychiatry	The Ottawa Hospital
Beck, Gail	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Bhatla, Rajiv	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Bissada, Hany	Courtesy	Psychiatry	The Ottawa Hospital
Blier, Pierre	Primary Full-Time	Psycho-pharmacology	Royal Ottawa Health Care Group
Boafo, Addo	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Booth, Brad	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Bourget, Dominique	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Bourgon, Luc	Courtesy	Psychiatry	The Ottawa Hospital
Bragg, Paul	Courtesy	Anesthesiology	The Ottawa Hospital
Braidek, Cathy M	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Brathwaite, Shirley	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Brown, Erinna	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Bryson, Gregory Lyle	Courtesy	Anesthesiology	The Ottawa Hospital
Byford, Larry	Courtesy	Anesthesiology	The Ottawa Hospital
Cadotte, Helene	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Cameron, Colin	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group

Chaput, Alan	Courtesy	Anesthesiology	The Ottawa Hospital
Charapov, Ilia	Courtesy	Anesthesiology	The Ottawa Hospital
Charbonneau, Yoland	Courtesy	Psychiatry	The Ottawa Hospital
Cheifetz, Philip	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Cheng, Michael	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Chiu, Michelle	Courtesy	Anesthesiology	The Ottawa Hospital
Chun, Soojin	Primary Full-Time	Geriatric Psychiatry	Royal Ottawa Health Care Group
Corona, Alfonso	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Curran, Michael	Courtesy	Anesthesiology - Locum	The Ottawa Hospital
Dornan, Holly D.	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Douglass, Alan B	Primary Part-Time	Psychiatry	Royal Ottawa Health Care Group
du Toit, Philip	Primary Full-Time	Dentistry	Royal Ottawa Health Care Group
Dubois, Daniel	Courtesy	Anesthesiology	The Ottawa Hospital
Edwin, MOSHIEVE FEBIN	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Evans, George	Courtesy	Anesthesiology	The Ottawa Hospital
Ewing, David	Courtesy	Anesthesiology	The Ottawa Hospital
Ezeoke, Chrys	Primary Full-Time	Mood	Royal Ottawa Health Care Group
Fayad, Ashraf	Courtesy	Anesthesiology	The Ottawa Hospital
Fedoroff, J. Paul	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Filteau, Lucie	Courtesy	Anesthesiology	The Ottawa Hospital
Fogl, Tomas	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Fortin-Langelier, Benjamin	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Fraser, Amy	Courtesy	Anesthesiology	The Ottawa Hospital
Freedman, Mark Steven	Courtesy	Neurology	The Ottawa Hospital
Freeland, Alison	Consultant	Psychiatry	Royal Ottawa Health Care Group
Gandhi, Jasmine	Courtesy	Psychiatry	The Ottawa Hospital
Gandy, Hazen	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Gareau, Regean	Courtesy	Anesthesiology	The Ottawa Hospital
Gillis, Katharine	Courtesy	Psychiatry	The Ottawa Hospital
Gobessi, Linda	Courtesy	Psychiatry	Bruyere Continuing Care
Gojer, Julian A.C.	Locum	Psychiatry	Royal Ottawa Health Care Group
Gray, Clare	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Gray, Jonathan	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Green, Douglas	Courtesy	Psychiatry	The Ottawa Hospital

Grymala, John P	Primary Full-Time	Family Medicine	Royal Ottawa Health Care Group
Gulati, Sanjiv K	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Gupta, Sanjiv	Courtesy	Anesthesiology	The Ottawa Hospital
Halliday, Sarah	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Hatcher, Simon	Primary Part-Time	Psychiatry	Royal Ottawa Health Care Group
Hennessy, Anne	Primary Part-Time	Psychiatry	Royal Ottawa Health Care Group
Horn, Edward R.	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Howard, Jocelyn	Primary Full-Time	Family Medicine	Royal Ottawa Health Care Group
Hrycko, Sophia	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Huntington, Katrina	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Isserlin, Leanna	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Jayasuriya, D. Sushila	Courtesy	Psychiatry	The Ottawa Hospital
Jetly, Rakesh	Consultant	Psychiatry	Royal Ottawa Health Care Group
Jeyaraj, Leo	Courtesy	Anesthesiology	The Ottawa Hospital
Jones, Barbara A.	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Jordan, Andy	Primary Part-Time	Family Medicine	Royal Ottawa Health Care Group
Kaluziński, Mark	Courtesy	Psychiatry	Royal Ottawa Health Care Group
Kapur, Rishi	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Katuwapitiya, Shehan	Probationary	Mood	Royal Ottawa Health Care Group
Kelly, Erin	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Kelly, Sheila	Courtesy	Anesthesiology	The Ottawa Hospital
Khan, Asif	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
King, Vashti M	Primary Full-Time	Family Medicine	Royal Ottawa Health Care Group
Krelina, Michael	Consultant	Psychiatry/Neurology	Royal Ottawa Health Care Group
Krolczyk, Gregory	Courtesy	Anesthesiology	The Ottawa Hospital
Labelle, Alain	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Labow, Stanley S.	Consultant	Plastic Surgery	Royal Ottawa Health Care Group
Laforty, Jack	Primary Full-Time	General Medicine	Royal Ottawa Health Care Group
Lalu, Manoj	Courtesy	Anesthesiology	The Ottawa Hospital
Lau, Timothy	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Le Clair, John Kenneth	Courtesy	Psychiatry	Royal Ottawa Health Care Group
Lee, Elliott	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Levine, Sharon	Primary Part-Time	Psychiatry	Royal Ottawa Health Care Group
Lodha, Vinay	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Lougheed, Donna C.	Consultant with Admitting/Discharge Privileges	Psychiatry	Royal Ottawa Health Care Group

Lui, Anne	Courtesy	Anesthesiology	The Ottawa Hospital
Lujic, Jelka	Courtesy	Anesthesiology	The Ottawa Hospital
MacLeod, Olivia	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
MacNeil, Robert	Courtesy	Anesthesiology	The Ottawa Hospital
Mah, Mimi	Consultant	Psychiatry	Royal Ottawa Health Care Group
Matheson, Katherine	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Mathias, Michelle D	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
McIsaac, Daniel	Courtesy	Anesthesiology	The Ottawa Hospital
McMurray, Lisa A	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Mikhail, Eric	Courtesy	Psychiatry	The Ottawa Hospital
Milin, Robert	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Mirzaei, Ameneh	Consultant	Psychiatry	Royal Ottawa Health Care Group
Moran, Timothy	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Morton, Grazyna	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Motayne, Gregory	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Murphy, Patti	Courtesy	Anesthesiology	The Ottawa Hospital
Nadeau, Johane	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Naik, Viren	Courtesy	Anesthesiology	The Ottawa Hospital
Nashed, Yousery	Courtesy	Psychiatry	Royal Ottawa Health Care Group
Nikolitch, Katerina R.	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Norris, Sandhaya	Courtesy	Psychiatry	Royal Ottawa Health Care Group
Norris, Sandhaya	Courtesy	Psychiatry	The Ottawa Hospital
Northoff, Georg	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Owoeye, Olabisi Idowu	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Pajer, Kathleen	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Paterniti, Sabrina	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Penning, John	Courtesy	Anesthesiology	The Ottawa Hospital
Perez, Edgardo Luis	Consultant	Psychiatry	Royal Ottawa Health Care Group
Persaud, Desiree	Courtesy	Anesthesiology	The Ottawa Hospital
Plamondon, Mary-Jo	Courtesy	Anesthesiology	The Ottawa Hospital
Polis, Tomasz	Courtesy	Anesthesiology	The Ottawa Hospital
Postl, Lara Anne	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Puddester, Derek	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Ramlogan, Reva	Courtesy	Anesthesiology	The Ottawa Hospital
Rao, Sanjay	Consultant	Psychiatry	Royal Ottawa Health Care Group
Ribeyre, Jean-Marie M	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group

Ripley, Carl D.	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Rivard, Marie-Helene	Probationary	Geriatric Psychiatry	Royal Ottawa Health Care Group
Robaey, Philippe	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Robb, Marjorie	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Rogan, Milena	Courtesy	Psychiatry	Bruyere Continuing Care
Rogers, Tabitha	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Roscoe, Clare	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Russell, John C.	Consultant with Admitting/Discharge Privileges	General Medicine	Royal Ottawa Health Care Group
Sachdeva, Rajeev	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Saveland, Christine	Primary Full-Time	Family Medicine	Royal Ottawa Health Care Group
Schnare, Ted	Consultant	General Medicine	Royal Ottawa Health Care Group
Sedge, Paul	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Shaw, Jinny	Primary Part-Time	General Medicine	Royal Ottawa Health Care Group
Shlik, Jakov	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Smith, Robert George	Probationary	Psychiatry	Royal Ottawa Health Care Group
Soucy, Louis	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Spenser, Helen	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Spettigue, Wendy	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Spitale, Naomi	Courtesy	Respirology	Royal Ottawa Health Care Group
Squire, Sabrina Diane	Primary Full-Time	Family Medicine	Royal Ottawa Health Care Group
Stewart, Andrea	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Stocker, Frederick	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Strike, Melanie K	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Sullivan, Patrick	Courtesy	Anesthesiology	The Ottawa Hospital
Suntharalingam, Sinthuja	Courtesy	Child & Adolescent Psychiatry	Children's Hospital of Eastern Ontario
Swenson, John Robert	Courtesy	Psychiatry	The Ottawa Hospital
Tahirkheli, Surriya	Courtesy	Psychiatry	The Ottawa Hospital
Talbot, Jeanne	Consultant with Admitting/Discharge Privileges	Psychiatry	Royal Ottawa Health Care Group
Tallmadge, Caroline	Courtesy	Anesthesiology	The Ottawa Hospital
Taylor, Ruth L	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Thatte, Smita	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group

Thomas, Gordon R	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Tremblay, Michele	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Vexler, Ronald	Consultant	Cardiology	Royal Ottawa Health Care Group
Walsh-Bergin, Paula	Primary Part-Time	Psychiatry	Royal Ottawa Health Care Group
Ward, Helen	Primary Part-Time	Psychiatry	Royal Ottawa Health Care Group
Watts, Joel C	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Wiatrowska, Beata	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Wiens, Andrew Stewart	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Willows, Melanie	Primary Full-Time	General Medicine	Royal Ottawa Health Care Group
Winter, Alexander	Primary Part-Time	General Medicine	Royal Ottawa Health Care Group
Wood, Floyd	Primary Full-Time	Psychiatry	Royal Ottawa Health Care Group
Wyand, Anna	Courtesy	Anesthesiology	The Ottawa Hospital
Yang, Homer	Courtesy	Anesthesiology	The Ottawa Hospital
Zhand, Naista	Probationary	Schizophrenia	Royal Ottawa Health Care Group
Zunder, Ian	Courtesy	Anesthesiology	The Ottawa Hospital

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2019-2020 – 58	Priority: Important
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DATE:	June 18, 2020
COMMITTEE:	Medical Advisory Committee
PRESENTER:	R. Bhatla
SUBJECT:	Medical Staff Privileges

BACKGROUND INFORMATION:

Under the Public Hospitals Act and the hospital by-laws, the Board is responsible for appointing professional staff to the hospital and determining their privileges. The Board is also responsible for revoking, suspending or refusing the re-appointment of professional staff, where necessary.

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT in accordance with the criteria and credentialing process outlined in the ROHCG Appointment and Re-appointment Schedules, the Medical Advisory Committee recommends to the Board of Trustees to approve the following candidates for Medical Staff Privileges:

Revision of privileges from Probationary to Primary Full-Time Privileges, effective immediately for:

- Dr. Susan Okigbo, Community Mental Health
- Dr. Rebecca Gomez, Operational Stress Injury Clinic
- Dr. Robert Smith, Operational Stress Injury Clinic
- Dr. Amol Vaze, Mood & Anxiety
- Dr. Naista Zhand, Schizophrenia
- Dr. Ebad Habibollahzadeh, Mood & Anxiety
- Dr. Shehan Katawapitiya, Mood & Anxiety
- Dr. Marie-Helene Rivard, Geriatrics (Primary Part-Time)
- Dr. Andrea Bardell, Probationary Privileges, Schizophrenia & Recovery Program, effective immediately
- Dr. Timothy Ehmann, Locum Privileges, Youth, effective immediately until April 14, 2021
- Dr. Natalie O'Brien, Probationary Privileges, Mood & Anxiety, effective immediately

Moved by:

Seconded by:

Motion approved:

**ROYAL OTTAWA HEALTH CARE GROUP BOARD
AUDIT COMMITTEE MINUTES OF THE MEETING HELD
May 21 7:30 HRS
ROYAL OTTAWA MENTAL HEALTH CENTRE**

Trustees	Present	Regrets	Trustees	Present	Regrets
J. Gallant, Chair	Phone		S. Squire	Phone	
R. Anderson	Phone		J. MacRae	Phone	
L. Gillen	Phone		A. Graham	Phone	
L. Leikin		X			
C. Coulter	Phone				
Management Staff					
K. Kealey	Phone		J. Bezzubetz	Phone	
C. Crocker	Phone				
D. Bilodeau	Phone				
Guests					
A. Newman, KPMG	Phone				
A. Despatie, KPMG	Phone				

AGENDA ITEMS		ACTION REQUIRED
Call to Order	J. Gallant, the Chair, called the meeting to order at 7:30 am and declared the meeting to have been regularly called and properly constituted for the transaction of business.	
Meeting Agenda	Moved by C. Coulter, seconded by R. Anderson, BE IT RESOLVED THAT the meeting agenda, be accepted as presented CARRIED	
Consent Agenda	Moved by J. MacRae, seconded by S. Squire, BE IT RESOLVED THAT the consent agenda, including the actions outlined therein be accepted with minor changes. CARRIED a. Minutes of February January 30, 2020 b. Work plan – Draft 2019-20 c. Statutory Obligations Letter (correction in date to May 21, 2020)	

AGENDA ITEMS		ACTION REQUIRED
Items Moved from the Consent Agenda	No items were removed from the Consent Agenda.	
3a Review Audit Report	<p>Andrew Newman, Partner and Ann Despatie, KPMG reviewed the audited findings report noting the following highlights:</p> <ul style="list-style-type: none"> • With COVID-19 being declared a pandemic, Andrew Newman was asked to focus his efforts on supporting the federal government and other entities through the implementation of various government programs. Therefore, another KPMG Hospital Partner, Oscar Poloni performed the partner-level file review for the ROHCG. Other than this change, the audit team remained consistent throughout their fieldwork. • There are no changes to the KPMG team from the audit plan • Materiality remained at \$3,800,000 representing approximately 2.1% of the total expenses for the current year of \$179,871,350 • The following significant reporting risks were identified: Sale of HFS and Disposition of all investments to CIBC. There were no audit or disclosure differences noted above audit differences posting threshold as a result of these audit procedures • There were no changes from the audit plan relating to areas of audit focus, or to methods of testing performed over each area of audit focus • There was no additional fraud risks from audit work to report • One-time additional audit work relating to the sale of HFS and the disposition of all investments and repurchase of investments with a new Custodian • No changes from the audit plan relating to other audits were identified • No additional audit related work – requests to KPMG from the Audit Committee - were made • There were a number of one-time transactions which impacted the March 31, 2020 financial statements including the transfer of investments to a new investment manager, the sale of HFS and the declaration of the COVID-19 pandemic in mid-March • The following professional fees for additional audit effort required are as follows: Sale of HFS - \$1,500, Transfer of Investments - \$2,000 and COVID-19, \$7,000 • No control deficiencies were identified as part of the audit. As such there are no items to report on the management letter for the March 31, 2020 audit 	

AGENDA ITEMS		ACTION REQUIRED
<p>3b Review Audited Financial Statements</p>	<ul style="list-style-type: none"> • Satisfied with the reasonableness of accounting estimates • Did not identify differences that remain uncorrected • Did not identify control deficiencies that we determined to be significant deficiencies in internal controls over financial reporting • We did not identify any additional fraud risk from our audit work • We did not note any significant disclosures that were omitted from the financial statements <p>Committee members are advised to visit KPMG’s website and review the following link: https://home.kpmg/ca/en/home/insights/2020/03/the-business-implications-of-coronavirus.html</p> <p>Joanne Bezzubetz and the Chair thanked KPMG and Management’s leadership for their ability to complete this audit on schedule during COVID 19 despite the various challenges it presented</p> <p>In response to questions the following was noted:</p> <ul style="list-style-type: none"> • “LHINS” is referenced in the financial statements – KPMG will confirm the legal name is correctly referenced throughout • Report – makes reference on p8 to the creation of a revised audit plan for Management and the Audit Committee as required by Canadian Auditing Standards, this will be circulated post meeting to the Committee members for review <p>The audited financial statements year ended March 31, 2020 were presented by C. Crocker noting the following highlights:</p> <p>Balance Sheet</p> <ul style="list-style-type: none"> • Consistent with prior reporting • Allowance for doubtful accounts mainly relates to Nunavut. Allowance increased as payments past six months, which is our policy time for setting up an allowance for doubtful accounts <p>Statement of Operations</p> <ul style="list-style-type: none"> • Projected surplus of \$1M was achieved, operating costs plus capital loan payments met without impact to cash <p>Following a brief discussion the following was noted:</p> <ul style="list-style-type: none"> • Nunavut payments may be delayed further due to COVID-19 • Investment update as of March 15, 2020: (as reported from CIBC dated May 15, 2020) • General Revenue fund down 1.42% 	<p>KPMG</p> <p>C. Crocker</p>

AGENDA ITEMS		ACTION REQUIRED
	<ul style="list-style-type: none"> • Lifecycle fund up 3.99% • Sinking fund down 1.4% • Most receivables are government based, thus there are no concerns in collecting • 2020/21 budget was approved assuming 0% increase, confirmation of 1% funding on base budget has now been received from the Ministry • The Ministry has released directives covering incremental cost increases related to COVID-19 plus capital costs. The Royal will not have capital costs, however staff relocations (i.e. Madonna Care Home) has resulted in a larger than predicted use of PPE (personal protective equipment) • The Ministry has set out processes and circulated detailed spreadsheets for reclaiming expenses. No increased risk is foreseen at this time • P. 25 of the Financial Statements – Note 13, this note will be made “nil” • P. 18 Note 5g. allocation from sale of the Royal was 13.87%, first payout of \$1.38M has been received <p>MOVED BY R. Anderson, SECONDED BY L. Gillen, BE IT RESOLVED THAT this Committee recommends to the Board of Trustees the acceptance of the Audit Findings Report and the approval of the Audited Financial Statements for Fiscal Year ended March 31, 2020, as presented</p> <p>CARRIED</p>	
3b In-Camera Session	The committee met with the auditors in camera.	
3c Audit Quality	<ul style="list-style-type: none"> • No recommendations were noted • Management to commence rating auditors, J. Gallant and R. Anderson will review as well – information will be shared with committee when rating is complete 	Management/ J. Gallant/R. Anderson/ D. Bilodeau
3d Act upon Any recommendations as directed by the Executive/Quality and Risk Management Report	No recommendations were noted.	
3e Review of Statement of Outstanding Claims (HIROC)	A summary of outstanding claims was attached for the committee’s information. C. Crocker noted that most claims were	

AGENDA ITEMS		ACTION REQUIRED
	closed and those still open are not significant. None are related to the property coverage	
3f Recommend appointment of auditors	<p>MOVED BY J. MacRae, SECONDED BY R. Anderson, BE IT RESOLVED THAT this Committee recommends to the Board of Trustees the re-appointment of KPMG as the Auditors for fiscal year 2020/21</p> <p>CARRIED</p>	
3g Risk Register	<p>K. Kealey provided an overview of the precirculated risk register noting the following:</p> <ul style="list-style-type: none"> • Changes to design were made for consistency with the Corporate register namely Potential Impact and likelihood scales <p>In response to questions the following was noted:</p> <ul style="list-style-type: none"> • Return to work – no security features have been relaxed, all security codes are required to gain access to system with nothing being stored on laptops - Information is stored onsite and continues to be managed by IT • Zoom Healthcare is being used for patient encounters and meetings as it offers higher privacy and security features • Reputational risk related to printing and discarding of private information at home – this risk is currently managed by the Royal via no printers provided for at home use. Staff have been reminded of security policies and confidentiality while working at home – C. Crocker will follow up on this to ensure proper security measures are in place • No loss of efficiency in productivity has been noted (260 staff are currently working from home). Community staff at home offices were previously working remotely • We will be reviewing our business model post COVID-19 to evaluate virtual roles and subsequent advantages in office capacity, parking etc., that can be achieved with certain functions remaining remote • Cyber risk related to work from home practices and preventative controls in place to be on the agenda for next meeting for discussion • Partnership has engaged a security consultant to review three organizations (Ontario Shores, Waypoint, Royal) based on the current environment – kick off meeting was May 20, 2020. A report will be brought forward when completed 	<p>C Crocker</p> <p>D. Bilodeau</p> <p>C Crocker</p>
Next Meeting	TBD	
Adjournment	The meeting adjourned at 8:29 am	

J. Gallant,
Chair, Finance Committee

J. Bezzubetz
Secretary, Board of Trustees

Date

Audit Meeting Action Items

Action Item	Individual Responsible	Status
An overview of all audits will be provided to Committee members (Frayme, etc.)	C. Crocker	Ongoing until completed
Report on measures in place related to potential cyber security risks – working from home (printing, discarding of materials) to be brought forward to the next meeting	C. Crocker/D. Bilodeau	January 2021
Report on Security Consultant Review of Partnership (3 organizations)	C. Crocker	January 2021
Management will commence rating auditors, J. Gallant and R. Anderson will review as well and share with committee when completed	J. Bezzubetz/C. Crocker J. Gallant/R. Anderson	January 2021

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2019-2020 – 59	Priority: Important
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DATE:	June 18, 2020
COMMITTEE:	Audit Committee
PRESENTER:	J. Gallant
SUBJECT:	Audit Findings Report

BACKGROUND INFORMATION:

The Board is charged with overseeing the status of financial reporting and a control system. It does this by approving such systems and auditing and overseeing external audits that provide assurances that the systems, policies and processes are sound and functioning well. The Audit Committee has reviewed the report and recommends the following motion to the Board.

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT the KPMG Audit Findings Report be noted by the Board, as presented.

Moved by:

Seconded by:

Motion approved:

Royal Ottawa Health Care Group "ROHCG"

Audit Findings Report
for the year ended March 31, 2020

KPMG LLP

Prepared on May 13, 2020 for the Audit Committee
meeting on May 21, 2020

kpmg.ca/audit



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The contacts at KPMG in connection with this report are:

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Executive summary



Purpose of this report*

The purpose of this Audit Findings Report is to assist you, as a member of the audit committee, in your review of the results of our audit of the financial statements as at and for the period / year ended March 31, 2020

This Audit Findings Report builds on the Audit Plan we presented to the Audit Committee.



Changes from the Audit Plan

There have been no significant changes regarding our audit from the Audit Planning Report previously presented to you.



Finalizing the Audit

As of the report date, we have completed the audit of the financial statements, with the exception of certain remaining procedures, which include amongst others:

- receipt of legal letters sent to legal counsel
- completing certain file review procedures
- receipt of signed management representation letter
- completion of subsequent event audit procedures up to the Board of Directors meeting date, including COVID-19 related items
- completing our discussions with the audit committee
- obtaining evidence of the Board's approval of the financial statements.

We will update the audit committee, and not solely the Chair (as required by professional standards), on significant matters, if any, arising from the completion of the audit, including the completion of the above procedures. Our auditors' report will be dated upon the completion of any remaining procedures.

*This Audit Findings Report should not be used for any other purpose or by anyone other than the Audit Committee. KPMG shall have no responsibility or liability for loss or damages or claims, if any, to or by any third party as this Audit Findings Report has not been prepared for, and is not intended for, and should not be used by, any third party or for any other purpose.

Executive summary



Audit risks and results

We discussed with you at the start of the audit the significant financial reporting risk related to the presumed risk of management override of controls. We did not identify any significant findings in our other areas of focus during our audit.



Critical accounting estimates

Overall, we are satisfied with the reasonability of critical accounting estimates.



Significant accounting policies and practices

There have been no initial selections of, or changes to, significant accounting policies and practices to bring to your attention.



Adjustments and differences

We did not identify differences that remain uncorrected.



Control and other observations

We did not identify any control deficiencies that we determined to be significant deficiencies in ICFR.

Audit Plan Debrief

We provide a summary debrief of items included in the Audit Plan presented to the Audit Committee to aid in discussion on changes to or deviations from the Audit Plan.

Item	Our response and significant findings
Your Audit Team	With COVID-19 being declared a pandemic, Andrew Newman was asked to focus his efforts on supporting the federal government and other entities through the implementation of various government programs. Therefore, another KPMG Hospital Partner, Oscar Poloni performed the partner-level file review for the ROHCG. We informed Cal Crocker of this change in late March. Other than this change, the audit team remained consistent throughout our field-work.
Key team members	There were no key team member changes from the Audit Plan. All team members were readily available to assist the Audit team.
Materiality	Materiality remained at \$3,800,000 which represented approximately 2.1% of prior year total revenues of \$179,871,350.
Significant financial reporting risks	We did not identify any additional significant financial reporting risks from those in the audit plan that required additional audit procedures.
Areas of audit focus	There were no changes from the audit plan relating to areas of audit focus, or to methods of testing performed over each area of audit focus.
Fraud Risk	We performed our required audit procedures in professional standards over fraud risk as communicated to the Audit Committee in the Audit Plan, and did not identify any additional fraud risks from our audit work.
Additional audit-related work – required to support audit opinion	One-time additional audit work relating to the sale of HFS and the disposition of all investments and repurchase of investments with a new Custodian. We discuss this additional work on page 5.
Additional audit-related work – other audits	We did not identify any changes from the Audit Plan relating to other audits.
Additional audit related work – requests of Audit Committee	As of the date of preparing this report, the Audit Committee has not requested that KPMG perform any additional audit-related work for the year-ended March 31, 2020.
Management letter update	As per the Audit Plan, there were no control deficiencies outstanding in the prior year management letter that required additional testing for the March 31, 2020 audit. We as well did not identify any new control deficiencies as part of our March 31, 2020 audit.

Audit Plan Debrief - Timeline

We provide a summary debrief of items included in the Audit Plan presented to the Audit Committee to aid in discussion on changes to or deviations from the Audit Plan.

We provide a comparison of the planned timeline presented and agreed-upon at the Audit Committee meeting to the actual dates of performance and delivery.

Audit work key activities and deliverable description	Planned Date	Date Delivered or Performed
Presentation of Audit Plan to the Audit Committee	January 10, 2020	January 6, 2020
KPMG to provide PBC list to management	Week of March 16, 2020	Week of March 16, 2020
Meeting with the CFO of the ROHCG to discuss the fiscal year's activities	Week of April 20, 2020	Week of May 14, 2020
Year-end audit fieldwork to be performed by KPMG	April 27 – May 15, 2020	April 27 – May 18, 2020
ROHCG audit file (PBC documents) provided to KPMG	April 27, 2020	April 28, 2020
Ministry Confirmations for revenue provided to KPMG	May 4, 2020	May 4, 2020
Draft financial statements provided to KPMG	May 7, 2020	May 7, 2020
Draft Audit findings report and other communications (as needed) submitted to management for review	Week of May 11, 2020	May 20, 2020
Mail-out of the Audit Findings Report to the Audit Committee	Week of May 11, 2020	Week of May 18, 2020
Presentation of the Audit Findings Report to the Audit Committee	May 21, 2020	May 21, 2020
Approval of the financial statements by Board of Directors	May 21, 2020	June 18, 2020
Annual General Meeting (AGM)	June 18, 2020	June 18, 2020

Audit risks and results

We highlight our significant findings in respect of significant financial reporting risks as identified in our discussion with you in the Audit Plan, as well as any additional significant risks identified.

Significant financial reporting risks	Why is it significant?
Sale of Hospital Food Services (HFS)	The sale of HFS is a significant unusual transaction for the ROHCG, and has a material impact on the financial statements, including related disclosures.
Disposition of all investments to CIBC	Investments are a material financial statement line item for the ROHCG. As all the investments were disposed of there is an increased risk around the accounting for the gain and loss on disposition as well as the accounting for the purchase of new investments.

Our response and significant findings

KPMG performed the following substantive audit procedures related to the sale:

- KPMG reviewed the sale agreement related to the transaction
- Assessed the appropriateness of management's disclosures made related to the sale

KPMG performed the following substantive audit procedures related to the disposition of the investments:

- Reviewed all agreements related to the disposition and purchase of new investments in the year
- Assessed the gain and loss recorded related to the disposition of the investments through recalculation
- Confirmed the investment balance as at the date of disposition
- KPMG will confirm the year end investment balances from the custodian to ensure the proper accounting of the new investments

There were no audit or disclosure differences noted above our audit differences posting threshold as a result of these audit procedures.

Audit risks and results (continued)

Significant financial reporting risks	Why is it significant?
Fraud risk from revenue recognition	<p>This is presumed, but rebuttable fraud risk.</p> <p>Generally, this is a presumed fraud risk if there are pressures or incentives on management to commit fraudulent financial reporting through inappropriate revenue recognition when performance is measured in terms of year-over-year revenue growth or profit.</p> <p>The ROHCG is not subject to external or market expectations on its revenue. Therefore, we have rebutted this fraud risk.</p>
Fraud risk from management override of controls	<p>This is a presumed fraud risk.</p> <p>We have not identified any specific additional risks of management override relating to this audit.</p>

Our response and significant findings

- We performed our required audit procedures in professional standards over fraud risk as communicated to the Audit Committee in the Audit Plan, and did not identify any additional fraud risks from our audit work.

Critical accounting estimates

Management is required to disclose information in the financial statements about the assumptions it makes about the future, and other major sources of estimation uncertainty at the end of the reporting period, that have a significant risk of resulting in a material adjustment to carrying amounts of assets and liabilities within the next financial year. Generally, these are considered to be “critical accounting estimates.”

We have summarized our assessment of the subjective areas.

Asset / liability	Balance (\$'000s)
Employee future benefits	\$7,318,000

KPMG comment

1. KPMG obtained and reviewed the actuarial accounting valuation reports obtained from the ROHCG's third party actuary, Morneau Shepell
2. KPMG tested the source data that management provided to the actuary for the purposes of completing the actuarial valuation and calculating the employee future benefits estimate.
3. KPMG examined the assumptions supporting employee future benefits and assessed the reasonableness of management estimated and assumptions used.
4. As management utilized an expert in preparing the actuarial valuations, KPMG assessed the professional competence and objectivity of management's expert.
5. KPMG reviewed the disclosures in the notes to the financial statements.

We believe management's process for identifying critical accounting estimates is considered adequate.

Audit response to COVID-19 pandemic

Other areas of focus – COVID-19 Related Impacts

We have undertaken certain additional audit procedures intended to address potential financial reporting matters arising from the COVID-19 pandemic. We summarize those directly impacting the ROHCG below.

Our response and significant findings

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization and has had a significant financial market and societal impact. As such additional audit procedures were required as summarized in the revised audit plan provided to management and included in the audit committee package. Below we highlight, the key areas of work with respect to COVID-19:

Additional audit effort and considerations:

- Created a revised audit plan for management and the audit committee as required by Canadian Auditing Standards
- Assessed the impacts of COVID-19 on the ROHCG's financial risks
- Performed more detailed subsequent events testing to verify the completeness of accrued liabilities and to assess the recorded values of other assets and liabilities.
- Reviewed Ministry announcements with respect to the re-profiling and allocation of revenues and verified that these amounts were recorded appropriately.
- Obtained an understanding and verified the design of internal control processes in the post-COVID period for payroll processes.
- Performed additional tests of operational effectiveness of controls in the post-COVID period for payroll processes where we rely on internal controls for audit evidence
- Assessed the fair value of investments subsequent to year-end to evaluate impacts of COVID-19
- Obtained an understanding of the impact to the IT environment as a result of changes in processes
- Drafted an "Impact of Covid-19" note for the financial statements in conjunction with management

Please visit our COVID-19 website for resources. This site is being updated daily based on information being released by Federal, Provincial and Municipal news releases. <https://home.kpmg/ca/en/home/insights/2020/03/the-business-implications-of-coronavirus.html>

Technology in the audit

As previously communicated in our Audit Planning Report, we have utilized technology to enhance the quality and effectiveness of the audit.

Areas of the audit where Technology and D&A routines were used	
Tool	Our results and insights
KPMG Clara Advanced Capabilities	Utilized KPMG's Clara application software to analyze the entire population of contracted out expenses that go through the three-way match. No audit difference were noted as part of the procedures.
Journal Entry Analysis	Utilized KPMG application software to evaluate the completeness of the journal entry population through a roll-forward of 100% of the accounts. Utilized computer-assisted audit techniques (CAATs) to analyze journal entries and apply certain criteria to identify potential high-risk journal entries for further testing. No audit difference were noted as part of the procedures.

Financial statement presentation and disclosure

The presentation and disclosure of the financial statements are, in all material respects, in accordance with the relevant financial reporting framework. Misstatements, including omissions, if any, related to disclosure or presentation items are in the management representation letter.

We also highlight the following:

Form, arrangement, and content of the financial statements

Adequate, the financial statement presentation complies with the Canadian Public Sector Accounting Standards for Not-for-Profit Organizations.

We did not note any significant disclosures that were omitted from the financial statements.

Application of accounting pronouncements issued but not yet effective

No concerns at this time regarding future implementation with respect to future accounting standards.

Adjustments and differences



Adjustments and differences identified during the audit have been categorized as “Corrected adjustments” or “Uncorrected differences”. These include disclosure adjustments and differences.

Professional standards require that we request of management and the audit committee that all identified adjustments or differences be corrected. We have already made this request of management.

Corrected adjustments

We did not identify any adjustments that were communicated to management and subsequently corrected in the financial statements.

Uncorrected differences

We did not identify differences that remain uncorrected.

Control observations



In accordance with professional standards, we are required to communicate to the Finance and Audit Committee significant deficiencies in internal control over financial reporting (ICFR) that we identified during our audit.

Description

We did not identify any control deficiencies that we determined to be significant deficiencies in internal controls over financial reporting (ICFR).

Audit Plan Debrief – Audit Fees

We provide a summary debrief of items included in the Audit Plan presented to the Audit Committee to aid in discussion on changes to or deviations from the Audit Plan. We will discuss matters that could impact our professional fees that were acknowledged at the January 6, 2020 Audit Committee meeting and inform the Audit Committee of any revisions to our audit fees

Matters that could impact our fees	Our observations
Audit readiness	Based on the audit timeline, management delivered the audit requests upon the requested dates and there were no significant delays noted relating to audit readiness that had an impact on meeting our agreed-upon deadlines.
Availability of team members	Key team members were available and responsive to the Audit team on a timely manner throughout the audit.
Identification of control deficiencies	No significant control deficiencies has been identified during fieldwork.
Significant changes in the nature or size of operations	There were no significant changes in the nature or size of the operations noted in the audit plan, nor were there any significant changes noted throughout the audit.
Changes to professional standards	There were no changes to professional standards that impacted the March 31, 2020 financial statements or our audit.
Changes in the timing of the audit work	There were no significant deviations to the timing of our audit work than from what was agreed-upon in the audit plan.
Significant one-time transactions	There were a number of one-time transactions that impacted the March 31, 2020 financial statements, including the transfer of investments to a new investment manager, the sale of Hospital Food Services and the declaration of COVID-19 as a pandemic in mid-March.
Audit Committee and Board of Director meeting attendance	We attended two meetings as planned.

