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

NOTICE OF MEETING
ROYAL OTTAWA HEALTH CARE GROUP
BOARD OF TRUSTEES
March 25, 2021 at 4:30 p.m.
https://zoom.us/j/5193866253?pwd=bDZhcUtOSnAxTWE0V09MVWMyZzRFQT09
Meeting ID: 519 386 6253
Passcode: aMgV5r
OR Dial: +1 647 558 0588 (Canada Toll)
Meeting ID: 519 386 6253
Passcode: 156931
Find your local number: https://zoom.us/u/aG882A16C

○ 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	
4:30pm (05)	1	**1.**	**WELCOME**		A. Graham	○	IN
4:35 pm (10)	5	**2.**	**CLIENT/FAMILY PRESENTATION**	Presentation by Peter Winfield, Client Advisory Council Member	P. Winfield	○●	IN
4:45pm (30)	6	**3.**	**MINI SERIES**	The Esketamine Clinic	K. Nikolitch	○●	IN
5:15pm (05)		**4.**	**CALL TO ORDER**	1. The Royal's Ethical Framework-Page 337 2. Public,Non-Public&Excluded Mtg Policy - Page 339 3. Conflict of Interest Policy - Page 343	A. Graham	○	IN
5:20pm (05)	36	**5.**	**AGENDA AND MINUTES**	**a. Acceptance of Agenda**	All	●	DEC
	37			**b. Approval of Minutes**	All	●	DEC
5:25pm (10)		**6.**	**INFORMATION ITEMS**	**a. Chair and CEO's Oral Report**	A. Graham J. Bezzubetz	○	IN
5:35pm (30)	46			**b. Annual Report from the Chief of Staff/Psychiatrist-in-Chief**	R. Bhatla	○●	IN
6:05 (15)				**c. Update on Foundation Campaign**	C. Little	○	IN
6:20pm (20)				**d. Strategy Update** - Advance strategies to integrate research, education and care - Advance plans for the Brain Imaging Centre (BIC)	F. Dzierszinski	○	IN

6:40pm (20)	68			**e. Budget plans for The Royal, IMHR and Foundation**	C. Crocker	○●	IN
7:00pm (10)	111			**f. Update on the Status of the Recommendations from the IMHR Subcommittee Report**	C. Crocker	○●	IN
7:10pm (15)	116	**7.**