Revisions to Audit Fees

We did not encounter any significant difficulties throughout the audit relating to a lack of audit readiness. As discussed in the original Audit Plan, additional effort was required relating to the transfer of investments and the sale of Hospital Food Services. In addition, as outlined in the revised Audit Plan, the declaration of COVID-19 as a pandemic had a substantial impact on our audit to comply with Canadian Auditing Standards. As such, we are submitting the following professional fees for the additional audit effort required for this year: Sale of HFS-\$1,500; Transfer of Investments-\$2,000; and COVID-19-\$7,000.

Current audit trends

Our past discussions with the Audit Committee and what KPMG is seeing in the marketplace—both from an audit and industry perspective—indicate the following is information that may be of general interest to you. We would, of course, be happy to further discuss this information with you at your convenience.

Thought Leadership	Overview	Links
Accelerate	Accelerate is a KPMG audit trends report and video series that includes the perspective of subject matter leaders from across KPMG in Canada on seven key issues impacting organizations today that are disrupting the audit committee mandate.	Link to report
The Blockchain shift will be seismic	Blockchain technology is a focused disruptor of the very foundations of external and internal audit: financial recordkeeping and reporting. This Audit Point of View article offers insight on how blockchain technology is impacting business and what audit committees should be thinking about to prepare for certain risks.	Link to report
2018 Audit Quality and Transparency Report	Learn about KPMG's ongoing commitment to continuous audit quality improvement. We are investing in new innovative technologies and building strategic alliances with leading technology companies that will have a transformative impact on the auditing process and profession. How do we seek to make an impact on society through the work that we do?	Link to report
How audit committees and those charged with governance can respond to COVID-19	<p>As the effects of the COVID-19 outbreak continue to evolve, organizations are racing to understand the business risks and implications on their financial reporting. The mandate of the audit committee includes critical items to be considered during the COVID-19 outbreak.</p> <p>Featured topics include:</p> <ul style="list-style-type: none">— Financial reporting— Oversight of external audit— Internal control over financial reporting— Information technology including cyber risk— Oversight of internal audit <p>Oversight of taxation matters, including government subsidy programs</p>	Link to report

Please visit KPMG's Audit Committee Institute (ACI) / Current Developments page for current developments in IFRS, Canadian securities matters, Canadian auditing other professional standards and US accounting, auditing and regulatory matters.

(Note: if the above hyperlinks do not work, you can find these and other insights on our website at www.kpmg.ca.)

Appendices



Appendix 1: Required communications



Appendix 2: Audit Quality and Risk Management

Appendix 1: Required communications



In accordance with professional standards, there are a number of communications that are required during the course of and upon completion of our audit. These include:



Auditors' report

The conclusion of our audit is set out in our draft auditors' report attached to the draft financial statements.



Management representation letter

In accordance with professional standards, copies of the management representation letter are provided to the Audit Committee.



[CPAB Audit Quality Insights Report \(October 2018\) \(formerly the "Big Four Firm Public Report"\)](#)
[CPAB Annual Inspections Results \(March 2019\)](#)

Appendix 2: Audit Quality and Risk Management



KPMG maintains a system of quality control designed to reflect our drive and determination to deliver independent, unbiased advice and opinions, and also meet the requirements of Canadian professional standards.

Quality control is fundamental to our business and is the responsibility of every partner and employee. The following diagram summarizes the six key elements of our quality control system.

Visit our [Audit Quality Resources page](#) for more information including access to our [Audit Quality and Transparency Report](#).

Other controls include:

- Before the firm issues its audit report, the Engagement Quality Control Reviewer reviews the appropriateness of key elements of publicly listed client audits
- Technical department and specialist resources provide real-time support to audit teams in the field

We conduct regular reviews of engagements and partners. Review teams are independent and the work of every audit partner is reviewed at least once every three years.

We have policies and guidance to ensure that work performed by engagement personnel meets applicable professional standards, regulatory requirements and the firm's standards of quality.

- All KPMG partners and staff are required to act with integrity and objectivity and comply with applicable laws, regulations and professional standards at all times.



We do not offer services that would impair our independence.

The processes we employ to help retain and develop people include:

- Assignment based on skills and experience
- Rotation of partners
- Performance evaluation
- Development and training
- Appropriate supervision and coaching

We have policies and procedures for deciding whether to accept or continue a client relationship or to perform a specific engagement for that client.

Existing audit relationships are reviewed annually and evaluated to identify instances where we should discontinue our professional association with the client.



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ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2019-2020 – 60	Priority: Important
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DATE:	June 18, 2020
COMMITTEE:	Audit Committee
PRESENTER:	J. Gallant
SUBJECT:	Audited Financial Statements for the year ended March 31, 2020

BACKGROUND INFORMATION:

The Board is charged with overseeing the external auditors and their reports. The Audit committee has reviewed the reports and recommends the motion listed below.

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT the audited financial statements for the year ended March 31, 2020 as audited by KPMG, be approved as presented and forwarded to the Annual General Meeting for information.

Moved by:

Seconded by:

Motion approved:

Financial Statements of

**ROYAL OTTAWA HEALTH
CARE GROUP**

And Independent Auditors' Report thereon

Year ended March 31, 2020

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of Royal Ottawa Health Care Group

Opinion

We have audited the financial statements of the Royal Ottawa Health Care Group (the "Entity"), which comprise:

- the statement of financial position as at March 31, 2020
- the statement of operations for the year then ended
- the statement of changes in fund balances for the year then ended
- the statement of cash flows for the year then ended
- the statement of remeasurement gains and losses for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements, present fairly, in all material respects, the financial position of the Entity as at March 31, 2020, and its results of operations, its remeasurement gains and losses, its changes in fund balances and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "***Auditors' Responsibilities for the Audit of the Financial Statements***" section of our auditors' report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants, Licensed Public Accountants

Ottawa, Canada

June 18, 2020

ROYAL OTTAWA HEALTH CARE GROUP

Financial Statements

Year ended March 31, 2020

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ROYAL OTTAWA HEALTH CARE GROUP

Statement of Financial Position

March 31, 2020, with comparative information for 2019

	2020	2019
Assets		
Current assets:		
Cash	\$ 7,813,189	\$ 7,603,493
Short-term investments (note 3(a))	24,528,917	23,435,993
Accounts receivable (note 4)	2,482,471	4,535,884
Receivable from Provinces and Territories	1,792,047	1,830,395
Due from related entities (note 5)	965,008	1,227,064
Inventories	549,416	506,086
Prepaid expenses	3,150,514	2,886,637
	<u>41,281,562</u>	<u>42,025,552</u>
Restricted investments - building reserves (note 3(b))	16,636,613	16,917,841
Capital assets (note 6)	156,191,611	159,757,937
	<u>\$ 214,109,786</u>	<u>\$ 218,701,330</u>
Liabilities and Fund Balances		
Current liabilities:		
Payable to the Province of Ontario	\$ 16,764,999	\$ 15,275,511
Accounts payable and accrued liabilities	21,898,978	19,563,287
Due to related entity (note 5)	2,741	—
Advance payments for designated projects	993,815	1,082,765
Current portion of deferred revenue	1,828,959	2,315,616
Scheduled cash repayments of loans (note 7)	934,299	900,419
Current portion of capital lease obligation (note 7)	8,974,802	8,409,212
Current liabilities before callable debt	<u>51,398,593</u>	<u>47,546,810</u>
Callable debt (note 7)	3,244,042	4,178,341
	<u>54,642,635</u>	<u>51,725,151</u>
Long-term debt (note 7)	72,154,249	81,106,199
Deferred revenue	14,222,187	12,343,728
Deferred capital asset contributions (note 8)	55,440,583	54,088,835
Employee future benefits (note 12)	7,318,000	7,026,700
Due to external parties - vested benefits	186,393	201,914
Fund balances:		
Internally restricted	1,483,429	1,466,062
Unrestricted	10,638,885	9,645,650
	<u>12,122,314</u>	<u>11,111,712</u>
Accumulated remeasurement gains (losses)	(1,976,575)	1,097,091
	<u>10,145,739</u>	<u>12,208,803</u>
Commitments, contingencies and guarantees (note 13)		
	<u>\$ 214,109,786</u>	<u>\$ 218,701,330</u>

See accompanying notes to financial statements.

Approved by the Board:

_____ Director

_____ Director

ROYAL OTTAWA HEALTH CARE GROUP

Statement of Operations

Year ended March 31, 2020, with comparative information for 2019

	Operations Fund	Non- Operations Fund	2020	2019
Revenue:				
Funding from the Province of Ontario:				
Ministry of Health/Local Health Integrated Network	\$ 131,181,336	\$ 5,673,531	\$ 136,854,867	\$ 132,754,960
Ministry of Children and Youth Services	1,328,771	–	1,328,771	3,093,475
Ministry of the Solicitor General	16,309,513	–	16,309,513	15,357,204
Department of Veterans Affairs	6,518,473	–	6,518,473	6,030,518
Patient revenues	4,453,564	–	4,453,564	4,519,023
Differential revenues	189,816	–	189,816	166,109
Amortization of deferred contributions - major equipment	2,231,444	–	2,231,444	2,253,551
Amortization of deferred contributions - land, buildings, services	192,400	5,008,045	5,200,445	5,217,191
Recoveries and other revenue	9,928,489	–	9,928,489	9,554,729
Investment income	3,190,982	–	3,190,982	924,590
	175,524,788	10,681,576	186,206,364	179,871,350
Expenses:				
Salaries and wages	96,194,127	–	96,194,127	94,784,240
Employee benefits	28,302,410	–	28,302,410	24,555,179
Medical staff remuneration	10,835,690	–	10,835,690	10,240,814
Medical and surgical supplies	539,155	–	539,155	533,966
Drugs	1,679,480	–	1,679,480	1,425,454
Contracts and other expenses (note 11)	32,777,512	–	32,777,512	32,041,359
Amortization of equipment	3,134,470	–	3,134,470	3,091,201
Amortization of buildings and land improvements	482,572	5,340,031	5,822,603	5,803,966
Mortgage interest	223,815	5,686,500	5,910,315	6,452,900
	174,169,231	11,026,531	185,195,762	178,929,079
Excess (deficiency) of revenue over expenses	\$ 1,355,557	\$ (344,955)	\$ 1,010,602	\$ 942,271

See accompanying notes to financial statements.

ROYAL OTTAWA HEALTH CARE GROUP

Statement of Changes in Fund Balances

Year ended March 31, 2020, with comparative information for 2019

	Operations		Non-Operations		2020 Total	2019 Total
	Internally restricted	Unrestricted	Unrestricted			
Fund balance, beginning of year	\$ 1,466,062	\$ 9,645,650	\$ -	\$ 11,111,712	\$ 10,169,441	
Excess (deficiency) of revenue over expenses	-	1,355,557	(344,955)	1,010,602	942,271	
Transfer of ancillary revenue for local share of ROMHC Redevelopment Project	17,367	(362,322)	344,955	-	-	
Fund balance, end of year	\$ 1,483,429	\$ 10,638,885	\$ -	\$ 12,122,314	\$ 11,111,712	

See accompanying notes to financial statements.

ROYAL OTTAWA HEALTH CARE GROUP

Statement of Cash Flows

Year ended March 31, 2020, with comparative information for 2019

	2020	2019
Cash provided by (used in):		
Operating activities:		
Excess of revenue over expenses	\$ 1,010,602	\$ 942,271
Items not affecting cash:		
Amortization of deferred capital asset contributions	(6,570,872)	(7,470,742)
Amortization of capital assets	8,957,073	8,895,167
Fair value adjustment in investments	-	156,114
Decrease in due to external parties - vested benefits	(15,521)	(33,003)
Increase in employee future benefits	291,300	278,200
Changes in non-cash operating working capital items (note 10(a))	7,177,382	(2,139,183)
	<u>10,849,964</u>	<u>628,824</u>
Financing activities:		
Increase in deferred capital asset contributions	7,922,620	11,327,127
Principal repayments on long-term debt	(9,309,632)	(8,747,535)
	<u>(1,387,012)</u>	<u>2,579,592</u>
Investing activities:		
Purchase of capital assets	(5,390,747)	(5,976,895)
Net acquisitions on short-term investments	(3,936,176)	(2,631,680)
Net disposals on restricted investments	73,667	178,349
	<u>(9,253,256)</u>	<u>(8,430,226)</u>
Increase (decrease) in cash	209,696	(5,221,810)
Cash, beginning of year	7,603,493	12,825,303
Cash, end of year	<u>\$ 7,813,189</u>	<u>\$ 7,603,493</u>

See accompanying notes to financial statements.

ROYAL OTTAWA HEALTH CARE GROUP

Statement of Remeasurement Gains and Losses

Year ended March 31, 2020, with comparative information for 2019

	2020	2019
Accumulated remeasurement gains (losses), beginning of year	\$ 1,097,091	\$ (191,508)
Change in cumulative gains (losses) in the year:		
Realized gain (loss) on investments	1,996,274	(111,259)
Unrealized gain (loss) on investments	(5,047,087)	1,352,540
Derivatives (note 7(f)(ii))	(22,853)	47,318
Net remeasurement gains (losses) for year	(3,073,666)	1,288,599
Accumulated remeasurement gains (losses), end of year	\$ (1,976,575)	\$ 1,097,091

See accompanying notes to financial statements.

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements

Year ended March 31, 2020

1. Nature of entity:

Royal Ottawa Health Care Group (the "Group") was incorporated under the Corporations Act of Ontario. The Group is a not-for-profit organization under the Income Tax Act (Canada) and as such is exempt from income taxes. The Group is comprised of the Royal Ottawa Mental Health Center ("ROMHC"), Brockville Mental Health Center ("BMHC"), and Royal Ottawa Place, a long-term care facility.

The financial statements do not include the assets, liabilities or operations of Royal Ottawa Foundation for Mental Health, University of Ottawa Institute of Mental Health Research, Royal Ottawa Volunteer Association, NCE-IKTP Youth Mental Health, Friends of Royal Ottawa Foundation, Inc., The Centre of Excellence on Post Traumatic Stress Disorder and Related Mental Health Conditions or Healthcare Food Services Inc. Each of these entities shares a relationship with the Group as disclosed in note 5.

2. Significant accounting policies:

The financial statements have been prepared in accordance with Canadian public sector accounting standards including the 4200 standards for government not-for-profit organizations and include the following significant accounting policies:

(a) Basis of presentation:

The Group follows the deferral method of accounting for contributions for government not-for-profit organizations which includes provincial government allocations, other contributions and grants.

(b) Revenue recognition and fund accounting:

The accounts of the Group are classified for reporting purposes into funds in accordance with activities or objectives specified by the external parties or in accordance with the directives issued by the Board of Trustees. For financial reporting purposes, the fund balances have been classified into two funds consisting of the following:

- (i) The Operations Fund includes the day-to-day transactions in regard to the operations of the Group. Unless otherwise specified, any interest earned is included in the Operations Fund.
- (ii) The Non-Operations Fund includes transactions of a capital nature related to the funding and financing of the cost of construction and the life cycle costs of the ROH Redevelopment Project.

The Group receives the majority of its funding from the Ministry of Health/Local Health Integration Network, the Ministry of the Solicitor General and the Ministry of Children and Youth Services (collectively, the "Ministries").

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

2. Significant accounting policies (continued):

(b) Revenue recognition and fund accounting (continued):

Annual provincial allocations are determined by the Ministries and are recorded as revenue in the year to which they relate. The Group is responsible for any incurred deficit. The final amount of operating revenue recorded cannot be determined until the Ministries have reviewed the Group's financial and statistical returns for the year. Any adjustments arising from the Ministries' review are recorded in the period in which the adjustment is made. The total receivable balance from the Ministries in respect of the Group's operations comprises the remaining balance of the agreed allocation and outstanding amounts, if any, from earlier years.

Other contributions and grants are received primarily for capital, research and development and other purposes. Contributions received for capital purposes are credited to deferred capital asset contributions and amortized on the same basis as the related asset. Grants received for research and development and other purposes are deferred and offset against related costs as incurred.

Patient revenues, differential revenues and other revenue are recognized when the goods are sold or the service is provided.

Investment income is recorded in the statement of operations when earned.

(c) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Derivative instruments and equity instruments that are quoted in an active market are reported at fair value. All other financial instruments are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. Management has elected to record all investments at fair value as they are managed and evaluated on a fair value basis.

Unrealized changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the statement of operations and any unrealized gain is adjusted through the statement of remeasurement gains and losses.

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

2. Significant accounting policies (continued):

(c) Financial instruments (continued):

When the asset is sold, the unrealized gains and losses previously recognized in the statement of remeasurement gains and losses are reversed and recognized in the statement of operations.

Long-term debt is recorded at cost. The related interest rate swaps are recorded at fair value.

Canadian public sector accounting standards require an organization to classify fair value measurements using a fair value hierarchy, which includes three levels of information that may be used to measure fair value:

- Level 1 - Unadjusted quoted market prices in active markets for identical assets or liabilities;
- Level 2 - Observable or corroborated inputs, other than level 1, such as quoted prices for similar assets or liabilities in inactive markets or market data for substantially the full term of the assets or liabilities; and
- Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

The Group uses derivative financial instruments to manage interest rate risk. The only derivative products used are interest rate swaps (see notes 7 and 11 for further details). Derivative instruments are recorded on the statement of financial position as assets or liabilities and are measured at fair value. Derivatives with positive fair value are reported as assets and derivatives with negative fair value are reported as liabilities.

The Group uses hedge interest rate swaps to hedge variability in forecasted cash flows. Changes in the fair value of the swap are included directly in the statement of remeasurement gains and losses.

The periodic exchanges of payments on interest rate swaps designated as hedges of debt are recorded as an adjustment to interest expenses of the hedged item in the same period.

The fair values of over-the-counter derivatives are based on prevailing market rates for instruments with similar characteristics and maturities, net present value analysis, or are determined by using pricing models that incorporate current market and contractual prices of the underlying instruments, time value of money, yield curve and volatility factors. Counterparty credit risk and liquidity valuation adjustments are recorded, as appropriate.

(d) Inventories:

Inventories are comprised of pharmaceutical, medical and office supplies and are valued at the lower of cost, determined on a weighted average basis, and net realizable value.

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

2. Significant accounting policies (continued):

(e) Capital assets:

Purchased capital assets, are recorded at cost. Assets acquired under capital leases are initially recorded at the present value of future minimum lease payments and amortized over the estimated life of the assets. When a capital asset no longer contributes to the Group's ability to provide services, its carrying amount is written down to its residual value.

Capital assets are amortized on a straight-line basis, over the estimated useful service lives, as follows:

Asset	Useful life
Buildings	40 to 50 years
Leasehold improvements	10 to 20 years
Furniture, equipment and software	5 to 10 years
Medical equipment	10 to 15 years
Land improvements	10 to 25 years

Construction-in-progress is amortized in the period that the assets are put into use.

(f) Employee future benefits:

The Group is an employer member of the Healthcare of Ontario Pension Plan (the "Plan"), which is a multi-employer, defined benefit pension plan. The Hospital has adopted defined contribution plan accounting principles for this Plan because insufficient information is available to apply defined benefit plan accounting principles.

The Group provides defined retirement and other future benefits for substantially all retirees and employees. These future benefits include life insurance and health care benefits, retirement gratuity, sick leave and worker's compensation.

The Group accrues its obligations under the defined benefit plans as the employees render the services necessary to earn the pension, compensated absences and other retirement benefits. The actuarial determination of the accrued benefit obligations for pensions and other retirement benefits uses the projected benefit method prorated on service (which incorporates management's best estimate of future salary levels, other cost escalation, retirement ages of employees and other actuarial factors). The most recent actuarial valuation of the benefit plans for funding purposes was as of March 31, 2020, and the next required valuation will be as of March 31, 2023.

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

2. Significant accounting policies (continued):

(f) Employee future benefits (continued):

Actuarial gains (losses) on plan assets arise from the difference between the actual return on plan assets for a period and the expected return on plan assets for that period. Actuarial gains (losses) on the accrued benefit obligation arise from differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation. The net accumulated actuarial gains (losses) are amortized over the average remaining service period of active employees. The average remaining service period of the active employees covered by the pension plan is 13 years (2019 - 13 years). The other retirement benefits plan does not have any active members.

Past service costs arising from plan amendments are recognized immediately in the period the plan amendments occur.

For those self-insured benefit obligations that arise from specific events that occur from time to time, such as obligations for workers' compensation and life insurance and health care benefits for those on disability leave, the cost is recognized immediately in the period the events occur. Any actuarial gains and losses that are related to these benefits are recognized immediately in the period they arise.

The costs of multi-employer defined contribution pension plan benefits, such as the Healthcare of Ontario Pension Plan ("HOOPP"), are the employer's contributions due to the plan in the period.

(g) Contributed services:

A large number of volunteers contribute a significant amount of time to the Group each year. Because of the difficulty in determining the fair value of these services, contributed services are not recognized in the financial statements.

(h) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the dates of the financial statements and the reported amounts of revenue and expenses during the reporting periods. Actual results could differ from these estimates.

Significant areas requiring the use of management's estimates include management's estimates used to develop actuarial assumptions with respect to employee future benefits. These estimates are reviewed annually and as adjustments become necessary, they are recorded in the financial statements in the period they become known.

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

3. Investments:

(a) Short-term investments:

	2020		2019	
	Cost	Carrying and fair value	Cost	Carrying and fair value
Cash, marketable securities and other short term	\$ 608,024	\$ 608,024	\$ 866,163	\$ 866,655
Government of Canada bonds, 1.9% to 5% (2019 - 1.25% to 2.35%) maturing March 2022 to June 2041 (2019 - June 2021 to June 2027)	2,749,484	2,860,462	1,915,282	1,991,813
Provincial bonds, 2.35% to 5.85% (2019 - 1.25% to 4.2%) maturing June 2020 to June 2048 (2019 - June 2020 to June 2026)	10,061,719	10,192,329	7,103,598	7,247,895
Canadian bond funds	4,182,094	4,070,038	5,790,661	5,690,435
Canadian equities	3,868,361	3,059,180	3,932,935	4,914,893
U.S. equities	2,449,676	2,179,176	1,816,372	2,261,587
International equities	1,874,349	1,559,708	432,520	462,715
	\$ 25,793,707	\$ 24,528,917	\$ 21,857,531	\$ 23,435,993

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

3. Investments (continued):

(b) Restricted investments - building reserves:

	2020		2019	
	Cost	Carrying and fair value	Cost	Carrying and fair value
<i>Sinking fund trust investments:</i>				
Cash, marketable securities and other short term	\$ 97,830	\$ 97,830	\$ 178,129	\$ 178,010
Government of Canada bonds, 1.9% to 5% (2019 - 1.25% to 2.35%) maturing March 2022 to June 2041 (2019 - June 2021 to June 2027)	397,375	413,400	352,225	361,592
Provincial bonds, 2.35% to 5.85% (2019 - 1.25% to 4.2%) maturing June 2020 to June 2048 (2019 - June 2020 to June 2026)	1,456,258	1,475,162	1,295,319	1,319,531
Canadian bond funds	603,885	587,676	1,035,335	1,016,335
Canadian equities	558,918	442,138	740,730	897,990
US equities	352,039	313,163	300,484	392,383
International equities	269,848	224,543	82,886	91,506
	\$ 3,736,153	\$ 3,553,912	\$ 3,985,108	\$ 4,257,347

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

3. Investments (continued):

(b) Restricted investments - building reserves (continued):

	Cost	2020 Carrying and fair value	Cost	2019 Carrying and fair value
<i>Life cycle reserve investments:</i>				
Cash, marketable securities and other short term	\$ 481,218	\$ 481,218	\$ 336,053	\$ 336,514
Government of Canada bonds, 1.9% to 2.65% (2019 - 1.5% to 3.8%) maturing March 2022 to March 2028 (2019 - June 2019 to June 2027)	1,651,282	1,712,179	3,393,036	3,263,236
Provincial bonds, 2.35% to 4.2% (2019 - 1.25% to 3.7%) maturing June 2020 to Sep 2029 (2019 - June 2020 to June 2025)	7,733,100	7,856,913	5,061,528	5,071,614
Canadian corporate bonds, 2.62% to 4.93% (2019 - 1.83% to 3.226%) maturing May 2021 to Feb 2029 (2019 - June 2020 to December 2026)	2,428,314	2,357,821	2,554,205	2,540,756
	<u>\$ 12,293,914</u>	<u>\$ 12,408,131</u>	<u>\$ 11,344,822</u>	<u>\$ 11,212,120</u>
<i>Facility reserve investments:</i>				
Cash	\$ 674,570	\$ 674,570	\$ 1,448,374	\$ 1,448,374
Total building reserves - investments	<u>\$ 16,704,637</u>	<u>\$ 16,636,613</u>	<u>\$ 16,778,304</u>	<u>\$ 16,917,841</u>

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

3. Investments (continued):

(b) Restricted investments - building reserves (continued):

(i) Building reserves - investments:

The market value of the bonds fluctuates with changes in market interest rates. There is no significant concentration of investments in any one issuer or industry sector and the Group invests only in liquid securities.

(ii) Sinking fund trust:

The Group is required to fund a portion of the cost of the Royal Ottawa Mental Health Centre (ROMHC) Redevelopment Project which will be met through various revenue streams as well as a \$15,000,000 capital campaign which was undertaken by the Royal Ottawa Foundation for Mental Health. At March 31, 2020, the balance of the fund was \$3,553,912 (2019 - \$4,257,347).

(iii) Life cycle reserve:

The ROH Redevelopment Project agreements include a life cycle plan which recognizes that over time various capital parts of the new facility will need to be restored or replaced. The purpose of the account is to pay for certain capital costs regarding the new facility. At March 31, 2020, the balance of the fund was \$12,408,131 (2019 - \$11,212,120).

(iv) Facility reserve:

The ROH Redevelopment Project agreements include provision for modification to tenant space which recognizes that over time the facility space requirements will change. The purpose of the account is to pay for the Group's special initiatives in the facility. At March 31, 2020, the balance of the fund was \$674,570 (2019 - \$1,448,374).

(v) Fair value:

All of the Group's investments are measured using Level 1 on the fair value hierarchy.

4. Accounts receivable:

	2020	2019
Accounts receivable	\$ 3,061,685	\$ 4,763,974
Less allowance for doubtful accounts	579,214	228,090
	\$ 2,482,471	\$ 4,535,884

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

5. Related entities:

(a) Royal Ottawa Foundation for Mental Health:

The Group has an economic interest in the Royal Ottawa Foundation for Mental Health (the "Foundation"). The Foundation was established to raise, receive, maintain and manage funds to be distributed towards various programs and capital projects of the Group. The Group has a balance receivable from the Foundation in the amount of \$460,248 (2019 - \$611,604) relating to inter-entity charges. The balance is non-interest-bearing, has no fixed terms of repayment and is repayable on demand. During the year, the Foundation has transferred an amount of \$1,275,359 (2019 - \$313,228) to the Group as part of its capital campaign.

(b) University of Ottawa Institute of Mental Health Research:

The Group has control over the University of Ottawa Institute of Mental Health Research (the "Institute") through its ability to elect the majority of voting board members. The Institute carries on and promotes scientific research for the benefit of the general public. The Group has a balance receivable from the Institute in the amount of \$75,352 (2019 - \$3,269). The balance is non-interest-bearing, has no fixed terms of repayment and is repayable on demand. The Group also has a balance receivable from the Institute of \$226,038 (2019 - \$524,805) relating to accrued payroll liabilities.

The Institute's assets, liabilities, revenue and expenses are as follows for the years ended March 31:

	2020	2019
Assets		
Other assets	\$ 9,332,479	\$ 9,847,500
Liabilities and Net Assets		
Liabilities:		
Due to Royal Ottawa Health Care Group	\$ 301,390	\$ 528,074
Other liabilities	7,044,183	7,371,793
	7,345,573	7,899,867
Net assets	1,986,906	1,947,633
	\$ 9,332,479	\$ 9,847,500

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

5. Related entities:

(b) University of Ottawa Institute of Mental Health Research (continued):

	2020	2019
Revenue	\$ 6,376,397	\$ 5,442,868
Expenses	5,667,459	6,476,627
Excess (deficiency) of revenue over expenses	\$ 708,938	\$ (1,033,759)

(c) Royal Ottawa Volunteer Association:

The Group has an economic interest in the Royal Ottawa Volunteer Association (the "Association"). The Association assists the Group in improving the health, rehabilitation and well-being of patients by providing funding to the Group. The Group has a balance receivable from the Association in the amount of \$22,276 (2019 - \$11,668).

(d) NCE-IKTP Youth Mental Health:

The Group has an economic interest in the NCE-IKTP Youth Mental Health ("Frayme"). Frayme's purpose is to transform youth mental health systems in Canada and around the world by establishing a platform to address urgent priorities, influencing internal services and policies, filling the gaps between research and the need for dissemination and clinical implementation and identifying gaps in research. The Group incurs some expenses on behalf of Frayme, for which Frayme reimburses the Group. The Group also provides certain administrative support services to Frayme at no charge. The Group has a balance receivable from Frayme of \$48,794 (2019 - \$75,718) relating to this reimbursement of expenses. The balance is non-interest-bearing, has no fixed terms of repayment and is repayable on demand.

(e) Friends of Royal Ottawa Foundation, Inc.

The purpose of the Friends of Royal Ottawa Foundation, Inc., (the "Friends") is to further educational, scientific, and charitable purposes pursuant to the provisions of the Delaware General Corporation Law (the "DGCK") and other applicable laws.

The Group has an economic interest in the Friends of Royal Ottawa Foundation, Inc. The Friends was established to raise, receive, maintain and manage funds to be distributed towards various programs and capital projects of the Group. The Friends of Royal Ottawa Foundation, Inc. has no amounts owing to the Group as at March 31, 2020. The Group has a balance payable to the Friends in the amount of \$2,741 (2019 - \$Nil) relating to inter-entity charges. The balance is non-interest-bearing, has no fixed terms of repayment and is repayable on demand.

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

5. Related entities (continued):

- (f) Centre of Excellence on Post Traumatic Stress Disorder and Related Mental Health Conditions:

The Group has control over the Centre of Excellence on Post Traumatic Stress Disorder and Related Mental Health Conditions (the "Centre") through its ability to elect the majority of voting board members. The Centre's objective is to increase the Canadian expertise, knowledge creation and transfer of knowledge on the subject of Canadian military and Veteran mental health. The Group has a balance receivable from the Centre in the amount of \$132,300 (2019 - \$Nil). The balance is non-interest-bearing, has no fixed terms of repayment and is repayable on demand.

The Centre's assets, liabilities, revenue and expenses are as follows for the years ended March 31:

	2020	2019
Assets		
Other assets	\$ 261,549	\$ -
Liabilities and Net Assets		
Liabilities:		
Due to Royal Ottawa Health Care Group	\$ 132,300	\$ -
Other liabilities	122,031	-
	254,331	-
Net assets	7,218	-
	\$ 261,549	\$ -
<hr/>		
	2020	2019
Revenue	\$ 1,297,865	\$ -
Expenses	1,290,647	-
Excess of revenue over expenses	\$ 7,218	\$ -

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

5. Related entities (continued):

(g) Ottawa Hospitals Food Association (formerly Healthcare Food Services Inc.):

The Hospital was a founding member of Healthcare Food Services, Inc. ("HFS"). HFS was established to provide food services, respectively to member hospitals on a cost of service basis.

For the year ended March 31, 2020, the Hospital provided \$72,493 (2019 - \$576,962) to HFS for food services. These amounts have been included in supplies and other on the consolidated statement of operations.

On May 13, 2019, the Board of Directors of HFS finalized the sale of substantially all of the assets of HFS to a third party purchaser. As unanimously agreed upon by the Member Hospitals and the Board of Directors of HFS, the net proceeds of the HFS sale will be distributed to each of the member Hospital's respective Foundations. Effective the date of sale, HFS changed its operating name to Ottawa Hospitals Food Association ("OHFA").

On November 8, 2019, The Board Directors of OHFA approved a motion to distribute \$10,000,000 to the member hospital Foundation's based on their share. The Royal Ottawa Foundation for Mental Health's share of the distribution is 13.87%, and the Foundation received a donation of \$1,386,699 in March 2020.

At March 31, 2020, the Hospital had an economic interest of 13.87% in OHFA (2019 - 12.8% in HFS) of total net assets of \$5,516,855 (2019 - \$8,969,648).

6. Capital assets:

	Cost	Accumulated amortization	2020 Net book value	2019 Net book value
Land	\$ 786,626	\$ -	\$ 786,626	\$ 786,626
Buildings	21,394,945	7,449,116	13,945,829	14,486,733
Buildings - capital lease	157,750,427	51,677,846	106,072,581	109,957,445
Leasehold Improvements	27,868,947	9,780,494	18,088,453	19,139,849
Furniture, equipment and software	32,888,711	20,298,044	12,590,667	11,118,812
Medical equipment	12,327,687	8,089,138	4,238,549	3,747,718
Land improvements	1,471,493	1,002,587	468,906	520,754
	<u>\$ 254,488,836</u>	<u>\$ 98,297,225</u>	<u>\$ 156,191,611</u>	<u>\$ 159,757,937</u>

During the year, the Group disposed of assets with a cost of \$12,618 (2019 - \$4,260,717) and accumulated amortization of \$12,618 (2019 - \$4,260,717).

At March 31, 2019, cost and accumulated amortization amounted to \$249,110,707 and \$89,352,770, respectively.

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

7. Long-term debt:

	2020	2019
(a) Callable bank loan, unsecured, maturing May 1, 2024. The balance is repayable in monthly installments of \$29,259 including principal and interest at the bank's public sector rate plus 0.29%.	\$ 2,267,888	\$ 2,452,131
Callable bank loan, unsecured, maturing May 11, 2029. The balance is repayable in monthly installments of \$26,406 including principal and interest at the bank's public sector rate plus 0.29%.	1,304,510	1,575,583
Callable bank loan, unsecured, maturing July 15, 2021. The balance is repayable in monthly installments of \$38,347 including interest at 1.77%.	605,943	1,051,046
Total loans	4,178,341	5,078,760
Capital lease obligation related to the Royal Ottawa Hospital Redevelopment Project. The obligation will be amortized over 248 months to June 2027, at an interest rate of 6.33%, with monthly principal and interest payments of \$1,163,990.	80,485,290	88,894,503
Fair value of interest rate swaps (note 7(f))	643,761	620,908
	85,307,392	94,594,171
Less:		
Scheduled cash repayments of loans	934,299	900,419
Current portion of capital lease obligation	8,974,802	8,409,212
Callable debt	3,244,042	4,178,341
	13,153,143	13,487,972
	\$ 72,154,249	\$ 81,106,199

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

7. Long-term debt (continued):

- (b) The Group has access to a \$7,000,000 credit facility. The facility can be utilized as an overdraft at a rate of prime or at fixed terms between 30 and 364 days at the bank's cost of funds plus 1.6% per annum. As at year end, this facility had not been utilized (2019 - \$Nil).
- (c) The Group has access to a \$500,000 commercial letter of credit. At March 31, 2020, there were no standby letters of credit issued against this (2019 - \$Nil).
- (d) Canadian public sector accounting standards require that loans that the lender can require to be repaid on demand be classified as current liabilities.

Management does not believe that the demand features of the callable debt will be exercised in the current period. Assuming payment of the callable debt is not demanded; regular principal payments required on all long-term debt for the next five fiscal years and thereafter are due as follows:

	Loans	Capital lease	Total
2021	\$ 934,299	\$ 8,974,802	\$ 9,909,101
2022	661,468	9,578,590	10,240,058
2023	537,539	10,223,166	10,760,705
2024	568,124	10,911,292	11,479,416
2025	301,754	11,645,921	11,947,675
2016 and thereafter	1,175,157	29,151,519	30,326,676
	\$ 4,178,341	\$ 80,485,290	\$ 84,663,631

(e) Interest rate derivative agreements:

Interest rate swaps are agreements where two counterparties exchange a series of payments based on different interest rates applied to a notional amount in a single currency.

The Group incurred \$8,475,667 in construction loans at an interest rate of prime less 0.5% related to the financing of construction of the Royal Ottawa Place, which opened in June 2004. During 2004/05, the Group purchased two interest rate swaps in order to eliminate exposure to interest rate fluctuation on long-term debt. The annualized payments including principal, interest and spread are \$667,991.

(f) Interest rate derivative agreements:

(i) Notional amounts:

The notional amount of the interest rate swaps at March 31, 2020 is \$3,572,398 (2019 - \$4,027,714).

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

7. Long-term debt (continued):

(f) Interest rate derivative agreements (continued):

(ii) Fair value:

The interest rate swaps have unrealized accumulated losses of \$643,761 (2019 - \$620,908) which are recorded in long-term debt as at March 31, 2020. The fair market value of the loans as at March 31, 2020, excluding the interest rate swaps impact, is \$4,182,139 (2019 - \$5,099,412) and the fair value of the capital lease obligation is \$92,993,155 (2019 - \$100,892,981). The current year impact of the change in fair value of the interest rate swap is a reduction in accumulated remeasurement gains of \$22,853 (2019 - \$47,318). The fair value of interest rate swaps is based on broker quotes. These quotes are tested for reasonableness by discounting estimated future cash flows based on the terms and maturity of each contract and using market interest rates for a similar instrument at the measurement date.

8. Deferred capital asset contributions:

	2020	2019
Balance, beginning of year	\$ 54,088,835	\$ 50,232,450
Contributions for specified capital projects received during the year	7,922,620	11,327,127
Amount recognized as revenue during the year	(6,570,972)	(7,470,742)
Balance, end of year	\$ 55,440,483	\$ 54,088,835

9. Investment in capital assets:

The Group has \$15,443,636 (2019 - \$11,074,931) invested in capital assets, included in the unrestricted fund balance, calculated as follows:

	2020	2019
Capital assets	\$ 156,191,611	\$ 159,757,937
Amounts financed by:		
Long-term debt (note 7)	85,307,392	94,594,171
Deferred contributions related to capital assets (note 8)	55,440,583	54,088,835
	\$ 15,443,636	\$ 11,074,931

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

10. Statement of cash flows:

(a) Changes in non-cash operating working capital:

	2020	2019
Accounts receivable	\$ 2,053,413	\$ (551,347)
Receivable from Provinces and Territories	38,348	2,966,449
Due from/to related entities	264,797	453,642
Inventories	(43,330)	(5,128)
Prepaid expenses	(263,877)	92,508
Payable to the Province of Ontario	1,489,488	(184,857)
Accounts payable and accrued liabilities	2,335,691	(4,478,120)
Advance payments for designated projects	(88,950)	(195,431)
Current portion of deferred revenue	(486,657)	(779,666)
Deferred revenue	1,878,459	542,767
	\$ 7,177,382	\$ (2,139,183)

(b) Supplementary information:

	2020	2019
Interest paid during the year	\$ 5,925,374	\$ 6,475,731

11. Contracts and other expenses:

	2020	2019
Office supplies and rentals	\$ 3,557,463	\$ 3,695,059
Staff development and travel	1,148,468	1,325,909
Food, housekeeping and facility services	15,977,856	15,348,010
Data communication and software	1,912,328	2,053,044
Professional fees and services	3,247,879	3,360,022
Other supplies and expenses	6,933,518	6,259,315
	\$ 32,777,512	\$ 32,041,359

The Group has entered into long-term contracts with The Healthcare Infrastructure Company of Canada ("THICC") and Telus to provide infrastructure and communication services. These costs have been reflected as operating expenses in the Statement of Operations.

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

12. Employee future benefits:

- (a) The Group has defined benefit plans that provide pension and other post-retirement benefits to most of its employees. The most recent actuarial valuation of employee future benefits for funding purposes was completed as at March 31, 2020 with the accounting valuation based on an extrapolation. The liabilities associated with these plans as at March 31 are as follows:

	2020	2019
Pensions - other (note 12(c))	\$ 66,700	\$ 67,200
Other employee future benefits (note 12(f))	7,251,300	6,959,500
	<u>\$ 7,318,000</u>	<u>\$ 7,026,700</u>

- (b) Healthcare of Ontario Pension Plan:

Substantially all full time employees of the Group are eligible to be members of the Healthcare of Ontario Pension Plan (the "Plan"). This Plan is a multi-employer, defined benefit pension plan. Employer contributions to the Plan during the year amounted to \$8,212,732 (2019 - \$7,945,809). These amounts are included in employee benefits expense in the statement of operations.

Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employees' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent triennial actuarial valuation of the Plan as at December 31, 2019 indicates the Plan is fully funded.

- (c) Pensions - other:

The Group's accrued benefit obligation under supplementary retirement income programs for certain employees is unfunded. The actuarially determined expense for the year is \$5,000 (2019 - \$5,000), based on an extrapolation of a valuation as at April 1, 2017. Benefits paid during the year amounted to \$5,500 (2019 - \$5,500).

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

12. Employee future benefits (continued):

(d) Other employee future benefits:

The Group provides extended healthcare, dental benefits and nominal life insurance benefits for certain of its retired employees and provides for the vesting of sick leave for those employees with greater than five years of service. These benefits are not funded.

The actuarially determined expense for these other employee future benefits during the year was \$828,000 (2019 - \$785,300), based on a valuations as of March 31, 2020. Benefits paid during the year amounted to \$536,200 (2019 - \$359,100).

(e) The significant actuarial assumptions adopted in measuring the Group's accrued benefit obligations under other pension plans and employee future benefits are as follows:

	2020	2019
Discount rate for calculation of the pension expense	2.90%	3.20%
Discount rate to determine accrued benefit obligation	3.10%	2.90%
Salary rate increases	2.00%	2.00%
Dental cost increases	2.75%	2.75%
Extended healthcare cost escalations 6.00% in 2019 decreasing by 0.25% per annum to an ultimate rate of 4.5%	5.75%	6.00%

(f) Information about the Group's employee future benefits other than pension at March 31 is as follows:

	2020	2019
Accrued benefit obligation	\$ 9,682,500	\$ 8,149,500
Unamortized actuarial losses	(2,431,200)	(1,190,000)
Employee future benefit liability	\$ 7,251,300	\$ 6,959,500

(g) The employee future benefit liability change is comprised of:

	2020	2019
Current service costs	\$ 454,900	\$ 424,800
Interest on accrued benefit obligation during the year	241,500	251,700
Amortization of net experience losses	131,600	108,800
Benefit payments made by the Hospital during the year	(536,200)	(504,500)
	\$ 291,800	\$ 280,800

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

13. Commitments, contingencies and guarantees:

- (a) In the normal course of operations, the Group provides indemnification agreements with various counterparties in transactions such as service agreements, software licenses, leases, and purchases of goods. Under these agreements, the Group agrees to indemnify the counterparty against loss or liability arising from the acts or omissions of the Group in relation to the agreement. The nature of the indemnification agreements prevents the Group from making a reasonable estimate of the maximum potential amount that the Group would be required to pay such counterparties.
- (b) As a result of the sale of HFS on May 13, 2019, all outstanding debt of HFS had been settled, resulting in the Hospital no longer having a guarantee with respect to HFS or OHFA. At March 31, 2020, OHFA had \$Nil (2019 - HFS had \$2,615,500) outstanding on an available line of credit of \$Nil (2019 - \$4,615,500).

Also, as part of the closing conditions, the Hospital has committed to continue to purchase food products through an agreed upon supply agreement for three years ending May 2022.

- (c) The Group outsourced its hotel and facility services to THICC in November 2006. The Group must offer employment to those THICC staff currently providing service to the Group, on terms and conditions no less favourable than those they experienced with THICC if the employees return to the Group.
- (d) Lease obligations:

The Group has a number of operating leases for computer hardware, software, automobiles, office space and office equipment. Future minimum lease payments for these leases for the next five years and thereafter are as follows:

2021	\$	2,113,336
2022		1,306,316
2023		1,280,203
2024		986,518
2025		878,153
Thereafter		1,772,304
	\$	8,336,830

- (e) The Group is a party to various claims related to its operations. It is not possible to estimate the possible financial liability, if any, to the Group. The majority of claims are covered under the Group's insurance policy. No provision has been made for loss in these financial statements, but in management's opinion, these claims will not have a material adverse effect on its financial position or results of operations.

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

13. Commitments, contingencies and guarantees (continued):

- (f) The Group is a member of the Healthcare Insurance Reciprocal of Canada (“HIROC”), which is a pooling of the liability insurance risks of its members. Members of the pool pay annual premiums that are actuarially determined. HIROC members are subject to reassessment for losses, if any, experienced by the pool for the years in which they are members and these losses could be material. No reassessments have been made to March 31, 2020.

14. Financial risks:

The Group’s financial statements consist of cash, investments, receivables, due from related entities, accounts payable and accrued liabilities, debt, and amounts due to entities. It is management’s opinion that the Group generally is not exposed to significant credit, market or liquidity risks arising from these instruments. The impact of the COVID-19 pandemic on the Group’s risks is disclosed in note 15.

(a) Credit risk:

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The Group is exposed to this risk relating to its cash, investments and accounts receivable. The Group holds its cash accounts with federally regulated chartered banks who are insured by the Canadian Deposit Insurance Corporation.

Accounts receivable are ultimately due from the Ministries. The Group’s statement of investment policy, which is reviewed annually, defines permitted investments and provides guidelines and restrictions on acceptable investments which minimize credit risk. The Group measures its exposure to credit risk based on how long the amounts have been outstanding. An impairment allowance is set up based on the Group’s historical experience regarding collections.

An amount of \$579,214 (2019 - \$228,090) has been provided for an impairment allowance. The maximum exposure to credit risk of the Group at March 31, 2020 is the carrying value of these assets. The maximum exposure to investment credit risk is outlined in note 3.

(b) Market risk:

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate as a result of market factors.

The Group monitors market risk by adhering to a Board-approved investment policy.

There have been no significant changes from the previous year in the exposure to market risk or policies, procedures and methods used to measure these risks.

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

14. Financial risks (continued):

(b) Market risk (continued):

(i) Interest rate risk:

Interest rate risk refers to the adverse consequences of interest rate changes on the Group's cash flows, financial position and investment revenue. Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. As at March 31, 2020, a 1% change to the market interest rate with all other variables held constant would have an estimated effect of \$1,575,191 (2019 - \$1,164,000) on the value of the bond portfolio.

Financial assets and financial liabilities with variable interest rates expose the Group to cash flow interest rate risk. The Group is exposed to this risk through its interest bearing investments. The Group's investments, including interest-bearing securities, are disclosed in note 3.

The Group mitigates interest rate risk on its long-term debt through derivative financial instruments (interest rate swaps) that exchange the variable rate inherent in the demand loans and term debt for a fixed rate (see note 7(e)). Therefore, fluctuations in market interest rates would not impact future cash flows and operations relating to the long-term debt.

(ii) Currency risk:

Foreign currency exposure arises from the Group's holdings of foreign cash balances, equities and bonds. The Group monitors foreign cash balances and adjusts these to meet operating requirements. The Group's exposure to investments denominated in foreign currencies is \$4,276,590 (2019 - \$3,208,191).

(iii) Other price risk:

Other price risk is the uncertainty associated with the valuation of assets arising from changes in equity markets. The Group is exposed to this risk through its equity holdings within its investment portfolio. At March 31, 2020, a 10% movement in the stock markets with all other variables held constant would have an estimated effect on the fair values of the Group's equities of approximately \$863,161 (2019 - \$942,600).

(d) Liquidity risk:

Liquidity risk is the risk that the Group will not be able to meet all cash outflow obligations as they come due. The Group mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and maintaining investments that may be converted to cash in the near-term if unexpected cash outflows arise. Accounts payable are all current and the terms of the long-term debt are disclosed in note 7.

Derivative financial liabilities mature as described in note 7.

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

15. Impact of Coronavirus COVID-19 Pandemic:

On March 11, 2020, the World Health Organization declared the Coronavirus COVID-19 (COVID-19) outbreak a pandemic. This has resulted in significant financial, market and societal impacts in Canada and around the world.

From the declaration of the pandemic to the date of approval of these financial statements, the Hospital implemented the following actions in relation to the COVID-19 pandemic:

- The closure of certain facilities to the general public, with temporary facilities opened;
- Revisions to the delivery of a number of services in order to create capacity for pandemic response and limit the potential for transmission within the Hospital; and
- The implementation of working from home requirements for certain hospital employees.

As a result of these actions, the Hospital experienced decreases in operating revenues and increases in operating costs.

(a) Current year transactions:

For the year ended March 31, 2020, the Ministry of Health and Long Term Care of Ontario has allowed Ontario Hospitals to redirect unused amounts from certain funded programs towards COVID-related expenses. In the year, the Hospital incurred COVID-related expenses of \$142,062 and has recognized \$42,338 of revenue from these programs. These amounts have been recorded in Ministry of Health and Local Health Integrated Network and Ministry of Solicitor General revenue and in multiple expense categories such as salaries and wages, employee benefits and medical and surgical supplies, in the statement of operations.

(b) Subsequent events related to COVID-19:

The Ministry has also committed to providing additional funding to Ontario Hospitals for COVID-related operating and capital costs in the subsequent period. At the date of approval of these financial statements, the amount, timing and eligibility criteria for this funding is not known. As such, an estimate of the financial effect of this funding is not practicable at this time.

(c) Impact of COVID-19 on financial risks:

The COVID-19 pandemic has impacted the financial risks of the Group as follows:

i) Market risk:

Market risk has increased due to significant volatility in financial markets due to greater uncertainty in the valuation of financial assets arising from fluctuations in equity markets, foreign currency exchange rates and interest rates.

The Group is continually monitoring the impact of market volatility on its financial instruments and will make adjustments to investment strategies as required to reduce the risk on the Group's operations and financial position.

ROYAL OTTAWA HEALTH CARE GROUP

Notes to Financial Statements (continued)

Year ended March 31, 2020

15. Impact of Coronavirus COVID-19 Pandemic (continued):

The ultimate duration and magnitude of the COVID-19 pandemic's impact on the Group's operations and financial position is not known at this time. These impacts could include a decline in future cash flows, changes to the value of assets and liabilities, and the use of accumulated net assets to sustain operations. An estimate of the financial effect of the pandemic on the Group is not practicable at this time.

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2019-2020 – 61	Priority: Important
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DATE:	June 18, 2020
COMMITTEE:	Audit Committee
PRESENTER:	J. Gallant
SUBJECT:	Re-appointment of Auditors

BACKGROUND INFORMATION:

The Board is charged with overseeing the external auditors and recommending their appointment and terms. The Audit committee recommends and presents the motion below.

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT KPMG Chartered Accountants be re-appointed as the ROHCG Auditors for 2020-2021 and the motion be forwarded to the Annual General Meeting for approval.

Moved by:

Seconded by:

Motion approved:



May 21, 2020

Audit Committee of the Board
Royal Ottawa Health Care Group (ROHCG)
1145 Carling Avenue
Ottawa, ON
K1Z 7K4

Re: Statutory Obligations

In the course of normal business operations, ROHCG is required by Law and Regulations, to make remittances and file reports to various authorities. Management is reporting to the Audit Committee of the Board of Trustees on the status of these obligations as of May 21, 2020

Remittances:

Payroll

- All salary and wages to employees have been paid as required
- All employee and employer benefit contributions have been remitted to the underwriters as required.
- All employee source deductions have been remitted as required.
- All employer contributions to Canada Pension Plan, Employment Insurance, Employer Health Tax, Workplace Safety Insurance Board and Pension Plans have been disbursed as scheduled.

HST:

- All HST collected has been remitted on schedule

Filing Obligations

Hospital Annual Planning Submission (HAPS):

- The 2020/21 Hospital Annual Planning Submission was submitted on Preliminary November 21, 2019
Final January 27, 2020

Community Annual Planning Submission (CAPS):

- The 2019/20 Community Annual Planning Submission was submitted on Preliminary Nov 21, 2019
Final January 30, 2020

Accountability Agreements (H-SAA, M-SAA, L-SAA)

- The Hospital Service Accountability Agreement (H-SAA) was extended to June 30, 2020 (*Signed by the LHIN and ROHCG and is effective March 30, 2020*)
- The Multi-sector Service Accountability Agreement (M-SAA) was signed by the LHIN and ROHCG and is in effect from March 31, 2020 – March 31, 2022.

- The Long Term Care Service Accountability Agreement (L-SAA) is in effect until March 31, 2022

MOHLTC Submissions

- All mandatory electronic submissions have been filed on schedule

Canada Revenue Agency

- The Charity Return documents for 2018/19 were completed on September 16, 2019.

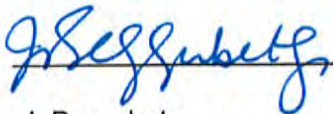
Other Obligations:

Applicable Legislation:

We are in compliance with all applicable legislation, of which we are aware, including, but not limited to:

- Corporations Act
- Public Hospitals Act
- Mental Health Act
- Nursing Homes Act
- Commitment to the Future of Medicare Act
- Local Health System Integration Act
- Personal Health Information Protection Act
- Quality of Care Information Protection Act
- Health Protection and Promotion Act
- Accessibility for Ontarians with Disabilities Act
- Occupational Health and Safety Act
- Workplace Safety and Insurance Act
- Insurance Act
- Environment Protection Act (Canada and Ontario)
- Ontario Water Resources Act
- Charities Accounting Act
- Trustee Act
- Income Tax Act
- Pension Benefits Act
- Employment Insurance Act
- Labour Relations Act
- Employer Health Tax Act
- Excise Tax Act
- Retail Sales Tax Act
- Bill 46 – Excellent Care for All Act
- Bill 168 – Occupational Health & Safety Amendment Act
- Bill 16- Creating the Foundation for Jobs & Growth Act
- Bill 22 – Employment Standards Amendment Act (Greater Protection for Interns and Vulnerable Workers), 2014
- Critical Incident Reporting Amendment to Reg 965 of Public Hospitals Act
- Ontario Human Rights Code
- Regulated Health Professionals Act
- Pay Equity Act
- Bill 122 – An act to increase the financial accountability of organizations in the Broader Public Sector

- Broader Public Sector Business Documents Directive
- Hospital Parking Directive
- Bill 210: Patients First Act, 2016
- Legislative Amendments to the *Provincial Advocate for Children and Youth Act*, 2007 Bill 117
- Bill 148 Fair Workplaces, Better Jobs Act, 2017
- Bill 160 – An Act to amend, repeal and enact various Acts in the interest of strengthening quality an accountability for patients
- Long Term Care Homes Act, 2007 Amending O. Reg. 79/10
- Bill 74 -Peoples Health Care Act 2019
- COVID-19 Directive #1 for Healthcare Providers and Healthcare Entities, revised March 30, 2020 (issued under section 77.7 of the Health Protection and Promotion act (HPPA), R.S.O 1990, c.H.7
- COVID-19 Directive #2 for Healthcare Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals) (issued under section 77.7 of the Health Protection and Promotion act (HPPA), R.S.O 1990, c.H.7
- COVID-19 Directive #3 for Long-Term Care Homes under the *Long-Term Care Homes Act, 2007* (issued under section 77.7 of the Health Protection and Promotion act (HPPA), R.S.O 1990, c.H.7
- COVID-19 Directive #4 for Ambulance Service and Paramedics under the *Ambulance Act* – Revised March 30, 2020 – This directive replaces the directive #4 issued March 24, 2020. The directive #4 issued on March 24, 2020 is revoked and the following substituted: (issued under section 77.7 of the Health Protection and Promotion act (HPPA), R.S.O 1990, c.H.7
- COVID-19 Directive #5 for Hospitals within the meaning of the *Public Hospitals Act*. This directive replaces the directive #5 issued on March 30, 2020. The directive #5 issued on March 30, 2020 is revoked and the following substituted: (issued under section 77.7 of the Health Protection and Promotion act (HPPA) R.S.O 1990, c.H.7



J. Bezzubetz
President and CEO
ROHCG



Dr. R. Bhatla
Psychiatrist-in-Chief
ROHCG



C. Crocker
Chief Operating Officer/CFO
ROHCG

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2019-2020 – 62	Priority: Important
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DATE:	June 18, 2020
COMMITTEE:	This would normally come through the Finance Committee, but they did not meet. It is from the Champlain LHIN and is time sensitive for signature.
PRESENTER:	C. Crocker
SUBJECT:	SAA Amending Agreement (Extension Letter)

BACKGROUND INFORMATION:

The SAA Amending Agreement (Extension Letter) will amend each and every SAA (HSAA, MSAA, LSAA) entered into with the Champlain LHIN as applicable to The Royal, to extend the current Service Accountability Agreement to March 31, 2021.

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT the Board of Trustees authorizes the Board Chair and the President & CEO to sign the SAA Amending Agreement with the Champlain LHIN.

Moved by:

Seconded by:

Motion approved:

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June 1, 2020

Dr. Joanne Bezzubetz
President & Chief Executive Officer
Royal Ottawa Health Care Group
1145 Carling Avenue
Ottawa, ON K1Z 7K4

DELIVERED ELECTRONICALLY

Dear Dr. Bezzubetz:

Re: LHSIA s. 20 Notice and Extension of Service Accountability Agreement(s) ("Extending Letter")

The *Local Health System Integration Act, 2006* requires the Champlain Local Health Integration Network (the "LHIN") to notify a health service provider when the LHIN proposes to enter into, or amend, a service accountability agreement with that health service provider.

In this COVID-19 outbreak, the LHIN hereby gives notice and advises Royal Ottawa Health Care Group (the "HSP") of the LHIN's proposal to amend each and every service accountability agreement (as described in the *Local Health System Integration Act, 2006*) currently in effect between the LHIN and your HSP (each a "SAA").

Subject to the HSP's acceptance of this Extending Letter, each SAA will be amended with effect on June 30, 2020. All other terms and conditions of the SAA remain in full force and effect.

The terms and conditions in the SAA are amended as follows.

- 1) **Term** – With respect to a SAA that is a hospital service accountability agreement only, in section 2.2, "June 30, 2020" is deleted and replaced by "March 31, 2021".
- 2) **Schedules** – The Schedules in effect on June 29, 2020 shall remain in effect until March 31, 2021, or until such other time as may be agreed to by Parties.

Unless otherwise defined in this letter, all capitalized terms used in this letter have the meanings set out in the SAA.

Please indicate the HSP's acceptance and agreement to the amendment of the SAA as described in this Extending Letter by signing below and returning one scanned copy of this letter by e-mail no later than the end of business day on **June 26, 2020** to: Elizabeth Woodbury, Director, Health System Accountability, ch.accountabilityteam@lhins.on.ca (the "LHIN Contact").

The HSP and the LHIN agree that the Extending Letter may be validly executed electronically, and that their respective electronic signature is the legal equivalent of a manual signature. The electronic signature of a party may be evidenced by one of the following means and transmission of the Extending Letter may be as follows:

- 1) a manual signature of an authorized signing representative placed in the respective signature line of the Extending Letter and the Extending Letter delivered by facsimile transmission to the other party;
- 2) a manual signature of an authorized signing representative placed in the respective signature line of the Extending Letter and the Extending Letter scanned as a pdf and delivered by email to the other party;
- 3) a digital signature, including the name of the authorized signing representative typed in the respective signature line of the Extending Letter, an image of a manual signature or an Adobe signature of an authorized signing representative, or any other digital signature of an authorized signing representative with the other party's prior written consent, placed in the respective signature line of the Extending Letter and the Extending Letter delivered by email to the other party; or
- 4) any other means with the other party's prior written consent.

Should you have any questions regarding the information provided in this Extending Letter, please contact Paul Caines, Senior Accountability Specialist at Paul.Caines@lhins.on.ca.

Sincerely,



Renato Discenza
Chief Executive Officer

Sincerely,



James Fahey
Interim Vice President, Integration,
Accountability, Communications and
Engagement

c. Anne Graham, Chair of the Board, Royal Ottawa Health Care Group

AGREED TO AND ACCEPTED BY

Royal Ottawa Health Care Group

By:

Joanne Bezzubetz,
President & Chief Executive Officer
I have authority to bind the HSP

Date: _____
mm/dd/yyyy

And By:

Anne Graham,
Chair of the Board
I have authority to bind the HSP

Date: _____
mm/dd/yyyy

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2019-2020 – 63	Priority: Important
--------------------------------------	----------------------------

DATE:	June 18, 2020
COMMITTEE:	
PRESENTER:	A. Graham
SUBJECT:	Consent Agenda

BACKGROUND INFORMATION:

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT the Consent Agenda be approved, including any motions contained therein.

Moved by:

Seconded by:

Motion approved:

President & CEO
REPORT TO THE BOARD OF TRUSTEES
June 18, 2020

The function of the President and CEO's report to the Board of Trustees, as outlined in the ROHCG Bylaws, is to report on any matters about which the Board should have knowledge and that may not be on the Board agenda.

ENVIRONMENTAL SCAN - FEBRUARY TO JUNE 2020

PROVINCIAL

COVID-19 IN ONTARIO & REGIONAL RESPONSE IN CHAMPLAIN

As you know, Ontario has declared a state of emergency in response to the COVID-19 pandemic (started March 17 and currently scheduled to end on June 30 but this may be extended). During this time, the Ministries of Health and Long-Term Care have issued several directives aimed at enabling hospitals to divert/organize resources in order to provide care for those impacted by COVID-19, to ensure the safety of patients and health care workers during the pandemic, and to support those most vulnerable in our communities.

Hospitals and public health agencies across the Champlain region have been working collaboratively to respond to the pandemic. The Royal is playing an essential role in this regional healthcare response. This includes helping our partner hospitals manage their surge capacity, providing critical support to long-term care homes hit hard by COVID-19, and supporting the continuation of mental health care for people with urgent needs as well as our established clients and families. Below you will find a detailed summary of all of The Royal's clinical COVID response activities.

All hospitals are now working on plans to slowly and safely resume services. At The Royal, we will use this opportunity to take steps towards re-imagining and re-designing our services for the future in cohesion with our work on a new strategic plan for our organization.

SUPPORTING MENTAL WELLNESS FOR HEALTH CARE WORKERS

On May 5, the province of Ontario announced an initiative to provide enhanced mental health support to frontline health care workers who are impacted by stress related to COVID-19. Five hospitals in Ontario, including The Royal, are partnering with the Mental Health and Addictions Centre of Excellence at Ontario Health to provide assessment and referrals to frontline health care workers from across the province. The Royal's service is called COVID Frontline Wellness and it serves health care workers in the Eastern Ontario as well as Francophone clients throughout Ontario. For more information about COVID Frontline Wellness, visit <https://www.theroyal.ca/covid-frontline-wellness>

PANDEMIC PAY

On April 25, the province of Ontario announced that it would provide temporary ‘Pandemic Pay’ to “frontline workers fighting COVID-19”. The government issued a list of eligible workers that included only some of the disciplines/professions working in hospitals during the pandemic; there was also a lack of clarity about how the pay would be administered.

On May 25, the Ontario Hospital Association, the Mental Health Partners (The Royal is a member of both) and a number of other provincial health organizations issued an [open letter to Premier Ford](#) asking for further clarity and to expand the benefit to apply to all non-management front line providers, including regulated frontline staff. Following that, the government expanded the list of qualified staff but it still does not cover all frontline hospital workers – and it is not clear what principles and process the government used to determine which workers are eligible and which are not.

The Royal and our hospital partners continue to work together to seek clarity on the administration of Pandemic Pay and determine if there is an appeal process related to those not included. It is expected that hospitals will begin to be able to provide the pay to eligible workers around mid-August.

The pay increase will be \$4/hour worked on top of their regular wages. In addition, the government will be providing monthly lump sum payments of \$250 for four months to eligible frontline workers who work over 100 hours per month.

LOCAL

HEALTH PROMOTION AND INFORMATION SHARING DURING COVID-19

Throughout the COVID-19 pandemic, in addition to our clinical work with clients, staff and physicians from The Royal have been sharing their expertise with our community in order to help people cope with the stress and mental health challenges related to the pandemic. These efforts include:

- Offering an ongoing interactive Q&A on our website through which the public can submit their questions to be answered by Royal experts: <https://www.theroyal.ca/add-your-questions-our-covid-19-qas>
- Presenting a virtual *Conversations at The Royal* about building resiliency in times of uncertainty: <http://mediasite.otn.ca/Mediasite/Play/f316728e4e2b405594fb047ef6e1f0c11d> and a virtual *Is it Just Us?* information session for youth: <https://royal-ottawa.brand.live/c/isitjustus>
- Engaging in weekly “Wellness Wednesday” discussions on TSN 1200 radio during which experts talk about various facets of mental health.
- Partnering with Ottawa Public Health to provide information and resources on a variety of mental health topics

- Leading virtual weekly family support sessions
- Creating a client bulletin to inform clients and families on COVID-19 activities at The Royal
- Presenting At Home with the Alfredssons, video interviews with Royal experts in conversation with Daniel Alfredsson <https://www.youtube.com/watch?v=Bc3eboBN8R0>

ANTI-RACISM RALLY

On Friday, June 5, more than 5,000 people gathered for an anti-racism rally in Ottawa and over the past several weeks many more have spoken out on social media and at rallies around the world. The Royal is committed to ensuring we offer a welcoming and safe environment for all clients, families and staff. We felt it was important to reiterate this for our team at this time. The following message was shared with all staff on Friday:

“We at The Royal recognize and value the strength that diversity brings to our teams and our community. We strive to create an environment where every person can feel welcome.

Like many of you, we as a leadership team have been saddened and concerned by recent tragedies that shine a spotlight on the racism and injustice experienced by so many people across so many communities. Racism is harmful in every way, including the devastating impact that experiences of discrimination and violence can have on a person’s mental health.

We hear and support the voices of those standing against racial injustice in the U.S., Canada and around the world. Their voices remind us that we need to continuously listen, learn, and act to make sure our spaces and our culture at The Royal are safe, respectful, and equitable.

If you have ideas of how we can improve equity and make The Royal more welcoming for all people, we encourage you to bring them forward to your manager, director or a member of our Senior Management Team. Likewise, if you have experienced or witnessed discrimination of any sort within The Royal, please report it so we can do something about it together.

Everyone has the right to dignity and respect at all times. We believe in this for our community, for our clients and their families, and for our team. Diversity makes us stronger.”

COMMUNITY PARTNER AWARD FROM OBWC

On March 7, the Ottawa Birth and Wellness Centre (OBWC) presented The Royal with its annual Community Partner Award. The Royal has been collaborating with OBWC to provide mental health education and support to new mothers. Dr. Susan Farrell accepted the award on behalf of The Royal, commenting that “a Community Partner award is the very best type of award to receive because collaboration and partnership are essential to our goal of helping individuals throughout our community get the mental health support they need, when and where it is needed.” Read more: <https://www.theroyal.ca/news/new-collaboration-delivers-mental-health-support-new-parents>

UNIVERSITY OF OTTAWA STUDENT SUICIDES

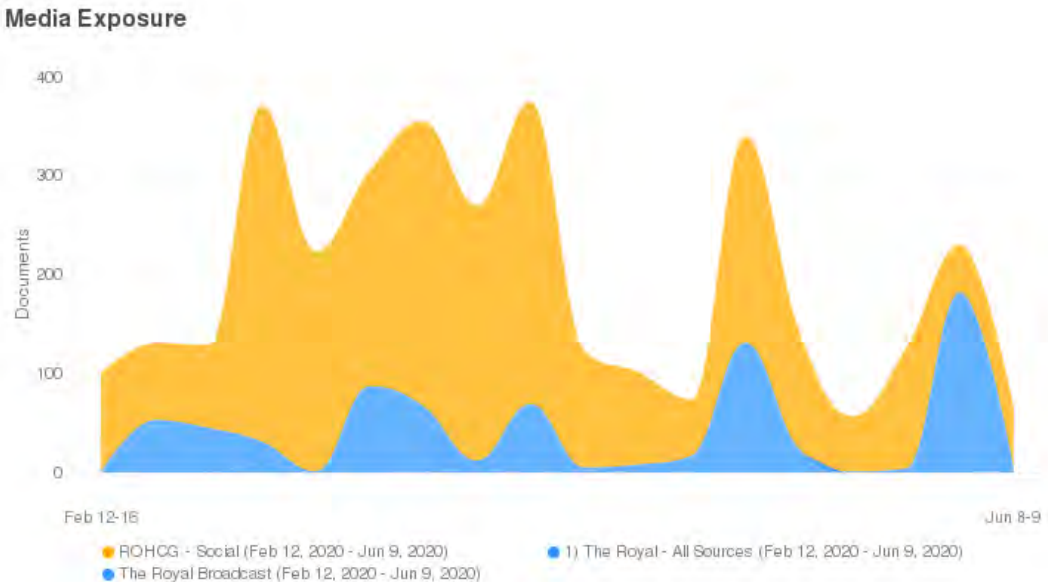
Over the past year, five students from the University of Ottawa have died by suicide including two deaths early in 2020 that led to significant media attention and calls from students for better access to mental health resources. The Royal responded quickly, working in partnership with student

health services to provide information and resources to students (via a booth set up in the University Centre, participation in the University of Ottawa Wellness Cafe, and at an information fair set up as part of a university town hall on the subject of student mental health). Suicide Prevention Ottawa, which is co-chaired by The Royal, also provided support and guidance. In addition, The Royal is developing a telemedicine partnership with the University of Ottawa to provide virtual mental health supports to students through the university health services.

MEDIA EXPOSURE

FEBRUARY 12, 2019 TO JUNE 9, 2020

Total media mentions: 3524



Media Highlights

GENERAL

Managing fears and anxiety caused by the coronavirus (with Dr. Andrew Jacobs)
<https://www.cbc.ca/listen/live-radio/1-92-all-in-a-day/clip/15765700-managing-anxieties-caused-by-fears-of-the-coronavirus>

Media outlet: CBC Radio All in a Day

Date: March 13, 2020

Coping with isolation (with Ann-Marie O'Brien, Social Worker)
<https://www.ottawamatters.com/local-news/one-day-at-a-time-and-limit-media-exposure-ottawa-social-worker-on-coping-with-isolation-2183871>

Media outlet: Ottawa Matters

Date: March 25, 2020

Importance of sleep and COVID-19 (with Dr. Stuart Fogel)

<https://www.cbc.ca/listen/live-radio/1-100-ottawa-morning/clip/15770724-sleep-and-covid-19>

Media outlet: CBC's Ottawa Morning

Date: April 14, 2020

Health-tech firm TryCycle, Royal Ottawa partner on platform to detect suicide risks (with Dr. Zach Kaminsky)

<https://www.obj.ca/index.php/article/techopia-health-tech-firm-trycycle-royal-ottawa-partner-platform-detect-suicide-risks>

Media outlet: Ottawa Business Journal

Date: May 1, 2020

Introvert and extrovert children during COVID-19 (with Dr. Gail Beck)

<https://www.iheartradio.ca/580-cfra/podcasts/the-morning-rush-interview-dr-hail-beck-royal-ottawa-mental-health-centr-1.12344216?mode=Article>

Media outlet: The Morning Rush, 580 CFRA

Date: May 6, 2020

The Worst Situation Imaginable for Family Violence (with Dr. Michael Seto)

<https://www.theatlantic.com/family/archive/2020/05/challenge-helping-abuse-victims-during-quarantine/611272/>

Media outlet: The Atlantic

Date: May 8, 2020

Kids are online more than ever during the pandemic, creating 'opportunity' for predators (with Dr. Paul Fedoroff)

<https://globalnews.ca/news/6905885/coronavirus-cyber-safety-children/>

Media outlet: Global News

Date: May 9, 2020

First Virtual "Is It Just Us" (with Dr. Raj Bhatla)

<https://ottawa.ctvnews.ca/video?clipId=1966052>

Media outlet: CTV Ottawa Morning Live

Date: May 27, 2020

Staying at home to stop the spread of COVID has a silver lining for some Canadians (with Vanessa Holmes and Dr. Tim Lau)

<https://www.theglobeandmail.com/canada/article-staying-at-home-to-stop-the-spread-of-covid-19-has-a-silver-lining-for/>

Media outlet: Globe and Mail

Date: June 4, 2020

C-PROMPT LAUNCH

'Chasing the pandemic clock': The Royal opening mental health clinic for urgent virtual care

<https://ottawacitizen.com/news/local-news/chasing-the-pandemic-clock-the-royal-opening-mental-health-clinic-for-urgent-virtual-care>

Media outlet: Ottawa Citizen

Date: April 6, 2020

The Royal opens temporary clinic to provide mental health services during COVID-19 pandemic

<https://ottawa.ctvnews.ca/the-royal-opens-temporary-clinic-to-provide-mental-health-services-during-covid-19-pandemic-1.4884306>

Media outlet: CTV Ottawa

Date: April 6, 2020

Urgent mental health clinic opens at The Royal to help during COVID-19 pandemic

<https://www.ottawamatters.com/local-news/urgent-mental-health-clinic-opens-at-the-royal-to-help-during-covid-19-pandemic-2231760>

Media outlet: Ottawa Matters

Date: April 6 2020

The Royal opens temporary clinic to provide mental health services during COVID-19 pandemic

<https://www.iheartradio.ca/580-cfra/news/the-royal-opens-temporary-clinic-to-provide-mental-health-services-during-covid-19-pandemic-1.11643469>

Media outlet: 580 CFRA News

Date: April 6, 2020

COVID-19 mental health virtual clinic assessment medication (with Dr. Susan Farrell)

<https://www.cbc.ca/news/canada/ottawa/covid-19-mental-health-virtual-clinic-assessment-medication-1.5523167>

Media outlet: Ottawa Morning with Robin Bresnahan, CBC Ottawa

Date: April 6, 2020

The Royal opens urgent mental health clinic to help during pandemic

<https://kitchissippi.com/2020/05/12/the-royal-opens-urgent-mental-health-clinic-to-help-during-pandemic/>

Media outlet: Kitchissippi Times

Date: May 12, 2020

The Royal speeds rollout of COVID urgent care clinic (with Joanne Bezzubetz)

<https://ottawacitizen.com/news/local-news/the-royal-speeds-rollout-of-covid-urgent-care-clinic>

Media outlet: Ottawa Citizen

Date: May 14, 2020

WELLNESS WEDNESDAY TSN1200:

Managing your anxiety during a pandemic (with Dr. Raj Bhatla)

<https://www.tsn.ca/radio/ottawa-1200/the-drive-hour-2-1.1458201>

Media outlet: TSN 1200's The Drive "Wellness Wednesday" (at the 4:20 mark)

Date: March 17, 2020

Managing your sleep habits (with Dr. Elliott Lee)

<https://www.tsn.ca/radio/ottawa-1200/the-drive-hour-2-1.1460561>

Media outlet: TSN 1200's The Drive "Wellness Wednesday" (at 9:38 mark)

Date: March 25, 2020

Day to day life as a dad and mental health working during a pandemic (with Richard Robins, Social Worker)

<https://www.tsn.ca/radio/ottawa-1200/richard-robins-april-1-2020-1.1462420>

Media outlet: TSN 1200's The Drive "Wellness Wednesday"

Date: April 1, 2020

Substance use during COVID-19 (with Dr. Kim Corace)

<https://www.tsn.ca/radio/ottawa-1200/the-drive-hour-2-1.1466641>

Media outlet: TSN 1200's The Drive "Wellness Wednesday" (at 6:30 mark)

Date: April 15, 2020

Doctor's Appreciation Day and how we can take care of ourselves (with Dr. Raj Bhatla)

<https://www.tsn.ca/radio/ottawa-1200/the-drive-hour-1-1.1471147>

Media outlet: TSN 1200's The Drive "Wellness Wednesday" (at 39.10 mark)

Date: April 29, 2020

Supporting seniors during COVID-19 (with Dr. Tim Lau)

<https://www.tsn.ca/radio/ottawa-1200/the-drive-hour-2-1.1473296>

Media outlet: TSN 1200's The Drive "Wellness Wednesday" (at 10:10 mark)

Date: May 6, 2020

Handling our frustration and anger in times of uncertainty (with Vanessa Holmes, Social Worker, The Royal)

<https://www.tsn.ca/radio/ottawa-1200/shows/the-drive-1.53022>

Media outlet: TSN 1200's The Drive "Wellness Wednesday"

Date: May 13, 2020

Benefits of physical activity during COVID-19 (with Sara Richardson-Brown, Recreation Therapist, The Royal)

<https://www.tsn.ca/radio/ottawa-1200/the-drive-hour-2-1.1477578>

Media outlet: TSN 1200's The Drive "Wellness Wednesday"

Date: May 20, 2020

SOCIAL MEDIA

Total engagements: 18,544 (64.6% increase)

Total impressions: 604,736 (67.2% increase)

- Twitter Followers: 9,284 (5.8% increase)
- Facebook Followers: 4,888 (111 new, 2.3% increase)
- Instagram Followers: 1,192 (119 new, 11.9% increase)
- Twitter Retweets: 943 (77.9% increase)

Note: These increases are quite significant and seem to be attributed to COVID-19 and people turning to or finding The Royal to help meet their increased needs for mental health information and resources.

THE ROYAL'S PANDEMIC PREPAREDNESS

In response to the COVID-19 pandemic and in collaboration with our regional community and hospital partners, The Royal provided a range of services to support patient and provider needs in several key areas:

C-PROMT URGENT CARE CLINIC

C-Prompt is a temporary urgent care clinic that was created by The Royal to respond to anticipated and observed closure of community health care services, reduced hours for accessing primary care, and suspension of day programs and many out-patient services due to COVID-19. The intention of C-Prompt was to provide a service for 12-16 weeks that would offer rapid access to multidisciplinary care including psychiatry, psychology, social work and mental health nursing for all who had lost mental health services during pandemic restrictions. Additional services for accessing administration of long acting injectable medications (LAIs) and blood tests were also developed to address anticipated service closures.

From concept to launch, C-Prompt was established in just two weeks through a concerted team effort and maximizing recruitment of re-deployed staff and physicians. To operate, C-Prompt sourced partial/full time allocation of 48 (part-time) staff and physicians from existing programs or services that were temporarily suspended or reduced in scope as part of The Royal's pandemic preparedness. Although many elements of service delivery with C-Prompt are performed through virtual care, the required office space for C-Prompt has been generously provided by the Operational Stress Injury Clinic (OSI) with support from Veterans Affairs Canada.

C-Prompt opened its doors on April 6 and has had 592 referrals in almost 10 weeks. The ongoing evaluation of the models has led to three important early conclusions:

- Demand for services was higher than expected but not from the client base expected. The majority of referrals have not been related to exacerbation in mental health problems due to COVID-19. Over 80% of referrals are from Primary Care Clinicians, not redirected from other mental health services. The need for C-Prompt has therefore demonstrated the limited secondary level of mental health care available in our region. The pattern of referrals reflects a need that has been suspected but not previously quantified.
- Over 60% of those referred meet criteria for moderate-severe depression and over 80% for moderate-severe anxiety. People referred need a multi-disciplinary expert model of care.
- While 95% of C-Prompt services have been delivered by virtual care, there is an important section of the population who either cannot access virtual care or require in-person care.

On May 26, the Chief Medical Officer of Health for Ontario lifted Directive 2 enabling health care providers to resume the provision on non-essential services including in-person counselling. Given that C-Prompt is staffed by re-deployed clinicians from programs across The Royal, discussions are underway for transitioning this model of care while allowing staff to return to their assigned programs. A full evaluation will also be conducted to guide lessons for the Prompt Care Clinic model, featured in the Foundation's Case for Support.

VIRTUAL CARE

Most clinical programs were able to adapt their outpatient models of care to virtual care in response to physical distancing requirements. Through The Royal's Foundation, Telus donated telephones with SIM cards for clients able to use technology but without access. A framework for the evaluation

of the implementation of virtual care across clinical programs is being developed by a collaborative working group including members of the Client and Family Councils.

ACCESSIBLE LONG ACTING INJECTION SITES

Selected outpatients require medication administration in the form of long acting injections (LAI). The Royal established three accessible LAI sites to minimize patient flow within buildings – one in a main floor conference room at ROMHC, one at Carlingwood and one at C-Prompt. These sites are also available to support regional patients who require LAI access.

EXPANDING IN-PATIENT BED CAPACITY

As part of our surge response in the region, The Royal opened as many in-patient beds as possible to alleviate demands on acute care hospitals while ensuring patient and staff safety. This effort was also supported by a specialized on-site public health consultation. This was accomplished through a combination of accelerated patient discharges and conversion of existing bed spaces as detailed below:

- i. General Psychiatry Unit – the Concurrent Disorders Unit was temporarily closed to usual programming and was converted to a general psychiatry admissions unit. The new unit receives mental health transfers from partner hospitals. While admissions have been limited by Infection Prevention and Control (IPAC) requirements, occupancy rates remain high, with appreciation from partner hospitals.
- ii. Containment Unit – The Youth Inpatient Unit was temporarily closed and converted to a COVID in-patient containment unit. The unit will provide a contained area for any patient who tests positive in order to reduce the risk of spread to staff and other patients. Fortunately, The Royal has not yet had a patient test positive for COVID.

MULTI-DISCIPLINARY CONSULTATION-LIAISON TEAMS

In response to request from partners, The Royal provided virtual multi-disciplinary consultation to hospital inpatient units to support patient care and patients remaining at those sites. The request was first made to support “small hospitals” but became available to all hospitals in the region. This model built from the existing successful models of BSO (Behavioral Services Ontario) in the Geriatrics Program for patients with dementia and responsive behaviors, from the Dual Diagnosis Services of the Community Mental Health Program, and developed a General Psychiatry stream for patients, as required. To date there has been limited use of the teams within regional hospitals but significant use of the teams for virtual consultations in long-term care facilities. Since March over 600 consultations have been conducted.

RESUMING & REIMAGINING SERVICES

“As we resume services, we have the opportunity to reimagine, redesign and remodel our services for a new future”

The lifting of provincial Directive 2 and the provincial initiation to relax social restrictions, in the context of expected increased demand for mental health services post-pandemic has led to a coordinated approach to plan resuming suspended or affected services at The Royal. The phased resumption of services will be planned and executed in the context of the organizational strategic planning process, the development of a new business model, evaluation of virtual care across clinical programs and in collaboration with community partners, hospitals and clients, all within regional guidelines and oversight. A Working Group will guide the assessment of priority of services and associated risks while identifying potential mitigating factors. The timeline for implementation of the phases of service resumption is being evaluated and may be bidirectional in response to future pandemic characteristics. Service resumption will continue to be overseen by the Incident Management Structure (IMS) and Senior Management Team of The Royal with guidance from the Medical Affairs Committee and implementation by program leadership.

Executive Leads: Susan Farrell, VP Patient Care Services and Community Mental Health and Paul Sedge, Associate Chief (Ottawa)

STAFF DEPLOYMENT TO MADONNA CARE COMMUNITY LONG-TERM CARE FACILITY

The Royal has been working in partnership with CHEO to provide support to Madonna Care Community, a long-term care home in Orleans, owned by Sienna Senior Living that has been hit particularly hard by COVID-19. This work has been driven by a province-wide directive from the Government of Ontario and was coordinated as part of the regional COVID-19 response effort.

Our efforts have been aimed towards helping Madonna stabilize the programs and care provided to residents. Teams from The Royal have supported the development of significant improvements to infection control measures and provided support and guidance on personal protective equipment (PPE) supply management, and staffing support. Most importantly, twenty staff generously volunteered to be deployed to Madonna to provide direct resident care. The conditions faced in the facility made this very challenging work for our team who were supported by daily debriefing calls (held with Susan Farrell), prepared information on stress response and access to a peer stress support team for 1:1 support, as required (organized by Paul Sedge). A special management team comprised of Nancy Lesiuk (Manger of Patient Care Services) and Carol Anne Cumming (Director of Patient Care Services) from The Royal's Geriatric Psychiatry program oversaw all aspects of the deployment and daily communication with CHEO and Madonna and Sienna Living staff.

On June 8, the COVID-19 outbreak was declared over and staff teams have been able to leave Madonna. Staff are required to be in 14 days of self-isolation and with a negative test result are able to return to a work with gratitude and a warm welcome. Exit Interviews with all involved staff are being conducted by Esther Millar, VP Patient Care and Professional Practice and Chief Nursing Executive.

The conditions in long-term care are the focus of a review that has been called by MPP Merilee Fullerton for September 2020. We will ensure that the expertise of The Royal's Geriatric Psychiatry Program and the experience of our team at Madonna are captured in this review.

The Royal Calendar of Events
2019/20 (June 18, 2020)

Date/Time	Event/Activity/Location	Audience	Board Representation
JUNE 2020			
Date: June 18, 2020 Time: 4:30 PM Where: Conference Room 1424	The Royal Board of Trustees meeting and AGM		All
SEPTEMBER 2020			
Date: September 10, 2020 Time: tbc Where: tbc	World Suicide Prevention Day		On a volunteer basis
Date: September 24, 2020 Time: 4:30 PM Where: Conference Room 1424 (tbc)	The Royal Board of Trustees		All
OCTOBER 2020			
Date: October 7, 2020 Time: 7 am Where: tbc	The Royal's Leaders for Mental Health Breakfast		On a volunteer basis
Date: October 22/23, 2020 Time: tbc Where: tbc	Tentative - The Royal Board of Trustees Development Days		All
NOVEMBER 2020			

DECEMBER 2020			
Date: December 17, 2020 Time: 4:30 PM Where: Conference Room 1424 (tbc)	The Royal Board of Trustees meeting		All
JANUARY 2021			

The Royal Ottawa Health Care Group
Research Ethics Board Quarterly Report
Q4 – January 1, 2020 to March 31, 2020

Overview: The Royal Ottawa Health Care Group (ROHCG) Research Ethics Board (REB) is mandated, by the ROHCG Board of Trustees, to review all research activities involving human participants conducted within or on behalf of the ROHCG and its affiliates. The REB is responsible for ensuring research activities meet scientific, regulatory, and ethical standards for the protection of human research participants while conforming to applicable ROHCG corporate research policies and procedures.

The REB Administration Office

The REB Administration Office is responsible for managing the day-to-day activities related to research ethics oversight including new submissions, amendments, annual renewals, safety reports, terminations and adverse event review, while providing ongoing support to ROHCG researchers, scientists and staff.

The Research Ethics Board

The REB meets once a month to review clinical research applications. The Board is a multidisciplinary team consisting of 17 members, two of whom are community representatives. Specialties of the members include but are not limited to clinical psychiatry, psychology, imaging, pharmacy and law.

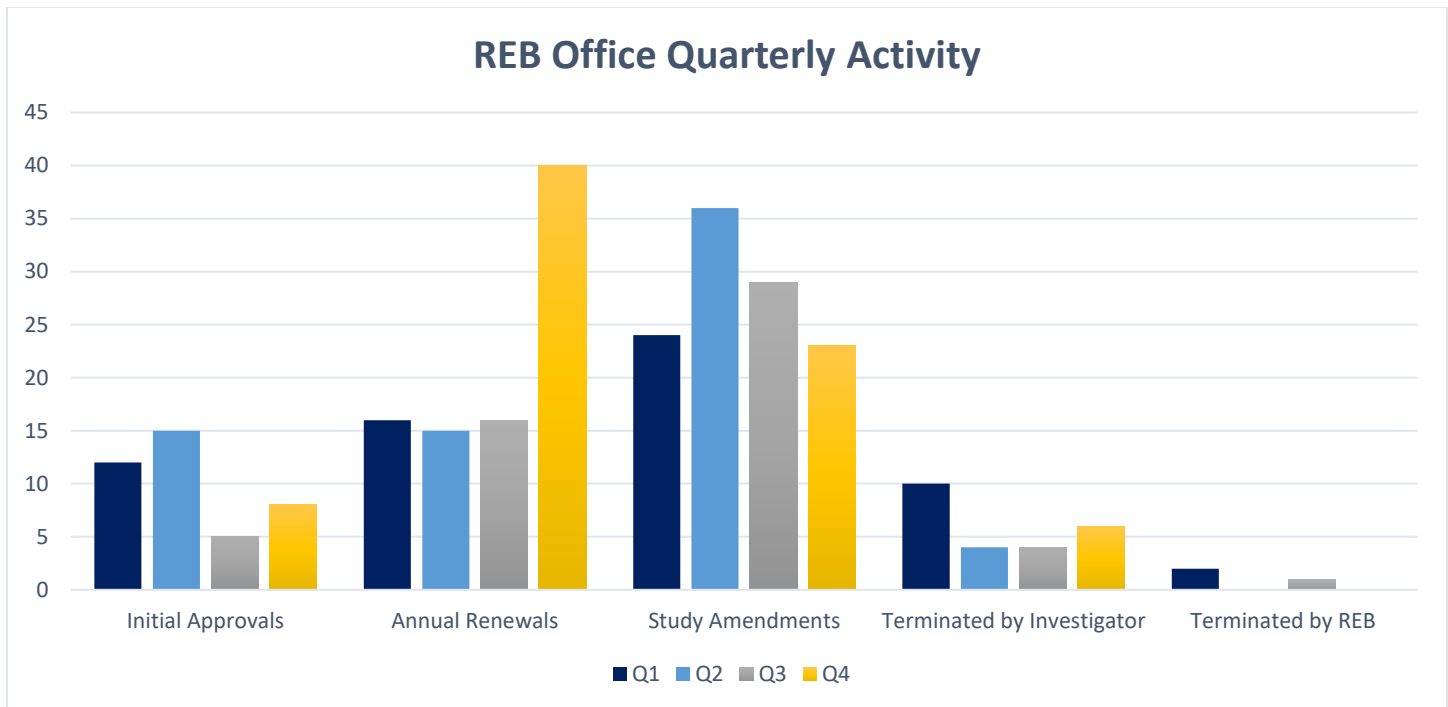
QUARTERLY ACTIVITY

The REB received 6 new study applications between January 1, 2020 and March 31, 2020. One submission was reviewed by the Provincial REB, Clinical Trials Ontario (CTO).

REB #	Date Submitted	Study Title	Investigator	Program
2019039	06-Jan-20	Adverse Childhood Experiences and their Effects on the Development of Dysfunctional Anger in Adulthood	Kevin Simas	Forensics
2020001	08-Jan-20	Understanding the processes involved in forensic assessment at the Brief Assessment Unit: A pilot study	Michelle Mathias	Forensics
2020002	20-Jan-20	Developing a manager training program for workplace mental health problems	Jian Li Wang	Work & Mental Health Research
2020003	05-Feb-20	CardiacDOC: Feasibility and validation of a unified screening tool for Depression, Obstructive sleep apnea and Cognition (DOC) in cardiac clinics	Rebecca Robillard	Sleep Research Unit
2020004	09-Mar-20	Cognitive Remediation in Forensic Mental Health Care	Patrizia Pezzoli	Forensics
2020005	CTO Submission	How are you coping? Assessing the psychological, social, and economic impacts of an emerging pandemic – COVID Survey	Rebecca Robillard	Sleep Research

Other REB Activity

The chart below illustrates the REB Office quarterly review activities. In Q1, there were a significant number of terminations by the Investigator as the REB worked to address numerous study approvals that had expired over the years. There was also a significant increase in the number of annual renewals processed as the office was working to bring studies into compliance with REB regulations. Through the development of REB forms and ongoing education related to REB regulations and compliance, we have seen an increase in adherence to the renewal, amendment and termination processes. REB approval is in effect for all active studies, and since the implementation of these tools, there have been no lapses in REB approval. The REB terminated one study as the PI is no longer with the institution. Ethical oversight of the study was transferred to the University of Ottawa. A number of studies were closed in Q4 as they had reached completion.



Quality Improvement and Program Evaluation Projects

In some cases, it can be difficult to determine if a project is an actual research study or if it is a quality improvement project. The ROHCG REB reviews all submissions proposed to be QI or Program Evaluation to ensure that proper oversight is given and that these projects are accurately classified.

There were no new Program Evaluations submitted to the REB office in the last quarter (Q4).

TOTAL ACTIVE RESEARCH STUDIES AT END OF Q4 AND CUMULATIVE RECRUITMENT TO MARCH 31, 2020

Recruitment numbers are obtained from the annual reports submitted to the REB by each research team. The total recruitment is cumulative from the time of initial approval to March 31, 2020.

Active Studies and Recruitment Metrics –March 31, 2020

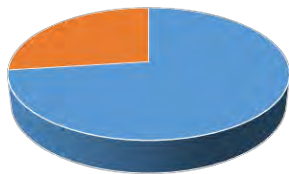
Approved Active Studies	Total ROHCG Patients Enrolled (N=79)	Total Non-Patients Enrolled (N=79)
154	2053	7401

*38 studies have not yet reached the one-year renewal point and therefore recruitment numbers for these studies are not available and not reported in the totals above. 37 of the total active studies were chart review research and are not included in the N for total enrollments.

N = studies that are approved, recruiting and have renewed approval and provided recruitment numbers in 2019.

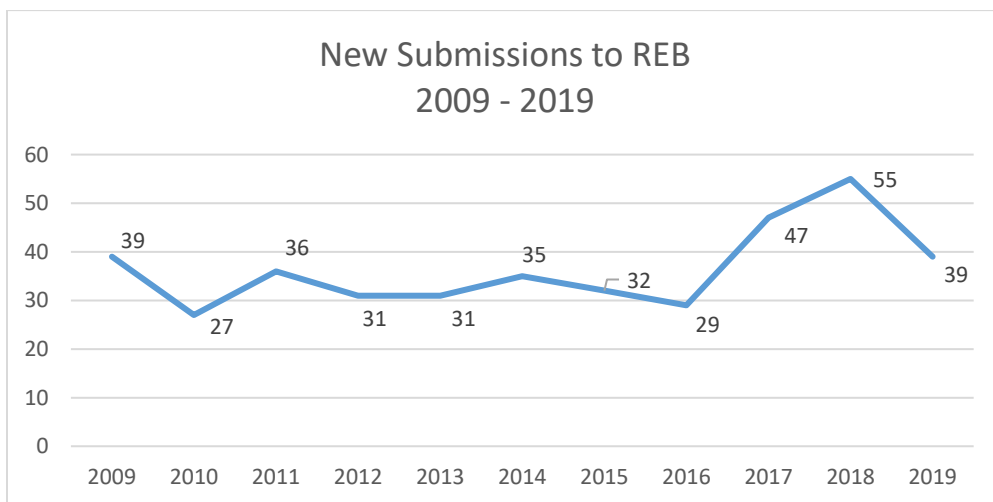
The pie chart below illustrates the total reported participants enrolled April 2019- March 2020 Fiscal Year

2019 Participant Enrollment



- Cumulative Recruitment of Active Studies
- Reported Enrollment FY 2019-2020

INCREASED RESEARCH ACTIVITY REQUIRING REB OVERSIGHT



This graph illustrates the number of new projects submitted to the REB each year.

There was a significant increase in 2018 when the eRIMh scientists joined the Royal.

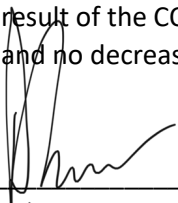
A slight decline is noted in 2019 which is likely attributed to the researchers focusing on current studies and not submitting new projects. It is also possible that the decreased UMRF (internal grant competition) flow has impacted the ability to start new studies.

While there is a slight reduction in the number of new studies submitted for review in 2019, there is a marked increase in the number of amendments submitted for and the number of annual renewals submitted, between 2018 and 2019. This is reflective of the processes put in place to ensure compliance with regulatory requirements. The REB office is closely monitoring research activities for compliance.

REB Office Submission Review				
	Submissions	Amendments	Renewals	Total Processed by REB Office
2014	35	56	37	128
2015	32	89	34	155
2016	29	66	32	127
2017	47	72	24	143
2018	55	27	45	127
2019	39	116	93	248
Five Year Total	273	426	265	928

IMPORTANT HIGHLIGHTS

- Dr. Dominique Bourget has been fulfilling the role of Acting Chair of the REB while Dr. Blier acted as the interim IMHR CEO. Dr. Bourget remains in her role pending the nomination of the next Chair (process initiated).
- The REB Terms of Reference were significantly amended, as per thorough benchmarking and alignment with relevant policies, and are now pending some revisions as per the request of the ROHCG Board.
- In February, the REB office began circulating a list of active studies to ROHCG to increase the visibility of research for clinicians. This was intended to be done on a monthly basis but in light of the pandemic and the numerous studies that are currently on hold, updated lists have not been distributed.
- Mid-March 2020 brought the COVID-19 pandemic which required a great deal of rapid planning to implement research solutions for the active studies. Many studies were placed on hold as participants cannot be seen in person. Other studies continue to conduct visits virtually where possible.
- Towards the end of Q4, all of the REB office activities and REB meetings transitioned to a virtual format as a result of the COVID-19 pandemic. All virtual processes are carried out in compliance with relevant regulations, and no decrease of controls has been noted.



Dr. Dominique Bourget
Acting Chair, The Royal's Research Ethics Board

Tammy Beaudoin
Clinical Research Support Manager, IMHR

BRIEFING NOTE

June 08, 2020

To: Royal Ottawa Health Care Group – Board of Trustees

**Re: Impact of the COVID-19 pandemic on scientific activities:
Report on operational, strategic and conceptual aspects**

From: Joanne Bezzubetz, Cal Crocker, Florence Dzierszinski

Prepared by: Dr. Florence Dzierszinski, IMHR interim COO, and Director, Research Development and Partnerships

I. Context:

Since the COVID-19 crisis was declared a pandemic by the World Health Organization on March 11, 2020, researchers around the globe have paused, relocated or re-designed studies. Some programs were re-designed to operate remotely or online, and new studies have emerged in response to the crisis. In the absence of efficient vaccines or treatments against SARS-CoV-2, all institutions are now considering new operational, strategic and conceptual paths.

II. Operational considerations: mitigation and planning

II.1. Research activities: status report

- All research teams have been teleworking since March 16; access to data is enabled through remote access, and privacy/security is ensured through VPN and online meeting platform (Zoom, Zoom Healthcare depending on security level required);
- All research units have provided remote operation plans, which are being updated with management on an ongoing basis;
- All research activities requiring on site presence were either halted or redesigned to online formats, when possible (please see section III for further detail);
- All clinical research studies involving humans were evaluated using a risk/benefit approach to the participants, and in line with all regulations. Only one clinical trial is currently active (Pierre Blier's research unit), as follow up activities (ketamine infusions) were deemed urgent and required, with a focus on care for clients who were enrolled prior to the COVID crisis (no new enrollments);
- The Brain Imaging Center has halted all non-essential scanning (i.e., all studies, except two external clinical drug trials);
- All unit directors are encouraged to be as accommodating as possible and to discuss research plans with each team member, including finding ways to remain productive (e.g., data analyses, writing of proposals and manuscripts);
- While most groups reported an increase in scholarly outputs (submission of publications, reports, etc) in the first two months, this phase will soon taper off for projects involving infrastructure and/or in person interactions with research participants;

- As federal, provincial, regional and local authorities plan for a phased and dynamic approach to re-opening, a working group is developing an aligned phased approach for research, in lockstep with various entities. This planning exercise is carried out in coordination with The Royal, uOttawa and uOttawa-affiliated hospitals, according to the following principles: (i) Adherence to Government and Institutional Directives; (ii) Safety; (iii) Infrastructure & PPE availability; (iv) Phased and reversible approach; (v) Equity; (vi) Monitoring.

It is understood that any changes in local or provincial guidelines, in hospital operations, or in COVID-19 cases and projections, including a potential second wave of SARS-CoV-2 virus, will influence the plan; all phases will be planned as reversible and monitored.

- At this time, other research institutes are also in the planning phase, and activities involving bench work / wet lab (but not human-based research yet) will be phased in in the coming weeks; bench work is minimal at The Royal at this time (3 studies).

II.2. Research Capacity

As described in our March 30, 2020 update: as in all academic institutions, management is concerned about research capacity - currently and in post-COVID years. Concerns are also about immediate economic impact, including continuation of grant funding, potential (temporary) lay offs and redeployments, reduction of clinical trials impacting indirect costs incomes, investment incomes.

- The IMHR currently employs 40-50 grant funded employees (this is a bracket, as some are short term employees, and turn over is high);
- Most of these employees are staff (research coordinators, research assistants, research nurses, clinical fellows), and students;
- While it is crucial to preserve capacity and talent, we also have to ensure that there will be funds to cover salaries when research can start again, to meet deliverables as approved by funding agencies – at this time, this requirement may not change, despite possible grant extensions (in terms of end dates and milestones, but not in terms of \$ available). Guidelines from funding agencies are continually updated;
- Currently, the IMHR disburses ~\$180K per month to support salaries from grant funds;
- By our calculations in March, we had forecasted the onset of funding challenges after 3 months (starting in July 2020) for grant-funded research staff; specific projections will be available according to mitigations outlined below;
- The funding challenges will vary per grant and per research unit; the Forensics unit (Michael Seto) will likely be impacted soonest, together with the Mood unit (Pierre Blier)
- Scientists and IMHR staff are funded from other sources: Foundation, Hospital, indirect costs; each with their own constraints and with potential impact in the coming 1 to 3 years.

II.3. Grant-funded employees - Mitigation:

- Since March 2020, management has been working with researchers to review budgets on a case-by-case basis;
- A process was established to enable access to the Canada Emergency Response Benefit (CERB), through temporary layoffs;
- Alternative options, including through redeployments, are being applied;
- The IMHR has been engaged with the CAHO/OHA research committee and HealthCareCAN since March for benchmarking and planning activities, including advocacy for relief options;
- On May 15, 2020, the Prime Minister announced \$450 million in funding to help Canada's academic research community during the COVID-19 pandemic, to:
 - (1) Provide wage supports to universities and health research institutes, so they can retain research staff who are funded from industry or philanthropic sources and are unable to access some of the government's existing COVID-19 support measures.
 - (2) Support universities and health research institutes to maintain essential research-related activities during the crisis, and to ramp back up to full research operations once physical distancing measures are lifted.
- As of today, the government (the file is managed by SSHRC) is consulting on the allocation formula to distribute funds, which will flow through the universities, hopefully by the end of June.

- Of note, Canada's academic hospitals alone calculated the cost of stopping and restarting research between March and June to \$650M. While institutions are most grateful for the federal support, they also continue planning for possible layoffs.

II.4. Other operational matters: controls

- Finance: since March 2020, financial transactions were successfully adapted to an online workflow and as per policies in place. The FY20 external financial audit, which included review of transactions through online workflow, revealed no findings. No concerns from management related to adaptations during the COVID-19 crisis.

- Ethics and compliance: with new processes in place since January 2019, audits, successful transitioning to online workflow, and reframing of research activities - no concerns from management related to adaptations during the COVID-19 crisis.

II.5. Care for staff

- As discussed during the April IMHR Board meeting, The Royal has launched a number of initiatives to support staff health and wellness;

- Bimonthly and quarterly meetings with Scientists, chaired by the President and CEO, are maintained;

- One on one meetings between scientists and IMHR management are carried out by zoom as needed, and a biweekly "Ask Me Anything" session with early career researchers and management is being scheduled – for peer mentoring and day-to-day matters.

III. Strategic considerations: pivoting

III.1. Response to new calls for proposals

- Scientists and clinicians are responding actively to new calls for proposals from funding agencies, including the Ontario Together program, CIHR, NSERC; the calls are launched rapidly, and with very short timelines and deadlines; management has aligned the required operations to support these applications;

- A special call from CIHR [COVID-19 Mental Health & Substance Use - Service Needs and Delivery, operating grants] was launched on June 04 (deadline July 07); we expect significant mobilization from scientists and clinicians.

III.2. New projects and directions

- Recognizing the new reality, a number of research groups are currently engaged in generating new tools for mental health and addiction, including in the digital health area;

- Since March 2020, a number of projects have evolved into remote and/or digital protocols, when possible; e.g., Synthia Guimond's project on the use of virtual reality to address cognitive deficits in schizophrenia and other conditions;

- New programs and partnerships are being developed; e.g. Rebecca Robillard's 'How are you coping' project, in partnership with TOH, Queensway Carleton, CHEO, Heart Institute, Ottawa Public Health; this project will use predictive analytics to try and determine clinical determinants of mental conditions associated with the pandemic. Preliminary data on sleep patterns are promising;

- The 'How are you coping' project mentioned above has also established a close collaboration with the research component of The Royal's c-Prompt clinic (Susan Farrell and Phillip Grandia);

- Projects based on the Electronic Health Records (EHR) platform shared between The Royal, Waypoint and Ontario Shores are gaining traction; e.g., the schizophrenia registry (David Attwood, Michael Bodnar); in this context we continue our collaborative initiatives with the partner hospitals to develop the use of the EHR in translational research;

- The two projects aligned with the Strategy for Patient-Oriented Research (CIHR SPOR) have been initiated and are being coordinated in line with current operations [(i) Framework for meaningful caregivers engagement, (ii) Avatar therapy in schizophrenia];
- Collaboration with the Centre of Excellence in PTSD are developing as well, including in the context of the DND-funded Multifactorial Assessment of PTSD study;
- Institutional partnerships have been initiated in the area of digital health (e.g., TryCycle, PANTHR)

IV. Conceptual considerations for mental health and addiction science

IV.1. Ethical questions for research during the COVID-19 pandemic

Under the current circumstances, including high levels of uncertainty, social isolation and economic pressures, many predict that global mental health is at risk. While mental health research is a key component of the response to the COVID-19 crisis, it is also critical to take into consideration the impact of research on participants during the pandemic, especially in self-harm and suicide studies. The ethical robustness of studies that are currently recruiting is being examined in the context of the pandemic (high benefits / minimized risk). The validity of potentially resuming studies that were initiated prior to COVID crisis is also examined (restart vs. terminate), depending on individual research designs.

IV.1. Importance of interdisciplinarity and coordinated approaches

There is an urgent need for the discovery, evaluation and refinement of evidence-based interventions to address the psychological, social and neuroscientific aspects of the pandemic in order to approach the post-pandemic era. This will require integration across disciplines and sectors, including persons with lived experience; such a requirement for convergence and interdisciplinarity will call for new operations and policies.

Foundation President and CEO Report to The Royal's Board of Trustees – June 2020

Operations

As expected the fundraising landscape has changed significantly due to COVID-19. The crisis is having a negative impact on so many individuals, businesses and organizations. Many of our third party event organizers are taking the necessary steps to postpone or cancel events that were planned over the next several months. The pandemic will have an impact well into the fall and perhaps beyond, as even when the physical distancing measures begin to loosen the ability to gather people in larger sized crowds for nonessential activities will likely remain an issue. The long-term economic impact on businesses and individuals and their ability to provide charitable gifts moving forward is unclear at this time. It is clear however that the case for supporting mental health has never been stronger as the pandemic is causing a multitude of adverse mental health consequences for so many.

The Foundation team is proceeding in its Campaign but is adjusting our message and expectations to respond to the pandemic. The team continues to work with a professional case writer who was hired to develop the Case for Giving document that we will present to donors. The consultant is interviewing 20 key stakeholders at The Royal to better understand our vision and the specifics about our plans. We are continuing to solicit major gifts from donors who are not dramatically affected by the economic downturn and who have specific interest in some areas we are looking to fund. At the same time, we are delaying requests to donors who are in businesses that have been impacted by the shock to the economy. We are also continuing to identify potential volunteer cabinet members who could help our campaign and assist us in reaching our goal.

The Foundation will be striking a joint committee that will include representatives of the Hospital and IMHR boards. The goal of the joint committee will be to review campaign plans and progress and ensure that the three organizations remain aligned during the campaign.

Communications

**Immediately following the Inspiration Awards held March 6, public sentiments and concerns for the COVID-19 pandemic increased dramatically. As such, communications for Royal Ottawa Foundation (ROF) moved away from soliciting donations to supportive, mental health messaging.*

The Foundation communications resources are supporting The Royal's corporate communication team on a number of COVID-related communication tactics.

External audience - further developing our brand and illustrating outcomes

Media

- Ottawa Business Journal: upcoming June feature story related to the C-PROMPT donations from PCL/EllisDon joint venture
- Michelle Valberg: Sharon Johnston spotlight as part of popular “Planet Health” social media campaign
- [Ottawa Citizen](#): Community Builders: The Royal
- [Le Droit](#): Dix ans avec Daron
- TSN 1200: multiple interviews as part of “Wellness Wednesday”







Community Engagement & Donor Recognition

- To leverage support for The Royal, Daniel Alfredsson and key mental health experts from The Royal have undertaken a video series entitled, “At Home with the Alfredssons.” This is an eight-part series concluding with a men’s mental health expert interview on Father’s Day.
- As a value add for segmented donor audiences, a number of exclusive ZOOM meetings and interviews are being offered bi-weekly.

Digital / Web Development

- Is it just us - live broadcast - May 27, 2020 was a milestone date as the Foundation launched its first live broadcast. With the help of local media celebrities and professional athletes, the broadcast reached its goals of education, entertainment and inspiration to an audience of youth, teachers and parents alike.

Royal Ottawa Foundation Social Media Growth

	Facebook		Twitter	Instagram	YouTube	LinkedIn
	Likes	Followers	Followers	Followers	Subscribers	Followers
2019 May	703	730	614	405	1,055	61
2020 May	781	993	893	816	2,120	350
Difference	 78	 263	 279	 411	 1,065	 289

Fundraising

As Gord Cudney shared in an April correspondence to The Royal's three boards, with the swift creation of the temporary C-PROMPT Clinic, the Foundation team focused fundraising efforts on supporting the clinic's budget shortfall. Our original goal was to reach \$500k and within weeks we surpassed it. We are grateful to everyone who has generously supported our efforts during this crisis but would like to give a special acknowledgement to the Parliament Hill Centre Block construction group of companies who have banded together to raise over \$200k for our C-PROMPT Clinic.

Donations for the C-PROMPT Clinic continue to come in but with the sense of urgency in the community reduced, we have seen the pace of donations on a rapid decline. The chart below summarizes what has been raised to date.

C-PROMPT Clinic (including direct mail response)	\$542,217
COVID Front Line Workers – online fundraising	\$3,111
COVID Priority Needs – online fundraising	\$3,570
Total	\$548,898

TELUS provided a donation of new phones including voice and data for up to five months. These phones have been distributed to programs including Community Mental Health, Substance Use and Concurrent Disorders, Forensics, Schizophrenia and the C-PROMPT Clinic to provide virtual care to clients. Other programs (including ROP and Brockville) have received phones to provide inpatients the opportunity to stay connected to their loved ones during this crisis. This in-kind donation is valued at \$90k.

On June 15, The Royal received 500 medical grade Health Canada approved PPE Face Shield Units from a fundraising campaign initiated by the Ottawa Sens Foundation called Shielding HEROES, to raise funds for desperately needed PPE, specifically Face Shield Frames and Face Shields for staff in community hospitals working on the front lines with patients.

We are grateful to Sens Foundation President, Danielle Robinson and all the community partners for including The Royal in this very heartfelt initiative.

Campaign for Access

Work on the Case for Support continues. The remainder of (virtual) interviews are scheduled to be completed by June 12 with the first draft of the case document to be ready by July 3. Once again, we thank everyone involved for making themselves available to be interviewed by our case writer, Leah Eustace.

Direct Response

The Foundation has deployed a number of initiatives to seek support from our donors for the C-PROMPT Clinic, frontline workers, and urgent needs through email and on-line solicitation initiatives:

Urgent Needs Fundraising during COVID-19

1) Will You Show Your Support For Our Frontline Healthcare Workers? (online fundraising campaign); deployed April 3

- Email links to new 'frontline staff' donation form includes opportunity for donors to share messages of support for staff.
- Includes social media campaign promoting frontline staff thank you messages to encourage the public to visit our website and make a donation.
- \$3,100 raised through these initiatives.

2) A New Urgent Mental Health Clinic at The Royal (online fundraising campaign); deployed April 7

- Email links to new C-PROMPT donation form.
- Also a push to C-PROMPT donation page from The Royal's corporate website (C-PROMPT info page) and personal asks made by major gifts team.
- \$41,055 (online only) raised to date through these initiatives.

3) Urgent Needs email; deployed April 17

The Foundation is seeking funding from donors for urgent need items determined by the Hospital including:

- Tablets - for clients to stay connected to their loved ones during the pandemic.
- Personal DVD players - DVD players would give another option for independent activity while a patient is observing physical distancing in their room and can easily be wiped down and shared between clients.
- Microphones and webcams - in order to transfer patient care from community hospitals/community health centres to patients' homes.
- This campaign included a push on #Giving Tuesday Now, May 5, to help encourage donations in support of Urgent Needs.
- \$3,570 raised to date through this initiative.

We dropped our last planned direct mail appeal of the fiscal year on March 9, just as the first confirmed case of COVID-19 hit Ottawa. This mailing was sent to all donors who had not yet made a donation in calendar year 2020.

- Understandably, the response has been slow and we don't expect this mailing to meet projected revenue target of \$10k, though given the mail date, most of this was expected after March 31. To date, this appeal has raised \$7,741.

Based on current industry trends during COVID crisis, we made the decision to mail an urgent direct mail appeal in support of the new C-Prompt Clinic on May 4.

- This fundraising appeal was signed by Dr. Susan Farrell, VP, Patient Care Services & Community Mental Health, and mailed to a select group of donors including direct mail, major gifts, breakfast and event donors.
- To date, this mailing has generated \$20,571 including one gift of \$3,000 and one gift of \$1,000 – a solid indication that the C-PROMPT case resonated with donors.

Planning for 2020-21

The Foundation undertook a data audit in March 2020, the results of which were recently shared with the Foundation staff. Working with the supplier, we will identify cost-effective tactics to help tighten up program revenues over the course of the year.

We've also engaged an external consultant to support the Foundation in developing an integrated tactical plan to improve fundraising results, increase online donations and build our online community, and communicate directly with a large pool of donors and prospective donors using a more targeted and individualized approach.

Stewardship / Impact Reports / Proposals

- Thank you letters were mailed to all C-PROMPT donors who have given any amount over the last 2 months (approximately 154 individuals and organizations).
- Re-submitting this year's proposal to Janssen for the schizophrenia registry (\$30k).
- Nine upcoming impact reports or letters to be completed by July.
- All Brain Imaging Centre and Depression Research major gift donors will receive their annual impact report (approximately 25 individuals/organizations) this summer.

Events

Signature Core Events

The Open Golf Tournament – June 8, 2020 at the Ottawa Hunt & Golf Club

- The Open Golf Tournament has been cancelled for 2020.

- The golf committee will re-convene at the end of summer to begin plans for 2021.

Virtual Leaders for Mental Health Breakfast – October 7, 2020

- The committee set a goal of recruiting 230 captains. 101 captains have been recruited at this time.
- A test of a web-streaming platform was conducted on May 27 during a virtual edition of the successful high school mental health education program *Is It Just Me*. The virtual experience was well received and provided great takeaways for our fall breakfast fundraiser.
- If you are interested in becoming a Table Captain, please email kelly.meincke@theroyal.ca for further information.
- Leadersformentalhealth.com website is now open for table guest registration. If you are registered as a Table Captain, please send your guests to leadersformentalh.com to join your table.
- First virtual breakfast training camp for captains is scheduled for June 24.

Inspiration Awards – Friday March 5, 2021 at the Infinity Convention Centre

- A tentative hold has been placed on March 5 for the 2021 event at Infinity Convention Centre.

Community Led Events

Fiscal Year to date – (Apr. 1, 2020 – June 2, 2020) 2 event completed; 7 upcoming in FY21 (FY20 = 58 events)

Highlights

- Mental Health Gala – although the in-person event was cancelled, the event host organized an online auction and raised \$10,500, which was split between The Royal/DIFD.
- Brianna’s Birthday Fundraiser – in lieu of gifts for her birthday a young woman asked her friends/family to donate to The Royal. She was able to raise \$775 for the cause.

Upcoming (These third party organizers continue to monitor the COVID-19 situation.)

- Aug 15 – Epic Ride for Mental Health – a motorcycle fundraising ride in memory of Barry Clarke.
- Sept 14 – Inspirational Golf Classic – an annual golf tournament in memory of an individual who battled mental illness.
- Sept 18 – CMHC Golf Tournament – a charity golf tournament held annually at Anderson Links.
- Ongoing – Tamarack Ottawa Race Weekend – the traditional event was cancelled for 2020 but has been moved to a virtual platform this year. Fundraising is ongoing until September 2020.

SHOPPERS LOVE.YOU. Run / Walk for Women

Run for Women Day in Canada (supporting 18 charities) – Sunday, September 27, 2020

Exciting news! We have lift off for 2020 Walk/Run for Women! Here are the highlights:

- Now, more than ever, our friends, family, colleagues and ourselves need to take good care of our/their mental health - RFW offers this opportunity.
- **\$40 registration – 100% directed at women’s mental health programs at The Royal.**
- **Famous \$100+ swag bag**, shirt, and bracelet are still included in registration.
- **8 module mental/physical wellness “Shift your Mind” program** is available as an option for captains to engage and support their teammates.
- **Ottawa Goals – 5000 people and \$500,000** – The women’s mental health program needs each and everyone of our support to hit those huge numbers!
- Such gratitude to Shoppers Drug Mart and Flow for ensuring communities across Canada continue to support women’s mental health.

WE NEED YOUR HELP! Together, we are unstoppable!

- **Become a Team Captain** – our goal is to recruit 225 team captains and register at runforwomen.ca.
- **Captain mission: recruit 5-50 people on a team** and depending on public health regulations for gathering, teams will be participating in small groups, moving/walking/running through their neighbourhoods across the country.
- Introduce us to a Captain or Captain prospect.
- Introduce us to any public service connections you have; there are 25+ teams that we have engaged in various departments and the model that works is to have multiple co-captains who each recruit their work teams to the big department team.

Please contact tracey.welsh@theroyal.ca to get involved.

Cancelled Events Due to COVID 19

- May 1 – Mental Health Gala - in-person event was cancelled, auction moved online
- May 8 – Funny. You Should Ask – a comedy night to raise funds for The Royal’s Chair in Suicide Prevention (**postponed until fall 2020**)
- May 15 – CanGames – board game weekend fundraiser
- May 19 – Knights of Columbus Golf Tournament – raises funds for The Royal’s Youth Program
- May 23 – Tamarack Ottawa Race Weekend - see notes above
- May 23 – Pour My Mind
- Aug 10 – 100 Holes of Hope – A golf marathon of 100 holes in one day to raise funds for mental health
- Aug 22 – End 2 End 4 Women’s Mental Health

DIFD

Fiscal Year to Date – (Apr 1, 2020 – June 2, 2020) 1 event completed, 7 upcoming in FY21 (FY20 = 72 events)

Upcoming Events

- Summer 2020 – Yates Sprinklers 30th Anniversary Golf Tournament
- August 4 – Raymond James Charity Golf Tournament
- September – Burgerfest Ottawa
- Fall 2020 – Royal Oak Day
- November 2020 – Lady Sens Day

Highlights

- *Is It Just Us* – Virtual edition of the popular *Is It Just Me* high school mental health education program was successfully hosted on May 27. A live interview with Stephanie and Luke Richardson was included in the program.

Cancelled DIFD Events Due to COVID 19

- May 1-3 – Black and MacDonald Charity Hockey Tournament
- May 22 – 24 – Kanata Ribfest
- May 29 – Shawville Softball Tournament
- July 4 – J5L Charity Golf Tournament: traditional event has been cancelled, asking for online donations

Royal Foundation Events FY 2020-2021

Event Start Date	Event Day	DIFD	Royal	R4W	W4MH	Awareness	Cancelled	Event Name
April 2020	Apr - Dec		1					Maggie Bag Sales
1-May-2020	Virtual Auction		1					Mental Health Gala
1-May-2020	Virtual Auction	1						Mental Health Gala
1-May 2020	CANCELLED						1	Black and MacDonald Hockey Tournament
2-May-2020	Saturday		1					Brianna's Birthday Fundraiser
15-May-2020	CANCELLED						1	CanGames
19-May-2020	CANCELLED						1	Knights of Columbus Golf Tournament
22-May-2020	CANCELLED						1	Kanata Ribfest
23-May-2019	Virtual - Ends in Sept		1					Tamarack Ottawa Race Weekend
23-May-2020	CANCELLED						1	Pour My Mind
27-May-2020	Wednesday					1		Is It Just Us - Youth Mental Health Virtual Event
29-May-2020	CANCELLED						1	Shawville 3 Pitch Tournament
Summer 2020	TBC	1						Yates Sprinklers 30th Anniversary Golf Tournament
4-Jul-2020	VIRTUAL	1						J5L Golf Tournament
4-Aug-2020	Tuesday	1						Raymond James Golf Tournament
10-Aug-2020	CANCELLED						1	100 Holes Of Hope
15-Aug-2020	Saturday		1					Epic Ride for Mental Health
22-Aug-2020	CANCELLED						1	End 2 End 4 Women's Mental Health
Fall 2020	Date TBD		1					Funny. You Should Ask
Fall 2020	Date TBD	1						Royal Oak Fundraiser
Fall 2020	Date TBD		1					Peace, Love and Understanding
September	Month Long	1						Ottawa Burgerfest
14-Sept-2020	Monday		1					Inspirational Golf Classic
18-Sep-2020	Friday		1					CMHC Golf Tournament
27-Sept-2020	Sunday			1				Shoppers LOVE. YOU. Run for Women
November	Date TBD	1						9th Annual Lady Sens Tournament
13-Feb-2021	Saturday	1						Curling for a Cause
TOTALS		8	9	1	0	1	8	

Royal Ottawa Health Care Group Strategic Plan 2015-2020

Our Vision...
Mental Health Care Transformed
Through Partnerships, Innovation, and Discovery

Our Mission...
Delivering excellence in specialized mental health care, advocacy,
research and education

Our Values...
We are guided by innovation and a passionate commitment to
collaboration, honesty, integrity and respect

**ROHCG Board of Trustees Performance Scorecard
FYE 2019-2020**



Mental Health - Care & Research
Santé mentale - Soins et recherche

TO: ROHCG Board of Trustees Board Members

**FROM: Joanne Bezzubetz
President & CEO, ROHCG**

DATE: June 8th, 2020

SUBJECT: 2015-2020 Strategic Plan Update

Dear Board Members, the following is a status summary of the 2015-20 Strategic Plan.

2019-2020 Performance Scorecard:

A number of our scorecard performance indicators align with last year's Quality Improvement Plan and with our Mental Health and Addictions Quality Initiative peer scorecard. We aim for continued improved alignment as we build out the new Strategic plan and the 2020/21 quality improvement plan.

FYE Highlights:

Of the 28 indicators reported and assessed for fiscal year end, 22 indicators (79%) are within 6% of established targets.

The ALC rate doubled since 2018-19 FYE. Prioritized mitigation strategies include: harmonizing clinical, technical and data/reporting related efforts; and establishing a clinical structure to support escalated discharge review for long stay ALC clients. Furthermore, The Royal awaits Ontario's Ministry of Long Term Care's Independent Commission¹ review of Long Term Care beginning in Fall of 2020.

Results for client and staff safety indicators demonstrate we are consistent with the objective of ensuring a safe care and work environment. Both workplace incidents and lost time frequency index showed important decreases from previous FYE. Overall Client experience results improved compared to previous fiscal year end reports.

In terms of technological resources, telemedicine consultations rose by 14% from previous FY, and the new electronic applications' milestone date targets were all met in this FY.

¹ <https://news.ontario.ca/mltc/en/2020/05/ontario-announces-independent-commission-into-long-term-care.html>

Concerning indicators that not assessed against FYE performance:

- Data integrity and accuracy continues to be a focus for the indicators. This is particularly applies to the Clinical Outcome indicators impacted by the transition of the data entry software.
- The deadline for performance appraisals for management and union staff was extended due to the Covid-19 Pandemic.
- A technical issue related to the patient information transfer from the new Meditech to the Emerald Workload System, has affected the Productivity result. The issue was resolved at the end of the fiscal year, and going forward, data quality is expected to stabilize.


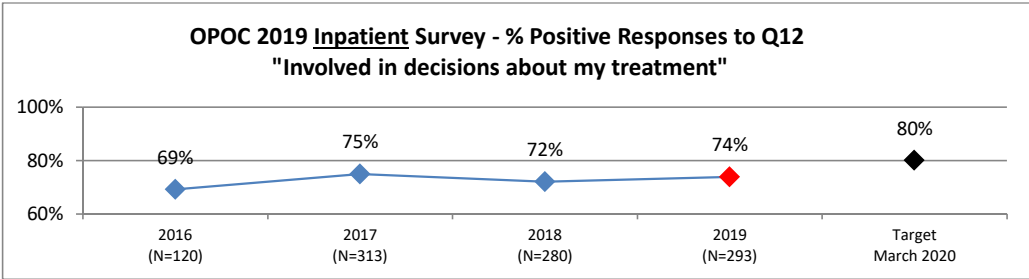
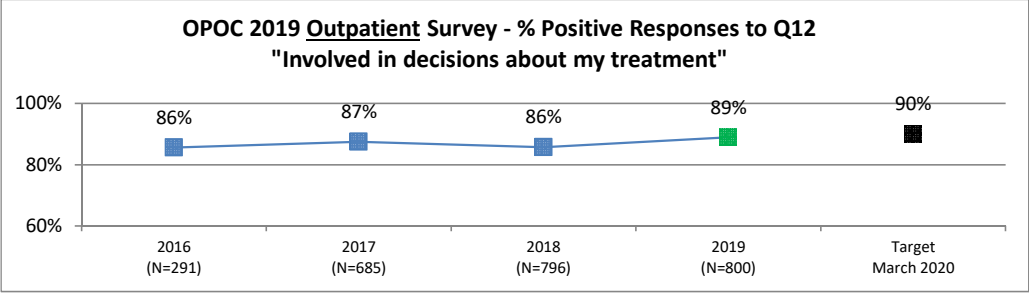
We look forward to your review of our FYE 2019-20 Performance Scorecard and welcome your feedback.

Joanne Bezzubetz,
President & CEO




Domain	Indicator	Reporting Frequency	March 2020 Target	FYE Result and Status	Result Change (from previous FYE)
CARE	Client Experience -Recovery: INPATIENT % positive responses to "Involved in decisions about my treatment"	Semi-Annual (Q1 & YE)	80%	74.0%	Improved
	Client Experience -Recovery: OUTPATIENT % positive responses to "Involved in decisions about my treatment"	Semi-Annual (Q1 & YE)	90%	89.0%	Improved
	Medication Reconciliation: INPATIENT % completed at admission	Quarterly	100%	99.9%	Unchanged
	Medication Reconciliation: INPATIENT % completed at discharge, where warranted	Quarterly	92%	99.3%	Improved
	Medication Reconciliation: OUTPATIENT % completed at admission, where warranted	Quarterly	65%	44.6%	Improved
	Acute Control Intervention: % use of physical/mechanical procedures at admission	Quarterly	3%	2.8%	Improved
	Acute Control Intervention: % use of acute control medication at admission	Quarterly	6%	3.9%	Improved
	Overall Client Experience: INPATIENT % positive responses to "I think the services provided here are of high quality"	Semi-Annual (Q1 & YE)	80%	84.0%	Improved
	Overall Client Experience: OUTPATIENT % positive responses to "I think the services provided here are of high quality"	Semi-Annual (Q1 & YE)	93%	95.0%	Improved
	Family/Supporters' Experience: % positive responses to "Told what to do in response to a crisis"	Annual	77%	74.0%	Improved
	Clinical Outcomes: % of inpatients improved on Depressive Severity Index (DSI)	Semi-Annual (Q2 & YE)	85%	72.0%	Not applicable
	Clinical Outcomes: % of inpatients improved on Self Care Index (SCI)	Semi-Annual (Q2 & YE)	65%	54.0%	Not applicable
	Clinical Outcomes: % of inpatients improved on Positive Symptoms Scale (PSS)	Semi-Annual (Q2 & YE)	88%	78.0%	Not applicable
	Discovery	REB Approved Projects	Semi-Annual (Q2 & YE)	130	130
Grant Funding Awarded		Semi-Annual (Q2 & YE)	\$6.0M	\$6.56	Improved
Publications		Annual	150	207	Improved
Students Trained		Semi-Annual (Q2 & YE)	470	517	Improved
Staff Trained		Semi-Annual (Q2 & YE)	24,500	23,633	Not improved
Community Education		Semi-Annual (Q2 & YE)	13,000	20,005	Improved
PARTNERSHIPS	LOCUS Scores: % inpatients with a LOCUS score at admission of 5 or above.	Quarterly	95%	91.0%	Improved
	Wait Times: OUTPATIENT Mood and Anxiety Program, average number of days between referral and date seen by clinician	Quarterly	90 days	44	Improved
	Signed Transition Plans: INPATIENT % positive responses to "Staff helped me develop a plan for when I finished treatment"	Semi-Annual (Q1 & YE)	80%	72.0%	Improved
	Signed Transition Plans: OUTPATIENT % positive responses to "Staff helped me develop a plan for when I finished treatment"	Semi-Annual (Q1 & YE)	76%	69.0%	Unchanged
	ALC Rate: % of ALC days from MH patient days	Quarterly	7%	8.5%	Not improved
	30 Day Readmissions: % of patients readmitted to any facility for MH treatment	Quarterly	9.9%	10.5%	Unchanged
ENGAGEMENT	Workplace Incidents: ratio of serious incidents to total workplace incidents reported by staff	Quarterly	4.5%	1.8%	Improved
	Lost Time Frequency Index	Quarterly	2.50	0.90	Improved
	Employee Engagement	Bi-Annual	Not applicable for FY2019-20		
	Physician Engagement	Bi-Annual	Not applicable for FY2019-20		
	Employee Work Team	Bi-Annual	Not applicable for FY2019-20		
	Physician Work Team	Bi-Annual	Not applicable for FY2019-20		
	Immediate Supervisor	Bi-Annual	Not applicable for FY2019-20		
	Physician Practice Environment	Bi-Annual	Not applicable for FY2019-20		
	Performance Appraisals: % completed for eligible MANAGEMENT employees	Annual	95%	Not available	Not applicable
	Performance Appraisals: % completed for eligible UNION employees	Annual	75%	Not available	Not applicable
	Performance Appraisals: % completed for eligible NON-UNION employees	Bi-Annual	Not applicable for FY2019-20		
Performance Appraisals: % completed for PHYSICIANS	Annual	100%	100%	Unchanged	
RESOURCES	Productivity: % of clinical worked hours	Quarterly	90.0%	79.9%	Not applicable
	Absenteeism: % of paid sick leave	Quarterly	3.2%	3.61%	Not improved
	Telemedicine Consultation - Treatment	Semi-Annual (Q2 & YE)	6,600	7,421	Improved
	New Electronic Applications	Semi-Annual (Q2 & YE)	March 31st, 2020	Targets Met	Unchanged
	Non MoHLTC Revenue: % of non-MoHLTC revenue from total ROHCG revenue	Semi-Annual (Q2 & YE)	17.00%	18.30%	Improved
	Philanthropic Funds	Semi-Annual (Q2 & YE)	Not applicable	Not applicable	Not applicable


Status Criteria: ■ +/- 2.99% of Target ■ +/- 3 to 5.99% of Target ■ +/- 6% of Target Status not assessed


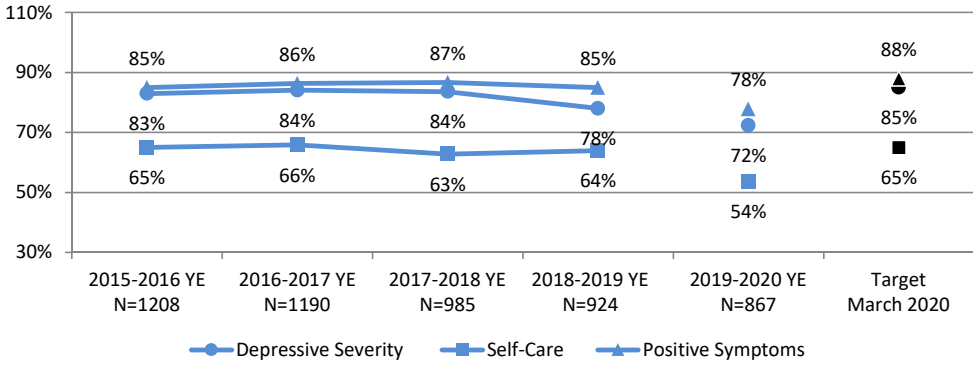
	CARE - Delivering Person and Family Centered Care, Quality & Safety Objective: Enhance our Culture of Recovery				
	Indicator: Client Experience - Recovery	Executive: R. Bhatla/ S. Farrell/ E. Millar	Data Contact: J. Desrochers / H. Hussain	Reporting Frequency: Semi-Annual (Q1 & YE)	STATUS: 2019-2020 YE
Summary			Results		
<p>Significance: Recovery principles in mental health & addictions emphasize choice, respect, and hope. The Royal was one of the first Canadian organizations to sign the Mental Health Commission's 2014 Recovery Declaration.</p> <p>Definition: % positive responses to the Ontario Perception of Care Survey (OPOC) Question "Involved in decisions about my treatment"</p> <p>Formula: OPOC Calculation</p> <p>Data Source: Ontario Perception of Care Survey-MHA</p>			<p>The Ontario Perception of Care Survey for Mental Health and Addictions (OPOC-MHA) is administered in May and November, annually. We have been tracking a single OPOC question that strongly reflects Recovery Principles in mental health (i.e., client involvement in decisions about his/her treatment), and targets have been established as of 2019-20.</p> <p>Results for Question 12 of the OPOC are shown below for both in and outpatients. The <u>inpatient</u> group observed a lower percentage of positive responses in the November survey as compared to May; similar to the previous FY. The YE result is below the established target. As for the <u>outpatient</u> group, the YE result was within target.</p> <p>The inpatient scores are lower than outpatient scores and this may be due in part to several factors. Inpatients are more acutely ill, may be involuntary or have a substitute decision maker. A program level analysis of the data could be completed to further understand the results and to target additional strategies. A re-launch of the Plan of Care document is planned as there continues to be difficulty using the document and the transfer of Care summary generated from this plan requires improvement in formatting. The activities will improve the usefulness of the Plan of Care document and may assist in improving client involvement in decisions about treatment.</p>		
Initiatives & Mitigation Strategies					
<p>1. Work with the EHR partnership to address the identified issues in the Transfer of Care document and re-launch the Recovery Plan of Care to address knowledge gaps and support compliance.</p> <p>2. The Royal was an active member of CAMH's CQIC (Continuous Quality Improvement Collaborative) where we worked with community partners who also use the OPOC survey for clients. Stakeholders in the collaborative identified areas in need of improvement and potential collaborative change strategies; discharge planning was one identified area.</p>					


	CARE - Delivering Person and Family Centered Care, Quality & Safety Objective: Ensure a Safe Care Environment				
Indicator: Medication Reconciliation	Executive: R. Bhatla/ S. Farrell/ E. Millar	Data Contact: T. Burta	Reporting Frequency: Quarterly		STATUS: 2019-2020 YE
Summary			Results		
<p>Significance Medication Reconciliation is a structured process to communicate accurate and complete information about patient medications at all transitions of care including inpatient admission, discharge, and outpatient admission to program / clinic.</p> <p>Definition: Measurement of the % medication reconciliation complete on inpatient admission, inpatient discharge, and at outpatient admission program / clinics where medication management is a component of care .</p> <p>Formula (Inpatient): Total number of completed medication reconciliation on inpatient admission/ total admissions x 100; Total number of completed medication reconciliation at inpatient discharge/ total discharges x 100.</p> <p>Formula (Outpatient Admission): # medication reconciliation complete/total number of patients where medication reconciliation is warranted</p> <p>Data Source: Electronic Health Record.</p>			<p>Inpatient medication reconciliation percentage at admission was on target for 2019-20, and the percentage at discharge was above target with a YE result of 99.3%. It should be noted that, consistent with our peers and reporting to MHAQI, The Royal calculates the percentage of completed medication reconciliations at discharge, from all those discharges wherein reconciliation is required (i.e., unplanned/emergency transfers, patients leaving against medical advice, death, discharges within 24hrs of admission: are excluded from the denominator).</p> <p>Outpatient medication reconciliation at admission for 2019-20 YE is 44.6% and below target. The Q4 result of 40% is a reduction from our previous Q3 of 47.5%, and is a set back for our target of 65% (as aligned with our QIP). However the processes and workflow during this audited period were impacted by the COVID-19 virus, wherein many prescribers are not meeting in-person with the patient, whence home medication cannot be brought in for confirmation.</p>		
Initiatives & Mitigation Strategies					
<p>Inpatient</p> <p>1. Sustain the excellent practice and results.</p> <p>Outpatient</p> <p>1. Medication Reconciliation Working Group continues to collaboratively support medication reconciliation, review audits for completion and accuracy of patient profiles, and to assist in the development of initiatives to continuously improve the quality of medication reconciliation.</p> <p>2. Electronic audits for medication reconciliation completion are still in development with our partner sites.</p> <p>3. An upcoming change request is currently under review which will add a medication reconciliation section to prescribers commonly used documentation templates to help support the medication reconciliation process in outpatient clinics. Target date for implementation is June 2020.</p>					


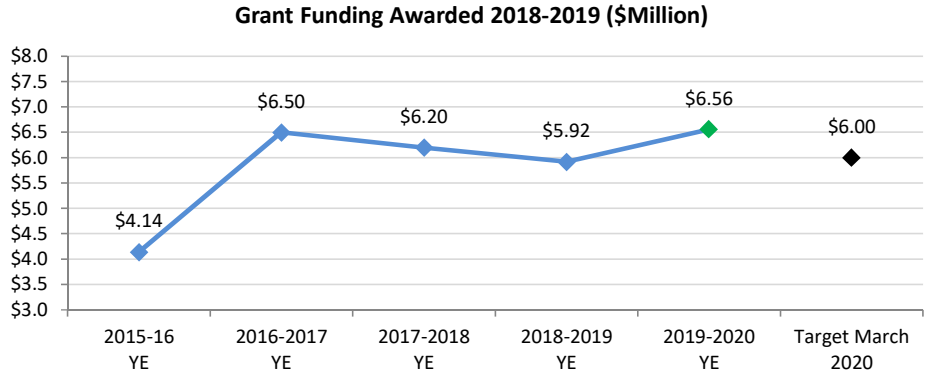
	CARE - Delivering Person and Family Centered Care, Quality & Safety Objective: Ensure a Safe Care Environment				Indicator: Acute Control Intervention	Executive: R. Bhatla/ S. Farrell/ E. Millar	Data Contact: M. Cardinal / M. Webb	Reporting Frequency: Quarterly	STATUS: 2019-2020 Q3																											
SUMMARY					RESULTS																															
<p>Significance: In rare instances restraint use has resulted in harm to the patient. The Royal supports a ‘least restraint’ approach to care, meaning that restraint should only be used in emergency situations. Factors, such as client presentation, safety, staffing and environmental factors may determine the use of acute physical, medication and seclusion interventions.</p> <p>Definition: Percentage of patients whose RAI-MH admission assessment reported use of acute physical control procedures (includes physical/mechanical) or acute control medication in the last 3 days.</p> <p>Formula: Calculated by CIHI.</p> <p>Data Source: OMHRS Admission Report (RAI-MH).</p>					<p>Note that the results are one quarter behind due to the Canadian Institute for Health Information (CIHI) reporting schedule. Q3 acute control medication use at admission was well below target, with a percentage of use of 3.9% as compared to its 6.0% target. The physical/manual or mechanical restraint use reduced substantially in Q3, and now positioned below target.</p> <p>All programs have reviewed this data and in each program found that each instance of restraint use was a different patient and a single application of restraint, within 72 hours of admission, indicating it is not a continuous practice in the provision of care.</p> <p>Note that, The Royal has consistently ranked first amongst our Peers for Non-use of Acute Control Interventions.</p>																															
Initiatives and Mitigation Strategies					<div style="text-align: center;"> <p>% Use of Acute Control Interventions 2019-2020</p> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th>Year/Quarter</th> <th>Physical/Manual or Mechanical (%)</th> <th>Medication (%)</th> </tr> </thead> <tbody> <tr> <td>2015-16 YE</td> <td>4.2%</td> <td>11.3%</td> </tr> <tr> <td>2016-17 YE</td> <td>3.4%</td> <td>8.6%</td> </tr> <tr> <td>2017-18 YE</td> <td>3.0%</td> <td>7.4%</td> </tr> <tr> <td>2018-19 YE</td> <td>3.9%</td> <td>5.6%</td> </tr> <tr> <td>Q1 2019-20</td> <td>3.8%</td> <td>6.0%</td> </tr> <tr> <td>Q2 2019-20</td> <td>5.3%</td> <td>4.8%</td> </tr> <tr> <td>Q3 2019-20</td> <td>2.8%</td> <td>3.9%</td> </tr> <tr> <td>Target March 2020</td> <td>3.0%</td> <td>6.0%</td> </tr> </tbody> </table> </div>					Year/Quarter	Physical/Manual or Mechanical (%)	Medication (%)	2015-16 YE	4.2%	11.3%	2016-17 YE	3.4%	8.6%	2017-18 YE	3.0%	7.4%	2018-19 YE	3.9%	5.6%	Q1 2019-20	3.8%	6.0%	Q2 2019-20	5.3%	4.8%	Q3 2019-20	2.8%	3.9%	Target March 2020	3.0%	6.0%
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<p>1. Continue with the cultural transformation where restraint is considered a last resort intervention.</p> <p>2. Review of all restraint use (with full details of clinical circumstances) with the care teams through the Recovery Plan of Care.</p>																																				


	CARE - Delivering Person and Family Centered Care, Quality & Safety Objective: Demonstrate Positive Outcomes & Experiences																																								
Indicator: Overall Client Experience	Executive: R. Bhatla/ S. Farrell/ E. Millar	Data Contact: J. Desrochers / H. Hussain	Reporting Frequency: Semi-Annual (Q1 & YE)	STATUS: 2019-2020 YE																																					
SUMMARY			RESULTS																																						
<p>Significance: As part of our commitment to providing the best care possible, measuring client satisfaction with our services is a vital feedback mechanism and is consistent with requirements under Bill 46, the "Excellent Care for All" Act.</p> <p>Definition: Ontario Perception of Care Survey question #31, "I think the services provided here are of high quality"</p> <p>Formula: # of positive responses/total responses x 100</p> <p>Data Source: Ontario Perception of Care-Mental Health</p>			<p>The Royal administered The Ontario Perception of Care Survey for Mental Health and Addictions (OPOC-MHA) annually in May and November.</p> <p>Results for Question 31 of the OPOC are shown below for both in and outpatients, against the established targets for 2019-20. This indicator is also tracked by the 2019-20 Quality Improvement Plan. In order to align reporting, a target of 87% of positive responses to the combined in and outpatient survey is considered. Targets were met for each patient group; and further, the combined result of positive responses (i.e., 92%) also surpasses its target of 87%.</p>																																						
Initiatives and Mitigation Strategies			<div style="display: flex; flex-direction: column;"> <div data-bbox="926 795 1944 1044"> <p style="text-align: center;">OPOC 2019 Inpatient Survey - % Positive Responses to Q31 "I think the services here are of high quality"</p> <table border="1"> <thead> <tr> <th>Year</th> <th>% Positive Responses</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>79%</td> <td>120</td> </tr> <tr> <td>2017</td> <td>82%</td> <td>313</td> </tr> <tr> <td>2018</td> <td>82%</td> <td>280</td> </tr> <tr> <td>2019</td> <td>84%</td> <td>304</td> </tr> <tr> <td>Target March 2020</td> <td>80%</td> <td>-</td> </tr> </tbody> </table> </div> <div data-bbox="926 1044 1944 1292"> <p style="text-align: center;">OPOC 2019 Outpatient Survey - % Positive Responses to Q31 "I think the services here are of high quality"</p> <table border="1"> <thead> <tr> <th>Year</th> <th>% Positive Responses</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>93%</td> <td>291</td> </tr> <tr> <td>2017</td> <td>93%</td> <td>685</td> </tr> <tr> <td>2018</td> <td>94%</td> <td>796</td> </tr> <tr> <td>2019</td> <td>95%</td> <td>806</td> </tr> <tr> <td>Target March 2020</td> <td>93%</td> <td>-</td> </tr> </tbody> </table> </div> </div>			Year	% Positive Responses	N	2016	79%	120	2017	82%	313	2018	82%	280	2019	84%	304	Target March 2020	80%	-	Year	% Positive Responses	N	2016	93%	291	2017	93%	685	2018	94%	796	2019	95%	806	Target March 2020	93%	-
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<ol style="list-style-type: none"> Sustain the excellent outcomes with Outpatient at 93% (average over two years). Maintain an outcome of 80% or higher for Inpatient responses. Consult clinical teams on local strategies to improve patient and family-centered care. Continue collaborating with the Client and Family Advisory Councils. The Client and Family Centered Care Committee has been created and members are actively developing a work plan. The Royal was an active member of CAMH's CQIC (Continuous Quality Improvement Collaborative) where we worked with community partners who also use the OPOC survey for clients. Stakeholders in the collaborative identified areas in need of improvement and potential collaborative change strategies; discharge planning was one identified area. 																																									


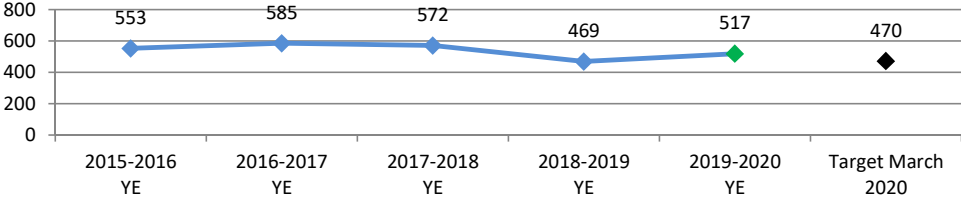
	CARE - Delivering Person and Family Centered Care, Quality & Safety Objective: Demonstrate Positive Outcomes & Experiences																					
Indicator: Family/Supporters' Experience	Executive: R. Bhatla/ S. Farrell/ E. Millar	Data Contact: J. Desrochers	Reporting Frequency: Annual	STATUS: 2019-2020 YE																		
SUMMARY		RESULTS																				
<p>Significance: Families are an integral part of care in mental health and addictions and the success of our clients is linked to the family and support network. It is important for The Royal to understand the extent to which we are meeting the needs of families/supporters and to develop strategies to improve.</p> <p>Definition: An outcome measure of quality refers to the perception of family members of patients/clients of one or more aspects of a mental health care system.</p> <p>Formula: Total number of positive responses/total responses to surveys collected in the reporting period x 100.</p> <p>Data Source: In-house Family/Supporters' Survey</p>		<p>The Royal continued to use the internal Family/Supporters's Survey for FY2019-20, and established a target of 77% of positive responses, for a specific item of focus: 'Told what to do in response to a crisis'. The FY2019-20 result shows an increase from the previous year, but is slightly below target.</p>																				
Initiatives and Mitigation Strategies																						
<ol style="list-style-type: none"> 1. With the new and validated OPOC for Caregivers survey, the FSS will be replaced going forward. The OPOC for Caregivers will administered with similar resources and process as the OPOC for Clients, which should ensure better representative results. 2. The Family Engagement and Experience Coordinator has been working in partnership with Family Advisory Council and other stakeholders to move initiatives forward. Some meetings have occurred virtually within the COVID pandemic. 3. Conduct a program by program review to ensure all clients are discharged with printed material outlining what to do in a crisis. The Crisis Prevention Plan has a printable , friendly format for patient use. 4. Audit the EHR to determine if Crisis Prevention Plans are being completed when a risk is identified and whether there is a related goal in the Recovery Plan of Care. As required, provide education to staff regarding linking the Crisis Prevention Plan within the EHR to the Recovery Plan of Care. 		<p style="text-align: center;">Told what to do in case of crisis</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Year</th> <th>Percentage</th> <th>Sample Size (N)</th> </tr> </thead> <tbody> <tr> <td>2016-17</td> <td>73%</td> <td>65</td> </tr> <tr> <td>2017-18</td> <td>82%</td> <td>56</td> </tr> <tr> <td>2018-19</td> <td>70%</td> <td>70</td> </tr> <tr> <td>2019-20</td> <td>74%</td> <td>84</td> </tr> <tr> <td>Target March 2020</td> <td>77%</td> <td>-</td> </tr> </tbody> </table>			Year	Percentage	Sample Size (N)	2016-17	73%	65	2017-18	82%	56	2018-19	70%	70	2019-20	74%	84	Target March 2020	77%	-
Year	Percentage	Sample Size (N)																				
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2019-20	74%	84																				
Target March 2020	77%	-																				


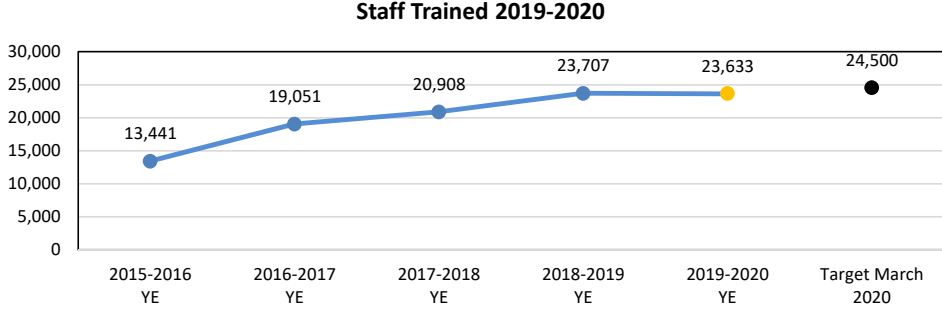
	CARE - Delivering Person and Family Centered Care, Quality & Safety Objective: Demonstrate Positive Outcomes & Experiences																																
Indicator: Client Outcomes	Executive: R. Bhatla/ S. Farrell/ E. Millar	Data Contact: M. Cardinal / M. Webb	Reporting Frequency: Semi-Annual (Q2 & YE)		STATUS: 2019-2020 YE																												
SUMMARY			RESULTS																														
<p>Significance: Measuring clinical change in our clients over the course of their involvement with the Royal allows us to adjust what we do in order to optimize the quality of care we provide. It also gives us evidence that what we do works. Evaluating outcomes is also legislated under the Excellent care for All Act (ECFAA).</p> <p>Definition: % of inpatients/clients improved, aggregated by clinical scale (Depressive Severity Index (DSI), Positive Symptoms Scale (PSS), Self Care Index (SCI))</p> <p>Formula: % inpatients improved from admission to discharge</p> <p>Data Source: Inpatient Resident Assessment Instrument - Mental Health</p>			<p>The Royal is in a stabilization phase post conversion of the main RAI-MH tool (BCare to Meditech), thus potentially impacting the data capture and accuracy of the information entered. Additionally, in previous quarters, programs have attributed lower than target results to data entry error and the need for additional training/inter-rater validity to ensure accuracy of data. As observed, the aforementioned issues remain. Results for FYE2019-20 are therefore not assessed against target.</p>																														
Initiatives and Mitigation Strategies			<div style="text-align: center;"> Clinical Scale Outcomes 2018-2019 </div>  <table border="1" style="margin-top: 10px;"> <caption>Clinical Scale Outcomes 2018-2019 Data</caption> <thead> <tr> <th>Year</th> <th>Depressive Severity (%)</th> <th>Self-Care (%)</th> <th>Positive Symptoms (%)</th> </tr> </thead> <tbody> <tr> <td>2015-2016 YE (N=1208)</td> <td>85%</td> <td>83%</td> <td>65%</td> </tr> <tr> <td>2016-2017 YE (N=1190)</td> <td>86%</td> <td>84%</td> <td>66%</td> </tr> <tr> <td>2017-2018 YE (N=985)</td> <td>87%</td> <td>84%</td> <td>63%</td> </tr> <tr> <td>2018-2019 YE (N=924)</td> <td>85%</td> <td>78%</td> <td>64%</td> </tr> <tr> <td>2019-2020 YE (N=867)</td> <td>78%</td> <td>54%</td> <td>72%</td> </tr> <tr> <td>Target March 2020</td> <td>88%</td> <td>65%</td> <td>85%</td> </tr> </tbody> </table>			Year	Depressive Severity (%)	Self-Care (%)	Positive Symptoms (%)	2015-2016 YE (N=1208)	85%	83%	65%	2016-2017 YE (N=1190)	86%	84%	66%	2017-2018 YE (N=985)	87%	84%	63%	2018-2019 YE (N=924)	85%	78%	64%	2019-2020 YE (N=867)	78%	54%	72%	Target March 2020	88%	65%	85%
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<p>1. Implement additional methods and quality practices to further support capture of key information related to the clinical outcomes in Meditech.</p> <p>2. Consistent access to data will allow review of results regularly with clinical teams so strategies for improvement can be developed.</p> <p>3. Engage teams to set benchmarks for their specific programs and to focus on developing specific initiatives, as appropriate and in keeping with available resources.</p> <p>4. The QIP for 2020/21 requires all programs to identify and track client outcomes measures that are meaningful for the specific programming areas. These metrics may be more useful to monitor client outcomes in the future and support program level decision making related to client outcomes.</p>																																	


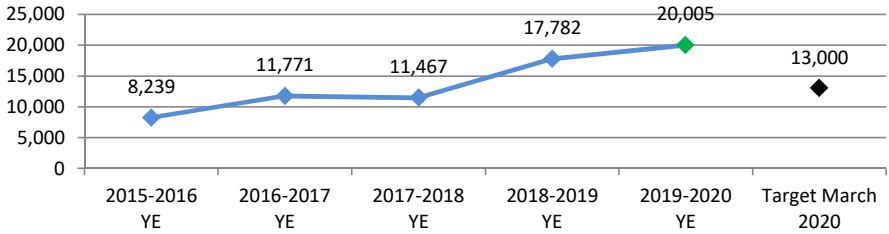
	DISCOVERY - Advancing Research and Knowledge to Improve Mental Health Outcomes Objective: Integrate Clinical Care & Research																		
	Indicator: REB Approved Projects	Executive: R. Bhatla	Data Contact: F. Dzierszynski	Reporting Frequency: Semi-Annual (Q2 & YE)	STATUS: 2019-2020 YE														
SUMMARY			RESULTS																
<p>Significance: An increase in REB approved projects is an indicator of growth in research capacity and activity. This metric is in part dependent on a) research grant cycles (i.e. growth will not be linear over the year, and spikes will be noted within 2-6 months after grant competition results), b) research funding secured, and c) research capacity (researchers, trainees, staff).</p> <p>Definition: Research projects that have undergone the full ethical review process by the REB and received approval to proceed.</p> <p>Formula: Total active projects approved by the REB between April 1, 2019 and March 31, 2020.</p> <p>Data Source: REB database</p>			<p>This represents the number of research projects that have undergone the full ethical review process by the REB and received approval to proceed.</p> <p>New submissions during FY2019-20: 37 (of these: 2 were withdrawn, 1 rejected by REB, 2 pending approval) = 32 new active studies.</p> <p>Total active = 117 from last FY plus the 32 new active studies minus 19 terminations = <u>130 active studies at end of FY year 2019-20.</u></p> <p>This number doesn't include the Program Evaluations reviewed and/or all of the renewals and amendments (but these are included in the quarterly reports to the Board of Trustees). Methodology will be reviewed in the next FY, with the new strategic plan and metrics.</p>																
Initiatives and Mitigation Strategies			<table border="1"> <thead> <tr> <th>2014-2015 Baseline</th> <th>2015-16 YE</th> <th>2016-2017 YE</th> <th>2017-2018 YE</th> <th>2018-2019 YE</th> <th>2019-2020 YE</th> <th>Target March 2020</th> </tr> </thead> <tbody> <tr> <td>131</td> <td>135</td> <td>146</td> <td>177</td> <td>117</td> <td>130</td> <td>130</td> </tr> </tbody> </table>			2014-2015 Baseline	2015-16 YE	2016-2017 YE	2017-2018 YE	2018-2019 YE	2019-2020 YE	Target March 2020	131	135	146	177	117	130	130
2014-2015 Baseline	2015-16 YE	2016-2017 YE	2017-2018 YE	2018-2019 YE	2019-2020 YE	Target March 2020													
131	135	146	177	117	130	130													
<ol style="list-style-type: none"> Continued efforts to build research capacity at The Royal. Research education sessions and training (i.e., Mental Health Matters Rounds, IMHR Health Research Training Series). Clinical programs develop research objectives (i.e., number of projects, grants, etc.). Performance development and annual performance review inclusion for clinicians of research objectives (i.e., like physician annual performance report). 																			

	DISCOVERY - Advancing Research and Knowledge to Improve Mental Health Outcomes Objective: Drive Leading Edge Research			
	Indicator: Grant Funding Awarded	Executive: R. Bhatla	Data Contact: F. Dzierszynski	Reporting Frequency: Semi-Annual (Q2 & YE)
SUMMARY		RESULTS		
<p>Significance: The ability to attract research grants is critical to The Royal’s success and research capacity development, and its reputation as an academic mental health centre.</p> <p>Definition: Total dollar value of grants awarded in the period (i.e., new and ongoing grants and dollars carried over). Includes Federal and Provincial Government, Industry, Foundation and Philanthropic Grants and Internal Funding</p> <p>Formula: Total value</p> <p>Data Source: IMHR-maintained grant/contract database.</p>		<p>The 2016-17 spike is attributed to a one time award from the Canada Foundation for Innovation (this is a one-time CFI equipment grant). However, the subsequent year (2017-18) did not return to 2015-16 baseline, thanks to additional operating grants secured (e.g., Movember Foundation, CIHR). The difference between 2017-18 and 2018-19 is due to the normal ending of 2 CIHR grants (Northoff, Zhang) as expected.</p> <p>Target for March 31, 2020 was \$6M. The increase in 2019-20 (\$6.56M) is due to a combination of new grants starting to flow through during Q3 and Q4 (e.g., CIHR, NARSAD, DND) and eRIM funding towards research activities (~\$500k).</p> <p>Suggestion for the next strategic plan would be to also use a sliding window – for instance: average past 3 years (and per FTE for intensity); the 3 year average method is often used by federal research funding agencies (CRC, CFI, RSF) to calculate institutional allocations</p>		
Initiatives and Mitigation Strategies				
<ol style="list-style-type: none"> Continued efforts to build research capacity at The Royal. Implementation of new technologies leading to new research activity. Grant success leads to increased quantity and quality of publications. As such, grant review expertise is available to researchers, in addition to peer review by content experts. Participation in the grant review process is strongly encouraged. Researcher access to an expanded pool of statistical experts, as well as other resources (e.g. clinical trial design). Expectation of increased publication in high impact journals is reinforced and documented through the annual review process with IMHR scientists. Development of research objectives/metrics in clinical programs (i.e., number of projects, grants, etc.). Performance development and annual performance review inclusion of research objectives for clinicians (i.e., like physician annual performance report). 				

	DISCOVERY - Advancing Research and Knowledge to Improve Mental Health Outcomes Objective: Drive Leading Edge Research																									
	Indicator: Publications	Executive: R. Bhatla	Data Contact: F. Dzierszynski	Reporting Frequency: Annual	STATUS: 2019-2020 YE																					
SUMMARY		RESULTS																								
<p>Significance: Publications are a measure of research productivity and excellence. Journal Impact Factor is the average number of times articles from the journal published in the past two years have been cited in the Journal Citation Report (JCR). Journals with impact factors above 4 are viewed as having a high impact factor in this field.</p> <p>Definition: Total # of publications and # of publications in journals with Journal Impact Factor >4 ("publications" include: i) peer reviewed publications + ii) non-peer reviewed publications + iii) books + iv) book chapters + v) reports + vi) peer-reviewed conference abstracts + vii) clinical guidelines) for IMHR and Royal staff.</p> <p>Formula: Total # of publications and # of publications in journals with impact factor >4</p> <p>Data Source: Individual annual reports, PubMed NCBI, Google Scholar (all cross-referenced).</p>		<p>While researchers strive to publish in the best journals, there are parameters that make this metric non linear. For instance, even some of the best journals in forensic psychiatry have an impact factor <4. In addition, researchers may publish 10 articles within a year, and 2 the next.</p> <p>To address this, suggestion for the next strategic plan would be to use a sliding window – for instance: average past 3 years (and per FTE for intensity); the 3 year average method is often used by federal research funding agencies (CRC, CFI, RSF) to calculate institutional allocations and it enables metric measurement for non-linear targets. In addition, a review of the IF per subject matter would be appropriate.</p>																								
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<ol style="list-style-type: none"> 1. Continued efforts to build research capacity at The Royal. 2. Implementation of new technologies leading to new research activity. 3. Grant success leads to increased quantity and quality of publications. As such, grant review expertise is available to researchers, in addition to peer review by content experts. Participation in the grant review process is strongly encouraged. 4. Researcher access to an expanded pool of statistical experts, as well as other resources (e.g. clinical trial design). 5. Expectation of increased publication in high impact journals is reinforced and documented through the annual review process with IMHR scientists. 6. Development of research objectives/metrics in clinical programs (i.e., number of projects, grants, etc.). 7. Performance development and annual performance review inclusion of research objectives for clinicians (i.e., like physician annual performance report). 		<table border="1"> <thead> <tr> <th></th> <th style="background-color: #f4a460;">2015-2016 YE</th> <th style="background-color: #f4a460;">2016-2017 YE</th> <th style="background-color: #f4a460;">2017-2018 YE</th> <th style="background-color: #f4a460;">2018-2019 YE</th> <th style="background-color: #f4a460;">2019-2020 YE</th> <th>Target March 2020</th> </tr> </thead> <tbody> <tr> <td>Publications</td> <td style="text-align: center;">180</td> <td style="text-align: center;">141</td> <td style="text-align: center;">139</td> <td style="text-align: center;">176</td> <td style="text-align: center; color: green;">207</td> <td style="text-align: center;">150</td> </tr> <tr> <td>Impact Factor >4</td> <td style="text-align: center;">19.40%</td> <td style="text-align: center;">33.3%</td> <td style="text-align: center;">27.0%</td> <td style="text-align: center;">29.0%</td> <td style="text-align: center;">38.2%</td> <td style="text-align: center;">N/A</td> </tr> </tbody> </table>					2015-2016 YE	2016-2017 YE	2017-2018 YE	2018-2019 YE	2019-2020 YE	Target March 2020	Publications	180	141	139	176	207	150	Impact Factor >4	19.40%	33.3%	27.0%	29.0%	38.2%	N/A
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	DISCOVERY - Advancing Research and Knowledge to Improve Mental Health Outcomes Objective: Promote Inter-Professional & Community-Focused Knowledge Exchange																		
	Indicator: Students Trained	Executive: R. Bhatla/ E. Millar	Data Contact: P. Youell	Reporting Frequency: Semi-Annual (Q2 & YE)	STATUS: 2019-2020 YE														
SUMMARY		RESULTS																	
<p>Significance: As a teaching hospital it is essential that The Royal be a preferred academic learning centre. The number of students we are able to train is a reflection of our reputation for excellence in education and a method of attracting students to apply for positions.</p> <p>Definition: Students include Regulated Health Professionals doing a placement at the Royal: practicum students, undergraduates/ honours students, graduate students (Masters, Ph.D.), post-doctoral fellows receiving formal, supervised training by Royal/IMHR staff and psychiatric residents, within a given fiscal year.</p> <p>Formula: Total number</p> <p>Data Source: Learning & Development, Human Resources, Nursing, Allied Health, IMHR.</p>		<p>In 2017-18, our definition of students changed to exclude medical students and interns. The target was adjusted by using the 2018-19 result and projecting that it would be maintained for 2019-20. The actual 2019-20 FYE result showed 430 students trained from the Allied Health, Nursing and Psychiatry categories, and 87 from the group of non-clinical support specialty students, for a total of 517.</p> <p>Note that there are limitations to this metric. Firstly, the number of students trained is dependent on the actual number of students hosted by the organization; the latter number is influenced by our program’s capacity to accept students and the number of students being sent to The Royal by colleges and universities. Secondly, the metric is not sensitive to the length of the student placements nor the length of the training for the various placements. Should this metric be considered for the next strategic plan cycle, it is suggested that a task group be created to derive a more robust indicator.</p>																	
Initiatives and Mitigation Strategies		Students Trained 2019-2020																	
<ol style="list-style-type: none"> 1. Work with our academic partners to develop placement opportunities for emerging disciplines, e.g. behavioural therapists, developmental support workers; 2. Create student opportunities in the outreach and community teams in Brockville to replace the students lost from B4; 3. In collaboration with UOttawa, develop inter-professional collaborative, case-based learning opportunities 		 <table border="1" style="margin-top: 10px;"> <thead> <tr> <th>Fiscal Year</th> <th>Students Trained</th> </tr> </thead> <tbody> <tr> <td>2015-2016 YE</td> <td>553</td> </tr> <tr> <td>2016-2017 YE</td> <td>585</td> </tr> <tr> <td>2017-2018 YE</td> <td>572</td> </tr> <tr> <td>2018-2019 YE</td> <td>469</td> </tr> <tr> <td>2019-2020 YE</td> <td>517</td> </tr> <tr> <td>Target March 2020</td> <td>470</td> </tr> </tbody> </table>				Fiscal Year	Students Trained	2015-2016 YE	553	2016-2017 YE	585	2017-2018 YE	572	2018-2019 YE	469	2019-2020 YE	517	Target March 2020	470
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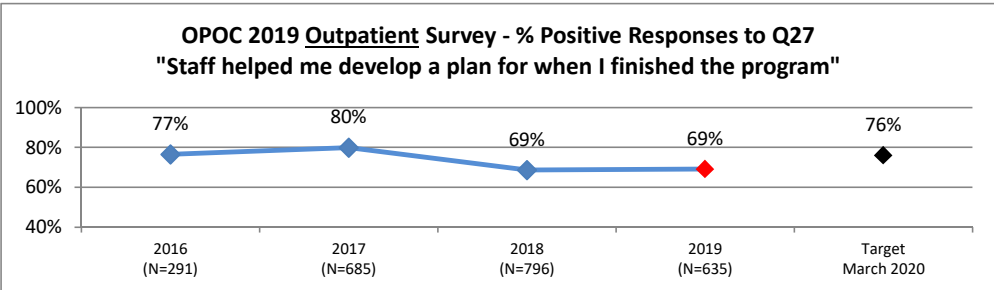
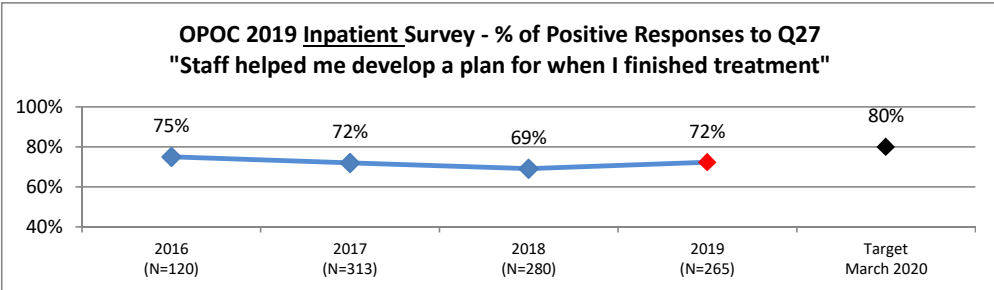
	DISCOVERY - Advancing Research and Knowledge to Improve Mental Health Outcomes Objective: Promote Inter-Professional & Community-Focused Knowledge Exchange			YE 2019-2020														
	Indicator: Staff Trained	Executive: C. Crocker/ E. Millar	Data Contact: P. Youell	Reporting Frequency: Semi-Annual (Q2 & YE)	STATUS: 2019-2020 YE													
SUMMARY		RESULTS																
<p>Significance: The number of educational/knowledge exchange opportunities made available to our staff reflects the extent to which The Royal is committed to ensuring our staff are equipped with leading edge knowledge and skills.</p> <p>Definition: Total number of participants attending educational opportunities provided .</p> <p>Formula: Total number participants attending educational/ and knowledge activities.</p> <p>Data Source: Data for this measure will be derived jointly from databases maintained by Learning and Development, IMHR, Professional Practice (e.g., Nursing Education Mgr.)</p>		<p>Fiscal year 2019-2020 observed a total of 23,633 staff trained. The total number declined by less than 1% from previous fiscal year, and is slightly below the established target for this FY. E-learning incurred a rare decline. Staff compliance for mandatory online training was down from 96% to 83%. E-learning coordinator missed significant time off work, developing fewer new modules. Classroom participation increased thanks to EHR training blitz.</p>																
Initiatives and Mitigation Strategies		 <table border="1"> <caption>Staff Trained 2019-2020</caption> <thead> <tr> <th>Year</th> <th>Staff Trained</th> </tr> </thead> <tbody> <tr> <td>2015-2016 YE</td> <td>13,441</td> </tr> <tr> <td>2016-2017 YE</td> <td>19,051</td> </tr> <tr> <td>2017-2018 YE</td> <td>20,908</td> </tr> <tr> <td>2018-2019 YE</td> <td>23,707</td> </tr> <tr> <td>2019-2020 YE</td> <td>23,633</td> </tr> <tr> <td>Target March 2020</td> <td>24,500</td> </tr> </tbody> </table>			Year	Staff Trained	2015-2016 YE	13,441	2016-2017 YE	19,051	2017-2018 YE	20,908	2018-2019 YE	23,707	2019-2020 YE	23,633	Target March 2020	24,500
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Target March 2020	24,500																	
1. Continue to develop new electronic training modules. 2. Provide additional safety training across all sites.																		


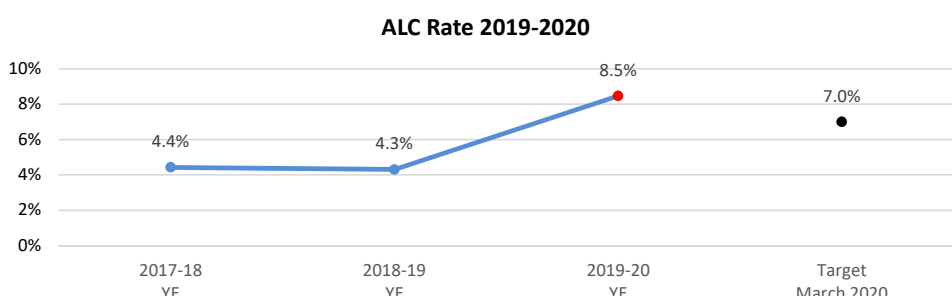
	DISCOVERY - Advancing Research and Knowledge to Improve Mental Health Outcomes Objective: Promote Inter-Professional & Community-Focused Knowledge Exchange																	
	Indicator: Community Education	Executive: C. Crocker/ K. Monaghan	Data Contact: P. Youell	Reporting Frequency: Semi-Annual (Q2 & YE)	STATUS: 2019-2020 YE													
SUMMARY		RESULTS																
<p>Significance: Educational opportunities provided to the public and community partners provides an index of the extent to which the ROHCG takes a leadership role in disseminating information about mental health issues, reducing stigma as well as reaching out to the local, provincial, national and international community.</p> <p>Definition: # of attendees to educational/knowledge exchange opportunities provided to public/professional/external agencies/community partners hosted by The Royal.</p> <p>Formula: Total number of registrants</p> <p>Data Source: Data for this measure will be derived jointly from databases maintained by ROHCG Communications, Learning and Development and IMHR</p>		<p>A total of 20,005 participants were greeted during the 2019-2020 fiscal year, which is a 7% increase from 2018-2019 (17,782) and well above target for this FY. Conferences and Communications/Public Events matched levels from the past few years. Geriatric Psychiatry Program’s Community Outreach Education program continues to grow, taking full advantage of its funding.</p>																
Initiatives and Mitigation Strategies		Community Education (Conferences and Public Events) 2019-2020																
<p>1. We continue partnering with organizations aligned with supporting people with mental illness, such as the Ottawa Institute for CBT, CAST Canada, and LEADS (Healthcare Leadership). These have been successful partnerships, but we do not see enough activity to predict any growth in this indicator. We are also piloting the utilization of video technology to expand access to our Conference events and see this as an encouraging strategy for 2020-2021</p> <p>2. Mental Health First Aid at The Royal continues to grow in demand.</p>		 <table border="1"> <caption>Community Education (Conferences and Public Events) 2019-2020</caption> <thead> <tr> <th>Fiscal Year</th> <th>Participants</th> </tr> </thead> <tbody> <tr> <td>2015-2016 YE</td> <td>8,239</td> </tr> <tr> <td>2016-2017 YE</td> <td>11,771</td> </tr> <tr> <td>2017-2018 YE</td> <td>11,467</td> </tr> <tr> <td>2018-2019 YE</td> <td>17,782</td> </tr> <tr> <td>2019-2020 YE</td> <td>20,005</td> </tr> <tr> <td>Target March 2020</td> <td>13,000</td> </tr> </tbody> </table>			Fiscal Year	Participants	2015-2016 YE	8,239	2016-2017 YE	11,771	2017-2018 YE	11,467	2018-2019 YE	17,782	2019-2020 YE	20,005	Target March 2020	13,000
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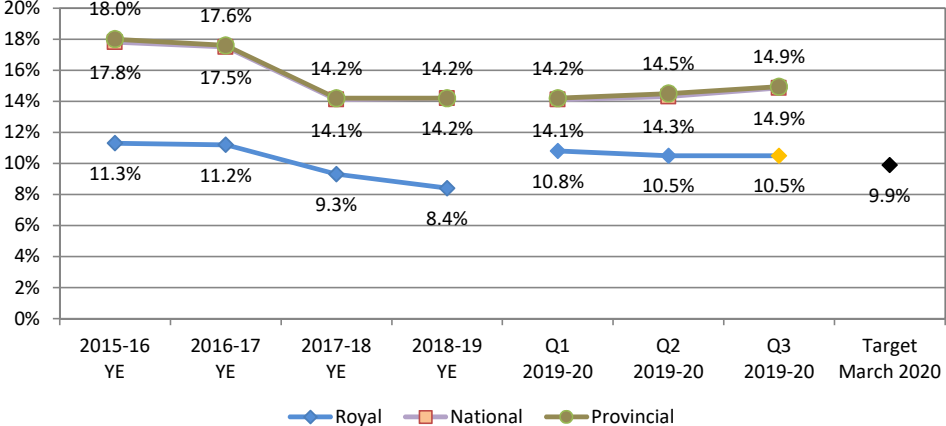
	PARTNERSHIPS - Working Together to Increase Capacity in our Region Objective: Improve Flow Throughout the System																															
Indicator: LOCUS Scores	Executive: R. Bhatla/ S. Gulati/ P. Sedge/ S. Farrell	Data Contact: K. Breen / A. Sweeney- Cadieux	Reporting Frequency: Quarterly	STATUS: 2019-2020 YE																												
SUMMARY		RESULTS																														
<p>Significance: The Level of Care Utilization System (LOCUS) helps match service intensity to client needs, based on their Risk of Harm; Functional Status; Co-Morbidity; Recovery Environment; Treatment/Recovery History; and Engagement. Inpatient services are typically appropriate for persons with a score of 5 or 6.</p> <p>Definition: % inpatients with a LOCUS score at admission of 5 or above.</p> <p>Formula: Number of inpatients with a LOCUS score of 5 or 6/ total number of inpatients assessed x 100.</p> <p>Data Source: Manually collected.</p>		<p>The description of LOCUS levels shows that clients rated at levels 5 and 6 are most appropriate for our intensive inpatient services. The description of LOCUS levels shows that clients rated at levels 5 and 6 are most appropriate for our intensive inpatient services. The 2019-20 YE results show that 91% of inpatients scored 5 or 6 on their LOCUS assessments, which is an increase from previous FY but slightly below the 95% target for this FY.</p> <p>Level 1= Recovery Maintenance Health Maintenance Level 2= Low Intensity Community Based Services Level 3= High Intensity Community Based Services Level 4=Medically Monitored Non-Residential Services Level 5= Medically Monitored Residential Services Level 6= Medically Managed Residential Services</p>																														
Initiatives and Mitigation Strategies		<div style="text-align: center;"> LOCUS Scores 2019-2020 (YE N=368) </div> <table border="1"> <caption>LOCUS Scores Data (Estimated from Chart)</caption> <thead> <tr> <th>Level</th> <th>2017-18 YE</th> <th>2018-19 YE</th> <th>2019-20 YE</th> </tr> </thead> <tbody> <tr> <td>Level 6</td> <td>24%</td> <td>24%</td> <td>26%</td> </tr> <tr> <td>Level 5</td> <td>61%</td> <td>61%</td> <td>65%</td> </tr> <tr> <td>Level 4</td> <td>9%</td> <td>9%</td> <td>6%</td> </tr> <tr> <td>Level 3</td> <td>4%</td> <td>4%</td> <td>3%</td> </tr> <tr> <td>Level 2</td> <td>0%</td> <td>0%</td> <td>0%</td> </tr> <tr> <td>Level 1</td> <td>0%</td> <td>0%</td> <td>0%</td> </tr> </tbody> </table> <p>Target March 2020: 95% scoring 5 or 6 on their LOCUS assessment</p>			Level	2017-18 YE	2018-19 YE	2019-20 YE	Level 6	24%	24%	26%	Level 5	61%	61%	65%	Level 4	9%	9%	6%	Level 3	4%	4%	3%	Level 2	0%	0%	0%	Level 1	0%	0%	0%
Level	2017-18 YE	2018-19 YE	2019-20 YE																													
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Level 2	0%	0%	0%																													
Level 1	0%	0%	0%																													
1. Collect baseline data in order to capture change in score from admission to discharge.																																


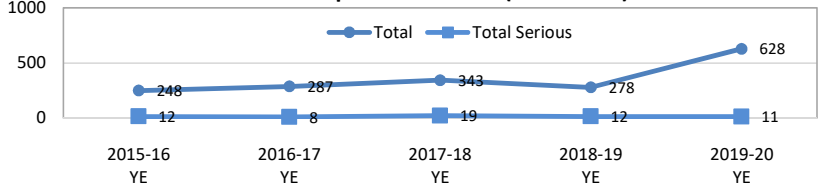
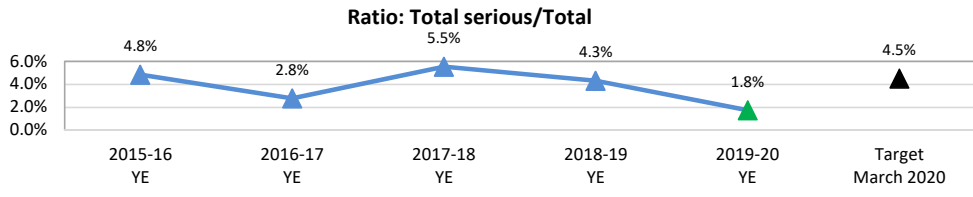
	PARTNERSHIPS - Working Together to Increase Capacity in our Region Objective: Improve Flow Throughout the System																	
	Indicator: Wait Times	Executive: R. Bhatla/ S. Farrell/ E. Millar	Data Contact: H. Hussain	Reporting Frequency: Quarterly	STATUS: 2019-2020 YE													
SUMMARY		RESULTS																
<p>Significance:: Reducing wait times for inpatient and outpatient treatment is essential to ensuring our clients receive the services they need when they need them.</p> <p>Definition: Using an approximation of acute setting definitions - Wait Times Information System (WTIS): Period of time from the date completed referral is received to date patient/client is seen by a clinician (inpatient and outpatient waits reported separately).</p> <p>Formula: Total number of days between date completed referral received and date seen/ total number of patients.</p> <p>Data Source: E.H.R./ program level data.</p>		The wait time for the Mood & Anxiety Outpatient Service is well below target.																
Initiatives and Mitigation Strategies		<div style="text-align: center;"> <p>Wait Time -Mood Outpatient & Anxiety Outpatient Service (days)</p> <table border="1"> <caption>Wait Time -Mood Outpatient & Anxiety Outpatient Service (days)</caption> <thead> <tr> <th>Year</th> <th>Wait Time (days)</th> </tr> </thead> <tbody> <tr> <td>2015-16 YE</td> <td>197</td> </tr> <tr> <td>2016-17 YE</td> <td>251</td> </tr> <tr> <td>2017-18 YE</td> <td>296</td> </tr> <tr> <td>2018-19 YE</td> <td>229</td> </tr> <tr> <td>2019-20 YE</td> <td>44</td> </tr> <tr> <td>Target March 2020</td> <td>90</td> </tr> </tbody> </table> </div>			Year	Wait Time (days)	2015-16 YE	197	2016-17 YE	251	2017-18 YE	296	2018-19 YE	229	2019-20 YE	44	Target March 2020	90
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2019-20 YE	44																	
Target March 2020	90																	
<ol style="list-style-type: none"> Program stakeholders continue to identify a range of contributory actions to the reduced and maintain wait times Program efforts continue to monitor to increase clarity and balance re: criteria for program The strategies implemented over the last two years are now well embedded in the program which will help to maintain a low wait time for this program 																		


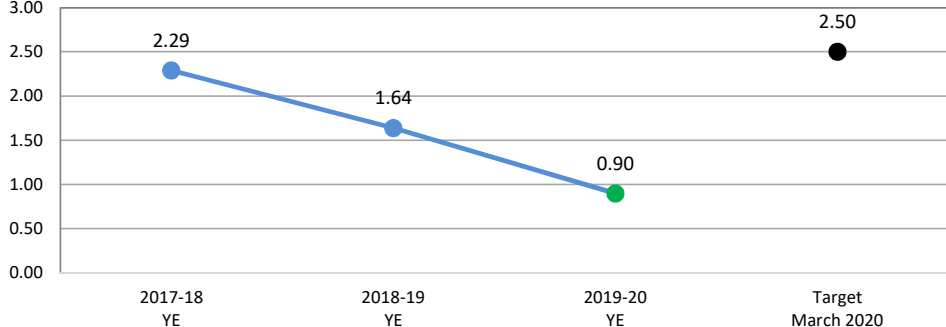
	PARTNERSHIPS - Working Together to Increase Capacity in our Region Objective: Improve Flow Throughout the System			
Indicator: Signed Transition Plans	Executive: R. Bhatla/ S. Farrell/ E. Millar	Data Contact: J. Desrochers / H. Hussain	Reporting Frequency: Semi-Annual (Q1 & YE)	STATUS: 2019-2020 YE
SUMMARY		RESULTS		
<p>Significance: A Transition Plan, which is reviewed and shared with the client and their supports, ensures that we have a consistent and collaborative discharge communication plan with the client, family and community supports.</p> <p>Definition: % of positive responses to the Ontario Perception of Care survey (OPOC) Question 27: "Staff helped me develop a plan when I finished the program/treatment"</p> <p>Formula: # of positive responses/total responses x 100</p> <p>Data Source: Ontario Perception of Care-Mental Health</p>	<p>In 2018-19, we proposed that this indicator be replaced with the Ontario Perception of Care (OPOC) survey Question 27: "Staff helped me develop a plan when I finished the program/treatment", and targets have been established as of 2019-20. The OPOC is administered at the Royal in May and November, annually. Results are shown below for both in and outpatients.</p> <p>The inpatient YE result is below the established target, as well for the outpatient group and its associated target.</p> <p>A re-launch of the Plan of Care document is planned as there continues to be difficulty using the document and the transfer of Care summary generated from this plan requires improvement in formatting. The transition plan supports collaborative discharge planning and may be provided to the client as well as other caregivers thus supporting consistent communication and successful transition.</p>			
Initiatives and Mitigation Strategies				
<p>1. Work with the EHR partnership to address the identified issues in the Transfer of Care document and re-launch the Recovery Plan of Care to address knowledge gaps and support compliance.</p> <p>2. The Royal was an active member of CAMH's CQIC (Continuous Quality Improvement Collaborative) where we worked with community partners who also use the OPOC survey for clients. Stakeholders in the collaborative identified areas in need of improvement and potential collaborative change strategies; discharge planning was one identified area.</p>				





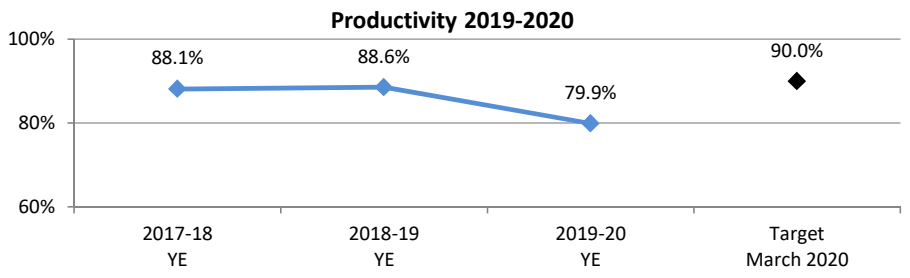
	PARTNERSHIPS - Working Together to Increase Capacity in our Region Objective: Advocate with Partners for System Improvement													
	Indicator: ALC Rate	Executive: R. Bhatla/ S. Farrell/ E. Millar	Data Contact: K. Kealey	Reporting Frequency: Quarterly	STATUS: 2019-2020 YE									
SUMMARY		RESULTS												
<p>Significance: The majority of ALC patients are not able to leave the hospital until a suitable community placement is available. In addition to improving patient outcomes, pursuing and initiating partnerships with housing and other service providers is critical to improving system flow.</p> <p>Definition: When patients occupy hospital beds but do not require inpatient services, they are designated as Alternate Level of Care.</p> <p>Formula: # of Alternate Level of Care days during period/ # Mental Health patient days in period x 100.</p> <p>Data Source: Finance</p>		<p>The table below displays the data provided by the Directors of Flow and Finance, in order to calculate an accurate percentage for our facility. This is due to inconsistencies in previous data provided by Cancer Care Ontario.</p> <p>The issue of ALC days is an ongoing province wide issue linked directly to capacity within the community to provide appropriate care for those who have finished their acute phase of care: this is further exacerbated with the current pandemic as Long Term Care Homes in our region are not currently accepting patients. In addition, the current state of the Long Term Care system and its capacity issue continues. The Royal awaits Ontario's Ministry of Long Term Care's Independent Commission review of Long Term Care beginning in Fall of 2020; the scope of this review is in development with stakeholders. This is a metric that cannot be moved without systemic change from the government.</p>												
Initiatives and Mitigation Strategies		 <p>ALC Rate 2019-2020</p> <table border="1"> <thead> <tr> <th>Year</th> <th>ALC Rate (%)</th> </tr> </thead> <tbody> <tr> <td>2017-18 YE</td> <td>4.4%</td> </tr> <tr> <td>2018-19 YE</td> <td>4.3%</td> </tr> <tr> <td>2019-20 YE</td> <td>8.5%</td> </tr> <tr> <td>Target March 2020</td> <td>7.0%</td> </tr> </tbody> </table>			Year	ALC Rate (%)	2017-18 YE	4.4%	2018-19 YE	4.3%	2019-20 YE	8.5%	Target March 2020	7.0%
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2019-20 YE	8.5%													
Target March 2020	7.0%													
<ol style="list-style-type: none"> 1. Prioritization of ALC related activities: harmonizing clinical, technical and data/reporting related efforts. 2. Focus on data quality: role clarity, additional monitoring mechanisms and review of clinical definitions/processes. 3. Establishing a clinical structure to support escalated discharge review for long stay ALC clients. 														


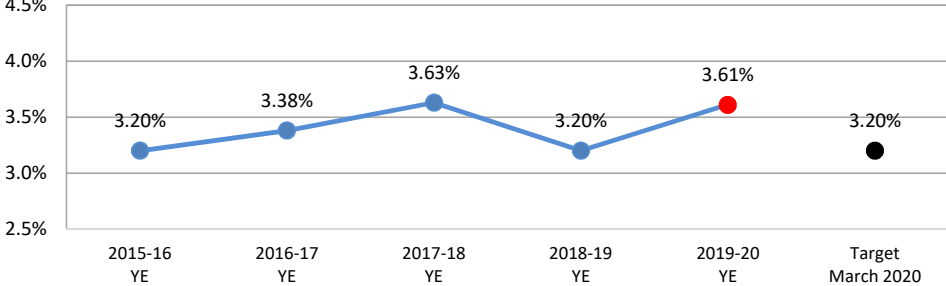
	PARTNERSHIPS - Working Together to Increase Capacity in our Region Objective: Advocate with Partners for System Improvement																																							
Indicator: 30 Day Readmissions	Executive: R. Bhatla/ S. Farrell/ E. Millar	Data Contact: M. Cardinal / M. Webb	Reporting Frequency: Quarterly	STATUS: 2019-2020 Q3																																				
SUMMARY		RESULTS																																						
<p>Significance: High readmission rates may mean that patients were discharged too early, or that necessary supports for clients to remain in the community were not available (e.g., housing, significant others, services, etc.).</p> <p>Definition: Percentage of patients readmitted to any facility for mental health treatment within 30 days of a previous discharge. NOTE excludes same day admissions and discharges.</p> <p>Formula: Calculated by CIHI.</p> <p>Data Source: CIHI</p>		Our results are behind by one quarter due to the CIHI reporting schedule. This indicator is also tracked by the 2019-20 Quality Improvement Plan.																																						
Initiatives and Mitigation Strategies		<div style="text-align: center;"> Readmission Rate 2018-2019 </div>  <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Readmission Rate 2018-2019 Data</caption> <thead> <tr> <th>Year/Quarter</th> <th>Royal (%)</th> <th>National (%)</th> <th>Provincial (%)</th> </tr> </thead> <tbody> <tr> <td>2015-16 YE</td> <td>11.3%</td> <td>17.8%</td> <td>18.0%</td> </tr> <tr> <td>2016-17 YE</td> <td>11.2%</td> <td>17.5%</td> <td>17.6%</td> </tr> <tr> <td>2017-18 YE</td> <td>9.3%</td> <td>14.1%</td> <td>14.2%</td> </tr> <tr> <td>2018-19 YE</td> <td>8.4%</td> <td>14.2%</td> <td>14.2%</td> </tr> <tr> <td>Q1 2019-20</td> <td>10.8%</td> <td>14.1%</td> <td>14.2%</td> </tr> <tr> <td>Q2 2019-20</td> <td>10.5%</td> <td>14.3%</td> <td>14.5%</td> </tr> <tr> <td>Q3 2019-20</td> <td>10.5%</td> <td>14.9%</td> <td>14.9%</td> </tr> <tr> <td>Target March 2020</td> <td>9.9%</td> <td>-</td> <td>-</td> </tr> </tbody> </table>			Year/Quarter	Royal (%)	National (%)	Provincial (%)	2015-16 YE	11.3%	17.8%	18.0%	2016-17 YE	11.2%	17.5%	17.6%	2017-18 YE	9.3%	14.1%	14.2%	2018-19 YE	8.4%	14.2%	14.2%	Q1 2019-20	10.8%	14.1%	14.2%	Q2 2019-20	10.5%	14.3%	14.5%	Q3 2019-20	10.5%	14.9%	14.9%	Target March 2020	9.9%	-	-
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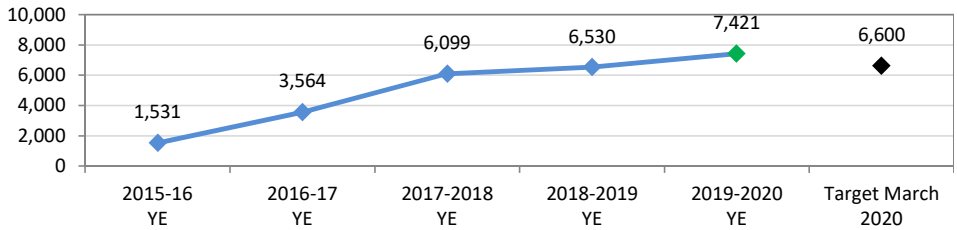
	ENGAGEMENT - Fostering a Culture of Collaboration Objective: Ensure a Safe & Positive Work Environment			
Indicator: Workplace Incidents	Executive: C. Crocker	Data Contact: N. Addo / D. Klym	Reporting Frequency: Quarterly	STATUS: 2019-2020 YE
SUMMARY		RESULTS		
<p>Significance: Staff working in mental health facilities require specialized training and programs to be in place to ensure their safety and to minimize workplace incidents.</p> <p>Definition: All workplace incidents reported by staff and all serious incidents (incidents resulting in lost time).</p> <p>Formula: Total # of serious incidents and total # workplace incidents reported in the period.</p> <p>Data Source: Employee Incident Reporting System (EIRS).</p>	<p>It is important for our staff to report all incidents, including minor events and near misses, which provide opportunities for learning and for improving safety. Integration of the patient and staff safety reporting systems (CSIF), which allows the capture of more incidents, commenced in April, 2019.</p> <p>An expected increase in the total incidents was observed for 2019-20. The FYE ratio of 1.8% (i.e., number of serious incidents relative to the overall number of incidents) is well below the established target of <4.5%.</p> <p>NOTE: This indicator reflects the number of claims submitted and not the number of claims subsequently approved by the WSIB. We are reviewing whether or not this is a valid reportable indicator as it is not something we can compare to our peers and our rate changes significantly based on the WSIB approval process. In addition, our culture of non-blame encourages the reporting of "near misses" as valuable learning opportunities and hence, our number of total incidents is expected to rise over time.</p>			
Initiatives and Mitigation Strategies				
<ol style="list-style-type: none"> 1. Violence in the Workplace Committee project to encourage reporting, thus will see total reports increased (incidents and near misses). 2. Use of risk assessment tool to identify root cause of accident and recommendations for changes. 3. Increased safety training for staff in high risk areas when incidents are occurring. 4. Benchmarking with peer hospital for implementation of leading practices. 5. Implementation of Ministry of Labour voluntary OHS Management System to ensure compliance with all regulatory and legal requirements. 	<div style="text-align: center;"> <p>Workplace Incidents (2019-2020)</p>  <p>Ratio: Total serious/Total</p>  </div>			


	ENGAGEMENT - Fostering a Culture of Collaboration Objective: Ensure a Safe & Positive Work Environment													
	Indicator: Lost Time Frequency Index	Executive: C. Crocker	Data Contact: N. Addo/K. Kealey	Reporting Frequency: Quarterly	STATUS: 2019-2020 YE									
SUMMARY		RESULTS												
<p>Significance: Hospitals have a number of quality and safety programs in place to enhance the health and safety of staff, patients and community. Workplace Safety and Insurance Board (WSIB) claims provide an indication of how safe/positive The Royal's working environment is for staff.</p> <p>Definition: Tracks the number of non-approved WSIB claims resulting from injuries/health issues that occur on, or as a result of, the job.</p> <p>Formula: # of Workplace Safety & Insurance Board (WSIB) lost time claims started in the reporting period, divided by total earned hours x expected hours for 100 FTE's annually (1950 x 100). NOTE:as of March, 2018, the target is based on this new calculation.</p> <p>Data Source: Occupational Health and Finance. Reporting is adjusted retroactively based on the number of actual approved claims</p>		<p>The Lost Time Frequency Index (LTFI) is reported on the Mental Health and Addictions Quality Initiative (MHAQI) Scorecard as well as the Royal's Performance Scorecard.</p> <p>NOTE: Because the new process includes all claims, not only those approved, the four peer hospitals are reporting higher percentages.</p>												
Initiatives and Mitigation Strategies		<div style="text-align: center;"> Lost Time Injury Frequency 2019-2020  <table border="1"> <caption>Lost Time Injury Frequency Data</caption> <thead> <tr> <th>Year</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>2017-18 YE</td> <td>2.29</td> </tr> <tr> <td>2018-19 YE</td> <td>1.64</td> </tr> <tr> <td>2019-20 YE</td> <td>0.90</td> </tr> <tr> <td>Target March 2020</td> <td>2.50</td> </tr> </tbody> </table> </div>			Year	Frequency	2017-18 YE	2.29	2018-19 YE	1.64	2019-20 YE	0.90	Target March 2020	2.50
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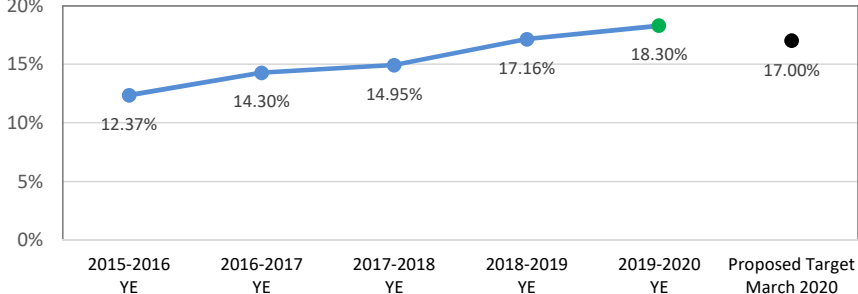
	ENGAGEMENT - Fostering a Culture of Collaboration Objective: Enhance Staff Recognition																																								
	Indicator: Performance Appraisals	Executive: C. Crocker/ R. Bhatla	Data Contact: R. Lashley/ D. Munroe	Reporting Frequency: Annual		STATUS: 2019-2020																																			
SUMMARY			RESULTS																																						
<p>Significance: Staff repeatedly tell us, through the employee and physician surveys, that they appreciate a performance appraisal. The appraisal is used to track performance, develop education plans and provide information for succession planning.</p> <p>Definition: % of eligible Management employees, % of eligible Union & Non-union, and % of Physicians that have had their performance appraisal within the scheduled period.</p> <p>Formula: Total completed Management, total completed Union & Non-union, and total completed Physician performance appraisals/ total eligible in each category x 100</p> <p>Data Source: PALMS</p>			<p>2019/2020 Performance Review completion date for Management and Union employees has been extended to October 31st 2020 due to the COVID-19 pandemic, and hence, the YE results are not presented. There is no data for Non-union performance reviews as they are now completed on alternating years, with the next review period being 2020/2021.</p> <p>As for Physicians, it is mandatory for each physician to complete the performance appraisal as it is a requirement for reappointment.</p>																																						
Initiatives and Mitigation Strategies			<table border="1"> <thead> <tr> <th colspan="7">Performance Appraisal 2019-2020</th> </tr> <tr> <th>Staff Group</th> <th>2015-2016 YE</th> <th>2016-2017 YE</th> <th>2017-2018 YE</th> <th>2018-2019 YE</th> <th>2019-2020 YE</th> <th>Target March 2020</th> </tr> </thead> <tbody> <tr> <td>Management (Annual)</td> <td>100%</td> <td>98%</td> <td>90%</td> <td>78%</td> <td>Not available</td> <td>95%</td> </tr> <tr> <td>Union (Annual) / Non-union (Bi-annual)</td> <td>54%</td> <td>71%</td> <td>Union: 57.9% Non-Union: 68.3%</td> <td>Union: 71% Non-Union: 86%</td> <td>Union: Not available Non-Union: Not applicable</td> <td>75%</td> </tr> <tr> <td>Physicians (Annual)</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>				Performance Appraisal 2019-2020							Staff Group	2015-2016 YE	2016-2017 YE	2017-2018 YE	2018-2019 YE	2019-2020 YE	Target March 2020	Management (Annual)	100%	98%	90%	78%	Not available	95%	Union (Annual) / Non-union (Bi-annual)	54%	71%	Union: 57.9% Non-Union: 68.3%	Union: 71% Non-Union: 86%	Union: Not available Non-Union: Not applicable	75%	Physicians (Annual)	100%	100%	100%	100%	100%	100%
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<p>1. Monitor performance review process and follow up with VP's/Directors, where necessary.</p> <p>2. Managers and directors continue to do performance review with staff, and appraisals will be submitted as per extended deadline.</p>																																									


	RESOURCES - Effective Use of Resources to Support Quality Care Objective: Support Best Practices in Sustainability & Efficiency													
	Indicator: Productivity	Executive: C. Crocker/ S. Farrell/ E. Millar	Data Contact: K. Kealey	Reporting Frequency: Quarterly	STATUS: 2019-2020 YE									
SUMMARY		RESULTS												
<p>Significance: Improving our productivity means that each of us is making a full and positive contribution and those under-staffed areas can be properly resourced within our means. Workload measurement is also a requirement of the Ministry of Health and Long-term Care that may impact our funding in the future as part of the Ministry's initiative towards patient-based funding.</p> <p>Definition: % of clinical worked hours spent providing service to the organization as either direct patient care or non patient care.</p> <p>Formula: # workload hours reported by unit producing diagnostic and therapeutic personnel / total actual worked hours x 100.</p> <p>Data Source: Workload Measurement System.</p>		<p>The organization uses Emerald Workload System to track specific clinical employee hours.</p> <p>Productivity for 2019-20 FYE is lower than the two previous fiscal years and below established target. This is attributed to system issues experienced in the later quarters of 2019-20; particularly related to the patient information transfer from the new Meditech to the Emerald Workload System, allowing clinicians to record their workload against specific patients. The result for FYE 2019-20 is therefore not assessed against target. The issue was resolved at the end of the fiscal year, and going forward, data quality is expected to stabilize.</p>												
Initiatives and Mitigation Strategies		 <table border="1"> <caption>Productivity 2019-2020</caption> <thead> <tr> <th>Year</th> <th>Productivity (%)</th> </tr> </thead> <tbody> <tr> <td>2017-18 YE</td> <td>88.1%</td> </tr> <tr> <td>2018-19 YE</td> <td>88.6%</td> </tr> <tr> <td>2019-20 YE</td> <td>79.9%</td> </tr> <tr> <td>Target March 2020</td> <td>90.0%</td> </tr> </tbody> </table>			Year	Productivity (%)	2017-18 YE	88.1%	2018-19 YE	88.6%	2019-20 YE	79.9%	Target March 2020	90.0%
Year	Productivity (%)													
2017-18 YE	88.1%													
2018-19 YE	88.6%													
2019-20 YE	79.9%													
Target March 2020	90.0%													
<p>1. Ensure reports are produced on a monthly basis and reviewed by Program and Professional Practice Leadership.</p> <p>2. Data & Analytics group to provide additional support and tools to support leadership and stakeholders.</p>														

	RESOURCES - Effective Use of Resources to Support Quality Care Objective: Support Best Practices in Sustainability & Efficiency																	
	Indicator: Absenteeism	Executive: C. Crocker	Data Contact: K. Kealey	Reporting Frequency: Quarterly	STATUS: 2019-2020 YE													
SUMMARY		RESULTS																
<p>Significance: The health and well-being of every staff member is critical to the quality and continuity of care for our patients and for maintaining a positive work environment.</p> <p>Definition: # of hours employees are off due to illness (entitled to paid sick leave)/total paid hours.</p> <p>Formula: Total paid sick hours/total paid hours x 100.</p> <p>Data Source: Finance.</p>		<p>Absenteeism data is collected and reported to Leadership on a monthly basis. It is also reported on the Peer Report Card. Our results are consistent with Provincial averages, below our peers (Waypoint and Ontario Shores) and above CAMH.</p>																
Initiatives and Mitigation Strategies		% Absenteeism (2019-2020)																
<p>1. Develop and implement a Chronic Illness Absenteeism process in late Q2/early Q3.</p> <p>2. Attendance Support Program in place.</p>		 <table border="1" style="margin-top: 10px;"> <caption>% Absenteeism Data</caption> <thead> <tr> <th>Year</th> <th>% Absenteeism</th> </tr> </thead> <tbody> <tr> <td>2015-16 YE</td> <td>3.20%</td> </tr> <tr> <td>2016-17 YE</td> <td>3.38%</td> </tr> <tr> <td>2017-18 YE</td> <td>3.63%</td> </tr> <tr> <td>2018-19 YE</td> <td>3.20%</td> </tr> <tr> <td>2019-20 YE</td> <td>3.61%</td> </tr> <tr> <td>Target March 2020</td> <td>3.20%</td> </tr> </tbody> </table>			Year	% Absenteeism	2015-16 YE	3.20%	2016-17 YE	3.38%	2017-18 YE	3.63%	2018-19 YE	3.20%	2019-20 YE	3.61%	Target March 2020	3.20%
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Target March 2020	3.20%																	

	RESOURCES - Effective Use of Resources to Support Quality Care Objective: Leverage Technology for Best Outcomes																	
	Indicator: Telemedicine Consultation/Treatment	Executive: S. Farrell/ R. Bhatla	Data Contact: S. Joynt	Reporting Frequency: Semi-Annual (Q2 & YE)	STATUS: 2019-2020 YE													
SUMMARY		RESULTS																
<p>Significance: With the advent of telemedicine, clinicians at the Royal are able to significantly increase the number clients and service providers seen on a face-to-face basis throughout our region.</p> <p>Definition: Total number of encounters completed via telemedicine</p> <p>Formula: Total number</p> <p>Data Source: Ontario Telemedicine Network (OTN)</p>		<p>At 2019-20 YE, the program has facilitated a total of 7,421 patient consultations via OTN. This is an increase of 14% from previous FY, and surpasses the established target of 6,600 consultations for this FY. Positive areas of growth are due to an added partner in Algonquin College (with 4 additional regional clinics per month), and also due to the COVID 19 Pandemic (with 59 new PCVC users within the first 5 weeks starting March 12th 2020). As already observed for April, we expect to see numbers continue to increase over the next several months.</p>																
Initiatives and Mitigation Strategies		<p style="text-align: center;">Telemedicine Consultations 2019-2020</p>  <table border="1"> <caption>Telemedicine Consultations 2019-2020</caption> <thead> <tr> <th>Year</th> <th>Consultations</th> </tr> </thead> <tbody> <tr> <td>2015-16 YE</td> <td>1,531</td> </tr> <tr> <td>2016-17 YE</td> <td>3,564</td> </tr> <tr> <td>2017-2018 YE</td> <td>6,099</td> </tr> <tr> <td>2018-2019 YE</td> <td>6,530</td> </tr> <tr> <td>2019-2020 YE</td> <td>7,421</td> </tr> <tr> <td>Target March 2020</td> <td>6,600</td> </tr> </tbody> </table>			Year	Consultations	2015-16 YE	1,531	2016-17 YE	3,564	2017-2018 YE	6,099	2018-2019 YE	6,530	2019-2020 YE	7,421	Target March 2020	6,600
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Target March 2020	6,600																	
1. Continued engagement of all Royal clinical programs. 2. Increased focus on range of new partnerships.																		

	RESOURCES - Effective Use of Resources to Support Quality Care Objective: Leverage Technology for Best Outcomes																																	
	Indicator: New Electronic Applications	Executive: C. Crocker	Data Contact: A. Middlebro/ T. Hedley	Reporting Frequency: Semi-Annual (Q2 & YE)	STATUS: 2019-2020 YE																													
SUMMARY		RESULTS																																
<p>Significance: Providing clinical decision makers with timely access to information that would help inform clinical and program-based decisions will improve both efficiency and the quality of care decisions. It is also imperative that we keep pace with the Province and our hospital peers.</p> <p>Definition: The intent of this indicator is to track the extent to which the Electronic Patient Record has been implemented.</p> <p>Formula:</p> <p>Data Source:</p>		<p>Mental Health – Health Information System (MH-HIS) Cluster and Partnership is in place with Ontario Shores and Waypoint. This system went live in June, 2019. The implementation demonstrated the value of the Mental Health - Health Information System (MH-HIS) Cluster partnership allowing The Royal to leverage its partners' experience and resourcing to ensure a safe and successful system go live.</p> <p>At FYE, all milestone target completion dates have been met. In terms of the final milestones relating to Q4, the "Implementation of the EHR in Outpatient/Ambulatory Care" areas was fully completed with the go live in November 2019 of the Community Mental Health Program based at Carlingwood and Brockville OGB. While the "Web Ambulatory Implementation Plan" was completed by Q4 2019/20, and includes going live with new, improved EHR web ambulatory functionality for our outpatient clinicians and patients in October 2021 (the actual project is Q4 2020/21 to Q3 2021/22 as planned).</p>																																
Initiatives and Mitigation Strategies		<table border="1"> <thead> <tr> <th>Milestone</th> <th>Completion Date</th> <th>STATUS</th> </tr> </thead> <tbody> <tr> <td>Meditech 5.67 Upgrade</td> <td>May, 2018</td> <td>Target Met</td> </tr> <tr> <td>Health Information System (HIS) Standardization</td> <td>September, 2018</td> <td>Target Met</td> </tr> <tr> <td>Finalize Workflow Process</td> <td>November, 2018</td> <td>Target Met</td> </tr> <tr> <td>Meditech 6.15 Test Build and Integration Testing</td> <td>March, 2019</td> <td>Target Met</td> </tr> <tr> <td>Automated Disensing Units (AUD) Upgrade</td> <td>March, 2019</td> <td>Target Met</td> </tr> <tr> <td>Complete Staff Training</td> <td>June, 2019</td> <td>Target Met</td> </tr> <tr> <td>Go Live</td> <td>June, 2019</td> <td>Target Met</td> </tr> <tr> <td>Implementation of EHR in Outpatient/Ambulatory Care</td> <td>Q3-Q4 2019-2020</td> <td>Target Met</td> </tr> <tr> <td>Web Ambulatory Implementation Plan</td> <td>Q4 2019-2020</td> <td>Target Met</td> </tr> </tbody> </table>			Milestone	Completion Date	STATUS	Meditech 5.67 Upgrade	May, 2018	Target Met	Health Information System (HIS) Standardization	September, 2018	Target Met	Finalize Workflow Process	November, 2018	Target Met	Meditech 6.15 Test Build and Integration Testing	March, 2019	Target Met	Automated Disensing Units (AUD) Upgrade	March, 2019	Target Met	Complete Staff Training	June, 2019	Target Met	Go Live	June, 2019	Target Met	Implementation of EHR in Outpatient/Ambulatory Care	Q3-Q4 2019-2020	Target Met	Web Ambulatory Implementation Plan	Q4 2019-2020	Target Met
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<ol style="list-style-type: none"> HIS Partnership initiative well underway and in progress Meditech 5.67 Implementation, completed May 2018 Live with Connecting Ontario, completed January 2018 Automated Dispensing Unit replacement now live Meditech EHR Advanced Clinical Modules (partnership with Ontario Shores and Waypoint) went live as scheduled in June, 2019 																																		

	RESOURCES - Effective Use of Resources to Support Quality Care Objective: Create New Funding Opportunities																	
Indicator: Non MoHLTC Revenue	Executive: C. Crocker/ E. Millar	Data Contact: K. Kealey	Reporting Frequency: Semi-Annual (Q2 & YE)	STATUS: 2019-2020 YE														
SUMMARY		RESULTS																
<p>Significance: Creating and pursuing new funding opportunities will contribute to ensuring the financial sustainability of The Royal.</p> <p>Definition: Revenue from all Non MoHLTC sources</p> <p>Formula: Total ROHCG Revenue/ Total revenue received from the MoHLTC</p> <p>Data Source: Finance</p>		<p>The increase in Non MOHLTC revenue in 2019-20 related to Nunavut contract, Veteran's Affairs (OSI) increases and IASP funding. Additionally, there was one time revenue of \$1.8m related to gain on sale of investments when we changed investments managers from TD to CIBC.</p>																
Initiatives and Mitigation Strategies		<div style="text-align: center;"> <p>Percentage of Non-MoHLTC Revenue (2019-2020)</p>  <table border="1"> <caption>Percentage of Non-MoHLTC Revenue (2019-2020)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015-2016 YE</td> <td>12.37%</td> </tr> <tr> <td>2016-2017 YE</td> <td>14.30%</td> </tr> <tr> <td>2017-2018 YE</td> <td>14.95%</td> </tr> <tr> <td>2018-2019 YE</td> <td>17.16%</td> </tr> <tr> <td>2019-2020 YE</td> <td>18.30%</td> </tr> <tr> <td>Proposed Target March 2020</td> <td>17.00%</td> </tr> </tbody> </table> </div>			Year	Percentage	2015-2016 YE	12.37%	2016-2017 YE	14.30%	2017-2018 YE	14.95%	2018-2019 YE	17.16%	2019-2020 YE	18.30%	Proposed Target March 2020	17.00%
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Proposed Target March 2020	17.00%																	
<ol style="list-style-type: none"> Final decision on CSC Contract. Five year contract in place. Successful in maintaining Nunavut contract - re: recent RFP process. 																		

	RESOURCES - Effective Use of Resources to Support Quality Care Objective: Create New Funding Opportunities			
	Indicator: Philanthropic Funds	Executive: M. Bellman	Data Contact: M. Bellman	Reporting Frequency: Semi-Annual (Q2 & YE)
SUMMARY		RESULTS		
<p>Significance:</p> <p>Definition: The Foundation’s funds are used to purchase Hospital equipment for capital projects, to support research, and to contribute to the improvement of patient care.</p> <p>Formula: Value of gifts pledged</p> <p>Data Source: The Royal Ottawa Foundation for Mental Health</p>		<p>The Foundation ran an emergency appeal to support the C-Prompt clinic that exceeded the goal of \$500,000. The success of the emergency appeal bodes well for the permanent Prompt Clinic that is the central component of the campaign case.</p> <p>The impact of the pandemic on charitable giving and the ability of the Foundation to general revenue is not yet known. It is clear that our regular annual fundraising will be impacted as long as social distancing is maintained. The Foundation is working on transforming some of its programs to virtual platforms.</p> <p>The quiet phase of the capital campaign continues including preparing a formal Case for Giving document, soliciting major gifts from donors likely not impacted by the economic downturn and recruiting potential campaign cabinet members.</p>		
Initiatives and Mitigation Strategies				

RESOURCES - APPENDIX - HSAA Indicators (quarterly reported)

Hospital Service Accountability Agreement (HSAA)

Total Margin

The % by which total revenues exceed or fall short of total expenses, excluding the impact of facility amortization, in a given year

Comment:

2016-2017 YE	2017-2018 YE	2018-2019 YE	2019-2020 Q1	2019-2020 Q2	2019-2020 Q3	2019-2020 YE	Proposed Target
0.56%	1.05%	0.93%	0.69%	0.82%	0.76%	1.35%	0.48%

Current Ratio

The number of times the ROHCG's short-term obligations can be paid using short term assets.

2016-2017 YE	2017-2018 YE	2018-2019 YE	2019-2020 Q1	2019-2020 Q2	2019-2020 Q3	2019-2020 YE	Proposed Target
0.95:1	.96:1	.91:1	.93:1	.93:1	.92:1	.85:1	.87:1

Inpatient Days

Days during which services are provided to an inpatient in a globally funded bed between the census taking hours on successive days. Day of admission is counted as an inpatient day, but day of separation is not an inpatient day. When service recipient is separated (discharged or die) on the same day, one inpatient day is counted.

2016-2017 YE	2017-2018 YE	2018-2019 YE	2019-2020 Q1	2019-2020 Q2	2019-2020 Q3	2019-2020 YE	Proposed Target
92,714	92,819	91,515	23,406	20,743	20,744	84,459	88,628

Ambulatory Care Visits

The number of times face-face or by videoconference services are provided to individuals by ROHCG's employees in a globally funded outpatient or community care cost center.

Comment:

2016-2017 YE	2017-2018 YE	2018-2019 YE	2019-2020 Q1	2019-2020 Q2	2019-2020 Q3	2019-2020 YE	Proposed Target
62,870	66,112	62,512	*	32,639	11,899	62,808	66,685

RESOURCES - APPENDIX - M-SAA Indicators

Multi-Sector Service Accountability Agreement (M-SAA)

Visits

The number of occasions that services are provided face to face, via videoconferencing or telephone to individuals. This includes service to the service recipient and/or significant other(s) on behalf of the service recipient. The interaction must be documented in the client file. This excludes face-to face interactions with service recipients not uniquely identified

Comment:

2016-2017 YE	2017-2018 YE	2018-2019 YE	2019-2020 Q1	2019-2020 Q2	2019-2020 Q3	2019-2020 YE	Proposed Target
45,409	39,702	42,763	*	21,423	10,517	44,081	35,038

Not Uniquely Identified Service Recipient Interactions

Number of face to face interactions when client anonymity is desired or unknown

Comment:

2016-2017 YE	2017-2018 YE	2018-2019 YE	2019-2020 Q1	2019-2020 Q2	2019-2020 Q3	2019-2020 YE	Proposed Target
11,729	10,516	10,358	*	4,354	2,464	8,384	6,250

Resident Days

The number of calendar-days a community mental health and addictions residential care client is served. The day of admission is counted and the day of separation or discharge is not counted. When the client is admitted and separated on the same day, one service recipient day is counted.

Comment:

2016-2017 YE	2017-2018 YE	2018-2019 YE	2019-2020 Q1	2019-2020 Q2	2019-2020 Q3	2019-2020 YE	Proposed Target
3,197	3,135	2,988	878	632	724	2,922	3,135

Individual Served

A year-to-date count of the number of unique individuals served in a reporting period, identified by a unique identifier (e.g. OHIP number), that received services in a functional centre. An individual is counted only once per fiscal year for each functional centre where they received service. The same individual may be counted in more than one functional centre if they are receiving services from more than one functional centre.

Comment:

2016-2017 YE	2017-2018 YE	2018-2019 YE	2019-2020 Q1	2019-2020 Q2	2019-2020 Q3	2019-2020 YE	Proposed Target
3,975	4,076	4,770	*	3,198	671	5,777	3,599

Group Sessions

The number of formal group sessions held of material length and planned and delivered by one or more service providers/staff to two or more service recipients at the same time. A group may consist of non-registered individuals and/or registered clients (e.g. includes information sessions with clients and/or their family members).

Comment:

2016-2017 YE	2017-2018 YE	2018-2019 YE	2019-2020 Q1	2019-2020 Q2	2019-2020 Q3	2019-2020 YE	Proposed Target
845	1,121	1,298	*	595	304	1,116	705

Group Participants

The number of individuals receiving services in a group.

Comment: New reporting template structure from the LHIN for all functional centres, target only for Consumer Initiatives (PLEO)

2016-2017 YE	2017-2018 YE	2018-2019 YE	2019-2020 Q1	2019-2020 Q2	2019-2020 Q3	2019-2020 YE	Proposed Target
7,035	5,646	5,575	*	2,495	1,372	5,004	3,100

Mental Health Sessions

The number of full sessions provided using psychiatric sessional fees. A full session is the intention to pay for services provided during a time period of three hours

2016-2017 YE	2017-2018 YE	2018-2019 YE	2019-2020 Q1	2019-2020 Q2	2018-2019 Q3	2019-2020 YE	Proposed Target
871	617	862	*	359	230	794	1,060

*Not reported for Q1 as per LHIN process

ROHCG Board of Trustees Quality Committee

Executive Summary Q3 2019-2020 Mental Health and Addictions Quality Initiative

DATE: May 13th, 2020

In 2010, four specialty Ontario provincial psychiatric hospitals (CAMH, The Royal, Waypoint Centre and Ontario Shores also known as The Mental Health Partners) embarked on a mental health and addictions quality initiative (MHAQI) to standardize the collection and reporting of quality-related performance indicators. In addition to the ongoing advocacy and system transformation work of The Mental Health Partners, the MHAQI supports a separate membership group of hospitals, including facilities in Quebec, Newfoundland, New Brunswick and Manitoba that compare results on a quarterly basis and engage in quality improvement discussions and activities.

Peer Report

It should be noted that, the MHAQI Peer Ranked Report is behind by one reporting period due to the timing of results released by the Ontario Mental Health Reporting System – Canadian Institute for Health Information (OMHRS-CIHI). The Report compares results among The Mental Health Partners, and provides National and Provincial benchmarks for a subset of indicators. The full Scorecard is published on each of The Mental Health Partners' external websites and, according to CIHI, represents the only public reporting of institutional-level comparative mental health indicators in Canada, if not further afield. Rank ordering of the Q3 2019-2020 results appears on this version of the report for your consideration but does not appear on our website.

Report Highlights – Q3 2019-2020

A table is presented with peer rankings as well as the provincial and national results. Of note, The Royal is in a stabilization phase post conversion of the main RAI-MH tool (BCare to Meditech). Implementation of additional methods and quality practices is planned to further support capture of key information related to this assessment.

Q3 2019-2020 results show The Royal has performed well, ranking first or second among its Peers on 80% of the indicators (i.e., 12 out of 15):

- In terms of client complexity domain, we are admitting 20% less patients with more than one reason for admission, as compared to CAMH and Ontario Shores; however, the percentage of patients with more than one psychiatric diagnosis ranks highest among all 3 Peers.
- For client outcomes, The Royal ranks 2nd across our Peers, though lower than the provincial and national results for improved clinical status at discharge, as demonstrated by the Self Care Index and Overall Change in Care Needs indicators.
- Within the client safety domain, The Royal has consistently ranked first amongst our Peers for Non-use of Acute Control Interventions. As for medication incidents, The Royal no longer far exceeds its Peers: Waypoint observes the highest rate for Q3.

- Client access is measured via the percentage of ALC days reported, for which The Royal observes the smallest rate.
- Staff safety performance indicator results show The Royal is in 2nd rank among its Peers.

Melissa Webb,
Director, Data and Analytics

MHAQI (Q3 2019-2020) PEER RANKING	1	2	3	4	PROV	N'TL
% of clients admitted with more than one reason for admission	OS 96.6%	CAMH 91.8%	ROYAL 73.4%	WYPT 64.6%	68.2%	68.1%
% of clients with more than one psychiatric diagnosis at discharge	ROYAL 60.1%	WYPT 57.9%	CAMH 57.3%	OS 54.3%	43.3%	43.3%
% of clients with more than one medical diagnosis at discharge	OS 57.9%	ROYAL 47.2%	CAMH 31.0%	WYPT 27.3%	15.5%	15.4%
% of clients with an improvement in the self care index score from admission to discharge	CAMH 59.4%	ROYAL 46.9%	WYPT 34.8%	OS 28.3%	58.9%	58.5%
% of clients reporting improvement or marked improvement at discharge (overall change in care needs)	CAMH 87.7%	ROYAL 77.2%	OS 71.2%	WYPT 66.4%	81.3%	80.5%
% of clients re-admitted to any facility within 30 days of discharge (reported one quarter behind)	OS 9.5%	ROYAL 10.5%	WYPT 15.0%	CAMH 16.6%	14.9%	14.9%
% Positive responses to client Inpatient survey question relating to overall rating of care	Annual Reporting					
% Positive responses to client Outpatient survey question relating to overall rating of care	Annual Reporting					
% Prevalence of acute control medication use reported in last 3 days	WYPT 3.3%	ROYAL 3.9%	OS 16.7%	CAMH 27.7%	16.2%	16.1%
% Prevalence of physical/manual, or mechanical restraint use in last 3 days	ROYAL 2.8%	WYPT 3.9%	CAMH 7.9%	OS smcell	6.1%	6.0%
% Prevalence of non-use of control interventions in last 3 days	ROYAL 93.8%	WYPT 82.3%	OS 81.3%	CAMH 68.8%	78.4%	78.5%
% of Unauthorized Leaves of Absences in the period	WYPT 0.0%	OS 0.1%	ROYAL 0.2%	CAMH 0.7%	NA	NA
All Medication Incidents per 1000 patient days reported during the period.	OS 1.30	CAMH 3.76	ROYAL 6.70	WYPT 12.40	NA	NA
% of In-patient Medication Reconciliations completed on Admission during the period.	ROYAL 100%	OS 100%	WYPT 99%	CAMH 96%	NA	NA
% of Alternative Level of Care days reported during period	ROYAL 8.5%	WYPT 12.4%	OS 14.9%	CAMH 20.5%	NA	NA
Lost time injury frequency based on # of WSIB lost time claims started in the reporting period	OS 0.36	ROYAL 1.30	CAMH 2.39	WYPT 2.72	NA	NA
% of paid sick hours for employees in the period.	CAMH 2.1%	ROYAL 3.4%	WYPT 5.2%	OS 5.4%	NA	NA

The Royal's Ethics Framework for Decision Making

ACCOUNTABILITY FOR REASONABLENESS (A4R)

A4R encourages decision-makers to reflect upon the reasons for their decisions, and to guide organizations towards fair and ethical priority setting. The framework now embodies five principles:

1. **Relevance:** decisions are made in a way that “fair-minded people can agree are relevant to meeting the diverse health needs” given resource constraints.
2. **Transparency:** rationales for decisions should be made publicly accessible.
3. **Revision:** opportunities should be provided to revisit and revise decisions in a timely manner if further information becomes evident. Decisions can also be challenged by fair-minded people.
4. **Compliance:** there must be either a voluntary or involuntary process of ensuring compliance with all principles.
5. **Empowerment:** there should be efforts to optimize real opportunities for participation and engagement in priority setting, and to minimize power imbalances in decision-making.

I-D-E-A FRAMEWORK

1. **Identify** the facts: medical indications, client preferences, quality of life, and contextual features
2. **Determine** the ethical principals in conflict: list the principles & explain the issue
3. **Explore** the options: discuss the options and the strengths and weaknesses of each
4. **Act** on the decision and evaluate: develop and evaluate an action plan, self-evaluation / feedback

Adapted from Gibson, Martin & Singer. (2005) Evidence, Economics and Ethics. Healthcare Quarterly, Vol. 8, No. 2. and Daniels, N. & Sabin, J. (2002) Setting Limits Fairly: Can we Learn to Share Medical Resources? Oxford: Oxford University Press.

WHY A CORPORATE ETHICS FRAMEWORK?

A **Corporate Ethics Framework** is essential to ensure the decision making process is fair, equitable, transparent, and reflects the values of the organization. In a tertiary care Mental Health facility, organizational ethics encompasses multiple settings for decision making. There are **Clinical Decisions** which clinicians make on a daily basis to assist and treat their patients. They need to be governed under the guidelines or framework of a clinical ethics decision making tool. We have **Operational Decisions** that are founded on the prioritization of resources and selection of programs for service delivery. These are operational decisions which need to reflect an operational decision making process. The third area of decision making comes out of the commitment to **Research** and the ethical practices which govern the use of research protocols and client involvement in the studies.

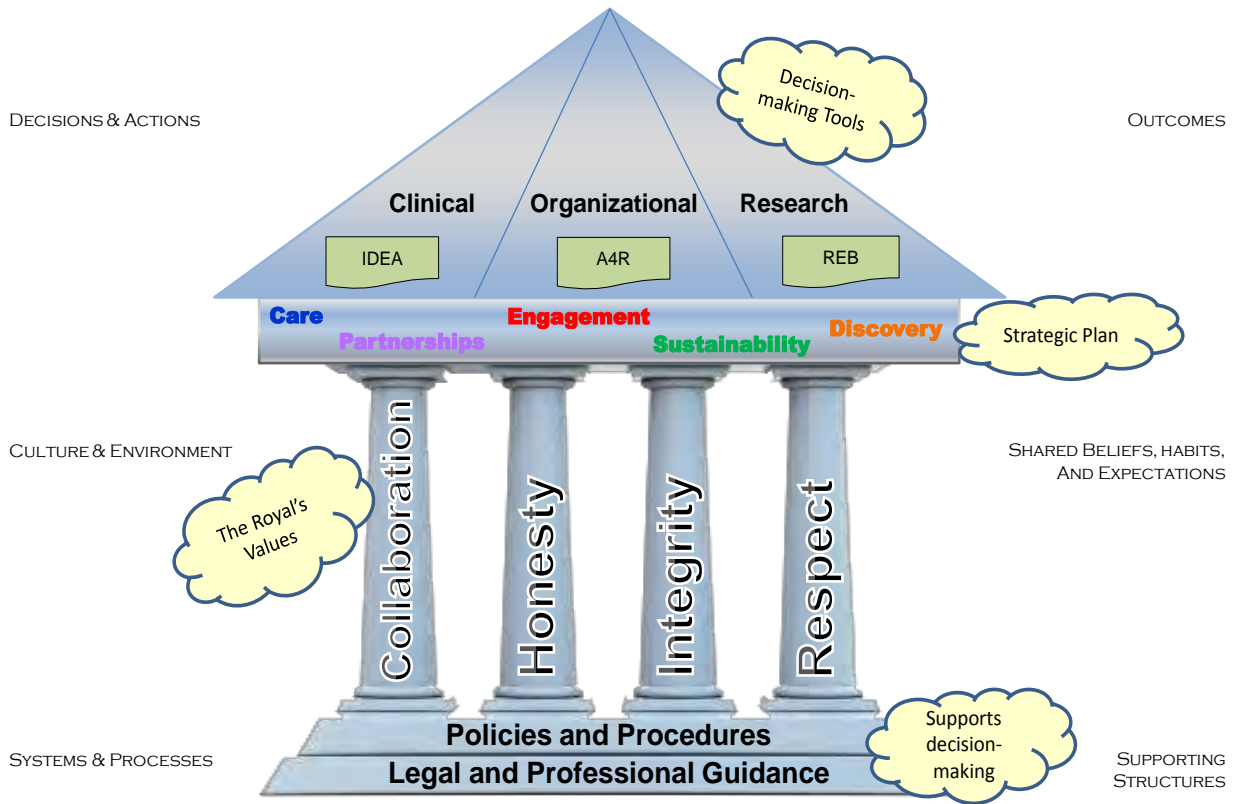
WHICH TOOLS FOR WHICH DECISIONS?


Each of these areas of decision making will use unique ethical tools to guide the thought process, selection of options, and ultimately outcome of these decisions. Clinical decisions will follow the **IDEAS framework** for ethical decision making. Operational decisions will utilize the **Accountability for Reasonableness framework (A4R)** for resource prioritization and allocation. Research decisions will follow the **Research Ethics Board** process and protocols for research project application and implementation.

ALIGNING WITH THE ORGANIZATION

The Corporate Ethics Framework itself must reflect the mission of delivering excellence in specialized mental health care, advocacy, research and education. It must also reflect and fundamentally support the values of the organization including **collaboration, honesty, integrity and respect**. The framework includes the four values which act as pillars to uphold each of the ethical tools for use in decision making.

CORPORATE ETHICS FRAMEWORK



 represents a process and tool for decision-making

CONFLICT OF INTEREST: BOARD OF TRUSTEES			
SECTION: III ETHICS, RIGHTS & RESPONSIBILITIES		NO: 111	
Issued By:	Governance Committee of The Board of Trustees	APPROVAL DATES :	
Approved by:	Board of Trustees	Date Initially Approved: 21/06/2018	
		Date Reviewed:	
		Date Revised:	
		Date Implemented: 21/06/2018	
Key Words:	Board Conflict of Interest, Trustees Conflict of Interest, COI, Board of Trustees COI, Board of Trustees decision Making	Cross Reference(s)	CORP II- i 110 Regulatory Transparency, CORP II-i 170 Board Of Trustees: Public, Non-Public & Excluded Meetings, CORP III-110 Conflict of Interest

1. PURPOSE:

To ensure the highest business and ethical standards and the protection of the decision-making integrity of the Board of Trustees of the Royal Ottawa Health Care Group (ROHCG) and to guide Trustees, with a real, potential or perceived conflict of interest, on how to declare their conflict and the process for dealing with conflict situations.

2. POLICY STATEMENT:

It is the policy of the ROHCG that all Trustees have a duty to ensure that the trust and confidence of the public in the integrity of the decision-making processes of the Board are maintained by ensuring that they and other members of the board are free from conflict or potential conflict in their decision-making. It is inherent in a Trustee's fiduciary duty that conflicts of interest be avoided. It is important that all Trustees understand their obligations when a conflict of interest or potential conflicting interest arises.

3. SCOPE:

This policy applies to all Trustees, including ex-officio Trustees, and all non-Board members of all Board committees of the ROHCG.

4. GUIDING PRINCIPLES:

All Trustees and non-Board committee members will avoid situations in which they may be in a position of conflict of interest or perceived conflict of interest. The by-laws contain provisions with respect to conflict of interest that must be strictly adhered to. In addition to the by-laws, the process set out in this policy will be followed when a conflict or potential conflict arises. All Trustees must understand their duties when a conflict of interest arises.

5. DEFINITIONS:

Conflict of Interest: The situations in which potential conflict of interest may arise cannot be exhaustively set out. Conflicts of interest generally arise in the following circumstances:

1. When a Trustee is directly or indirectly interested in a contract or proposed contract with the Corporation. For example: Trustees are bidding on or doing contract work for the Corporation.
2. When a Trustee acts in self-interest or for a collateral purpose. When a Trustee diverts to his or her own personal benefit an opportunity in which the Corporation has an interest.
3. When a Trustee has a conflict of "duty and duty". This might arise when:
 - the Trustee serves as a board member of another corporation that is related to; has contractual relationship with; has the ability to influence the Corporation policy; or has any dealings whatsoever with the Corporation
 - the Trustee is also a Trustee of another corporation, related or otherwise, and possesses confidential information received in one boardroom that is of importance to a decision being made in the other boardroom. The Trustee cannot discharge the duty to maintain such information in confidence as a Trustee of one corporation while at the same time discharging the duty to make disclosure as a Trustee of the other corporation
4. When a Trustee uses for personal gain information (for example related to human resources financial aspects of the corporation, or related to patient care) received in confidence only for the Corporation's purposes.
5. When a Trustee and his or her family will gain or be affected by the decision of the Board.

6. PROCEDURE:

6.1 Special Considerations for the Corporation: The Corporation's unique governance structure creates automatic potential conflicts. These structural conflicts need not be a bar to participation in most aspects of the Board's deliberations. In these circumstances, the Trustees are aware of the potential for conflict of interest and as a practical matter it should not be necessary to make note of the potential conflict in regular Board proceedings. Where the potential for conflict might not be obvious, the potential conflict of interest should be declared and recorded in the minutes so that all Trustees are aware of the situation. This places an extra burden on Trustees to be acutely aware of when their actions and/or other responsibilities might create a conflict and follow the procedures in this policy to protect themselves and the best interests of the Corporation.

6.2 Disclosure of Conflicts: A Trustee who is in a position of conflict or potential conflict will immediately disclose such conflict to the board by notification to the chair or vice chair of the board. Where the chair has a conflict, notice shall be given to the vice-chair. The disclosure will be sufficient to disclose the nature and extent of the Trustee's interest. Disclosure will be made at the earliest possible time and prior to any discussion and vote on the matter. When (i) a Trustee is not present at a meeting in which a matter that is a conflict of interest for him/her is first discussed and/or noted upon or (ii) a conflict arises for a Trustee after a matter has been discussed but does not get voted

upon by the board, or, (iii) a Trustee becomes conflicted after a matter has been approved, the Trustee will make the declaration of the conflict to the chair or vice-chair as soon as possible and at the next meeting of the board. If an officer becomes interested in a contract or transaction after it is made or entered into, the disclosure shall be made as soon as possible after the officer becomes so interested. A Trustee may make a general declaration of the Trustee's relationships and interests in entities or persons that give rise to conflicts.

6.3 Abstain from Discussions: The Trustee who has declared a conflict will not be present during the discussion of the matter in which he or she has a conflict and will not attempt in any way to influence the voting.

6.4 Process for Resolution of Conflicts and Addressing Breaches of Duty: All Trustees will comply with the requirements of the by-laws and this policy. It is acknowledged that not all conflicts or potential conflicts may be satisfactorily resolved by strict compliance with the by-laws. There may be cases where the perception of a conflict of interest or breach of duty may be harmful to the corporation notwithstanding that there has been compliance with the by-laws. A Trustee should be referred to the process outlined below in any of the following circumstances:

6.4.1 Circumstances for Referral: Where any Trustee believes that he /she personally or another Trustee:

- a. has breached his or her duties to the corporation;
- b. is in a position where there is a potential breach of duty to the corporation;
- c. is in a situation of actual or potential conflict of interest; or
- d. has behaved or is likely to behave in a manner that is not consistent with the highest standards of public trust and integrity and such behaviour may have an adverse impact on the corporation

6.4.2 Process for Resolution - The actual, potential or perceived conflict will be referred to the following process for resolution:

- a. the Trustee must declare to the Board or Committee the nature and extent of the interest as soon as possible and not later than the meeting at which the matter is to be considered. If a declaration is made at a Committee meeting, it must be repeated at the next Board meeting to assure disclosure to the full Board.
- b. provided that the declared interest is not a financial interest, the Board member may participate in the discussion and may vote on the matter, unless two-thirds of the Board members who have not declared such an interest then decide otherwise.
- c. if the declared interest is a financial interest:
 - i. the Trustee may remain present at the meeting for the purpose of answering questions prior to discussion and the vote. If present at the meeting, the Trustee will be counted in the quorum for the meeting
 - ii. after making the disclosure and answering questions, the Trustee who has declared a conflict must not vote or in any way attempt to influence the discussion of, or voting on, the decision at issue and must withdraw from the meeting when the matter is being discussed
- d. where the matter of the conflict is unclear, the Trustee shall refer the matter to the chair of the Governance Committee or where the issue may involve the chair of the

Governance Committee, to a member of the Governance Committee who is not in conflict, with notice to the CEO.

- e. the chair of the Governance Committee (or member of the Governance Committee who is not in conflict as the case may be) will either: (1) resolve the matter informally or (2) refer the matter to an ad hoc sub-committee of the Board established by the chair of the Governance Committee, which sub-committee shall report to the Board.
- f. if the matter cannot be resolved in accordance with (e) above to the satisfaction of the chair of the Governance Committee (or member of the Governance Committee who is not in conflict as the case may be), ad hoc subcommittee and/or the referring Trustee and the Trustee involved, the matter will be referred to the full Board for review.
- g. if the matter cannot be resolved to the satisfaction of the Board, the chair of the Governance Committee (or member of the Governance Committee who is not in conflict as the case may be) shall forward it to dispute resolution.

6.4.3 Dispute Resolution Mechanism - if the matter cannot be resolved following the Process for Resolution, the Board may appoint an acceptable non-Board member to independently review (and call on such resources as necessary to review) the matter in question and make a recommendation to the Board.

6.5 Perceived Conflicts: It is acknowledged that not all conflicts or potential conflicts may be satisfactorily resolved by strict compliance with the by-laws. There may be cases where the perception of a conflict of interest or breach of duty (even where no conflict exists or breach has occurred) may be harmful to the corporation notwithstanding that there has been compliance with the by-laws. In such circumstances, the process set out in this policy for addressing conflicts and breaches of duty shall be followed. It is recognized that the perception of conflict or breach of duty may be harmful to the corporation even where no conflict exists or breach has occurred and it may be in the best interests of the corporation that the Trustee be asked to resign.

6.6 Failure to Disclose: if a Trustee knowingly fails to disclose a conflict of interest as required by this Policy, the Trustee may be asked to resign or may be subject to removal from office pursuant to the by-laws and the *Corporations Act*. A Trustee's failure to comply with this policy does not, in or of itself, invalidate any decision made by the Board.

7. RELATED PRACTICES AND/OR LEGISLATIONS:

Corporations Act, R.S.O. 1990, c. C38 (version 2018)

8. REFERENCES:

Board Conflict of Interest Policy, Waypoint Centre for Mental Health (2017)

Board Conflict of Interest Policy, Southlake Regional Health Centre (2017)

Conflict of Interest Policy, St. Joseph's Healthcare-Hamilton (2015)

General Principles Regarding Conflict of Interest – OHA Governance Manual (2016)

9. APPENDICES: N/A

BOARD OF TRUSTEES:

Public, Non-Public & Excluded Meetings

SECTION: II-i ADMINISTRATION - Leadership		NO: 170	
Issued By:	Governance Committee - Board of Trustees	APPROVAL DATES :	
Approved by:	Board of Trustees	Date Initially Issued: 10/04/2011	
		Date Reviewed: 19/12/2012,	
		Date Revised: 19/12/2012, 23/05/2018	
		Date Implemented: 10/04/2011, 21/02/2013, 26/02/2015, 21/06/2018	
Key Words:	Open Meetings, Public Meetings, Closed Meetings, media access, in-camera, non-public, Board Meetings, Board of Trustee Meetings	Cross Reference(s)	CORP II-i 110 Regulatory Transparency

1. PURPOSE:

To provide parameters as to the attendees at public, non-public and excluded meetings of the Royal Ottawa Health Care Group (ROHCG) Board of Trustees (Board).

2. POLICY STATEMENT:

Since the ROHCG Board represents a publicly-funded entity, the Board strives to be as open and transparent in its deliberations as possible. Therefore, in the interest of good governance meetings of the Board shall be open to the public, as appropriate. In addition, there will be times, due to the nature of the issues at hand, when the Board will determine that it is in the public's best interest for meetings to be non-public and/or excluded sessions. As public meetings generate trust, openness and accountability, the general public and staff are welcome to observe any open portion of a Board meeting to in order to facilitate the conduct of the Board's business in an open and transparent manner.

3. SCOPE:

This policy applies to the ROHCG Board and associated Board Committees. The practice of Committees of the Board in relation to excluded sessions will be guided by this Policy.

4. GUIDING PRINCIPLES:

As a broad principle, meetings of the Board shall be open to all who choose to attend unless disclosures made in the presence of individuals who are not Board Trustees are reasonably likely to prejudice the interests of either the organization or some other party to whom the organization has an obligation to protect.

5. DEFINITIONS:

Excluded Sessions of the Board of Trustees: Excluded sessions may, at the direction of the Chair, be conducted at the beginning of the formal business of the meeting or at the end of the formal business of the meeting. These will be either “restricted session” or as an “in-camera session”.

Restricted session of the Board of Trustees: is a meeting of those persons who are Trustees and the CEO of the organization. During each meeting of the Board, there will be an opportunity for independent board members only to meet in a restricted session with the President & CEO.

In-camera session of the Board is a meeting of only those persons who are Trustees and any staff who the Trustees, by agreement, authorize to be present.

Non-public meeting of the Board is not open to the general public or the media, but is open to ROHCG staff.

Public meeting of the Board is open to the general public including the media.

6. PROCEDURE:

Members of the public are able attend the public meetings of the Board of Trustees in accordance with the following:

6.1 Notice of Meeting: A schedule of the date, location and time of the Board’s regularly scheduled public meetings will be available on the ROHCG’s external website. Any changes to the schedule will be posted on the website.

6.2 Public Attendance at Board Meetings: Any person wishing to attend public meetings of the ROHCG Board in the capacity of an observer is entitled to do so. Because of space limitations, seating is available at the meeting on a first come first served basis and to comply with fire and other regulations, attendance may be restricted to a maximum number.

6.3 Conduct During the Meeting: Members of the public may be asked to identify themselves. Recording devices, videotaping and photography are prohibited. The Chair may require anyone who displays disruptive conduct to leave.

6.4 Agendas and Board Materials: Agendas will be distributed at any Board meeting and may be obtained from the Board secretary prior to the meeting. Supporting materials will be distributed to the Board members and Senior Management Team. The Chair of the Board shall ensure that an agenda is prepared in advance of each regular board meeting.

6.5 Excluded Sessions of the Board of Trustees: It is at the discretion of the Board Chair to determine whether or not a portion of the meeting should be identified as an excluded session. These will be either “restricted session” or as an “in-camera session”. In recognition of the fact that members of the press and other interested persons may wish to be present at Board meetings, the excluded portion of such meetings shall, wherever practical, be held at the end of the public part of the meeting. If a Trustee believes that it is not appropriate for a matter to be discussed in an excluded session,

he/she shall discuss this matter with the Board in the excluded session and the Board shall make a decision on whether the matter should be held in the public part of the meeting. A separate agenda may be prepared for excluded sessions and the circulation restricted to the participants of the excluded session. These will be maintained in strict confidentiality. Upon the conclusion of an excluded session occurring at the beginning of the formal business of a meeting, the Chair will announce the continuation of the meeting. Upon the conclusion of an excluded session occurring at the end of the formal business of a meeting, the Chair will announce the continuation of the meeting and in the absence of any other business entertain a motion to adjourn the meeting.

6.5.1 *Restricted Session with the President & CEO:* During each meeting of the Board, there will be an opportunity for independent board members only to meet in a restricted session with the President & CEO. Matters that may be dealt with in a restricted session may include:

- Human resources issues, including senior management compensation and performance
- Financial, personnel, contractual and/or matters for which a decision must be made in which premature disclosure would be prejudicial
- Matters of a sensitive third party nature including matters related to civil or criminal proceedings
- Matters related to sensitive internal Board governance
- Matters related to an individual (board member or staff)
- Discussions dealing with stakeholders where the information being discussed may compromise the relationship
- Issues that arise during a Board meeting which, in the opinion of the Chair, may cause sensitivity in the open forum
- Sensitive issues involving a Board member
- Issues which in the opinion of the Chair some Board members may be reluctant or reticent to speak on in an open forum
- Confidential access to the Board by the Executive Vice-President & CFO and/or external auditors of the Board

During a restricted session, all staff will be excluded from the meeting unless invited to participate in the discussion. The Secretary of the Board (President & CEO) will record decisions, resolutions and motions. The Board will confirm when/if motions will be brought into the open forum, in consideration of the legal, privacy, human resource or other implications noted above.

6.5.2 *In-Camera Session in the absence of the President & CEO:* During each meeting of the Board, there will be an opportunity for independent Board members only to meet in-camera without the President & CEO. Matters that may be dealt with in an in-camera session may include:

- President & CEO Annual Performance Review
- Recruitment and compensation of the President & CEO
- Financial, human resources, contractual, legal matters dealing with the President & CEO for which a decision must be made
- Sensitive issues involving a Board member
- Board governance matters and self-assessment by independent members

The Chair will designate a board member to record decisions, resolutions and motions. The Chair will provide the Executive Vice President & CFO with any directions arising from the meeting requiring administrative follow-up. The Chair will brief the President & CEO following the meeting. All motions carried in-camera will be recorded in minutes by the board chair or designate. The Board will confirm when/if motions will be brought into the open forum in consideration of the legal, privacy and human resource implications.

6.6 Minutes: Minutes of public/non-public meetings shall be presented for approval at the next subsequent public/non-public meeting respectively.

6.6.1 Approved minutes of public Board meetings shall be made available to members of the ROHCG and members of the public on request.

6.6.2 Minutes from non-public meetings may be distributed as appropriate. Those persons to whom such minutes are distributed are required to keep them confidential.

6.6.3 Minutes of closed sessions of the board shall be recorded by the secretary or delegate, or if the secretary or delegate is not present, by a Trustee designated by the chair of the board. All minutes of closed sessions of the board shall be marked confidential and shall be handled in a secure manner. All minutes of meetings of committees and task forces of the board shall be marked confidential and shall be handled in a secure manner.

7. RELATED PRACTICES AND / OR LEGISLATIONS:

Bill 31- Personal Health Information Protection Act, S.O. 2004, (Schedules A and B)

Health Services Restructuring Commission, Section 1 (13/08/1997)

Public Hospitals Act

Mental Health Act (2001).

Bill 68 – Brian’s Law, 2000

Health Care Consent Act, 1996

Regulated Health Professions Act, 1991,

Criminal Code of Canada. (R.S., 1985, c. C-46).

Bill 171- Health System Improvements Act, 2007, S.O., c 10

Bill 152 – Balanced Budgets for Brighter Futures Act, 2000, S.O. 200, c. 42

Bill 197 – Budget Measures Act, 2005, S.O. 2005, c.28

Bill 45 – Responsible Choices for Growth and Accountability Act, 2001, S.O. 2001, c. 8

Bill 36 – Local Health System Integration Act, 2006, S.O. 2006, c.4

Bill 46 - Excellent Care for All Act

8. REFERENCES:

Policy for Open Board Meetings - Grand River Hospital (2008)

Policy for Incamera Meetings - Grand River Hospital (2008)

Policy Statement - Niagara Health System (2007)

Board Policy - The Ottawa Hospital (2007)

9. APPENDICES: N/A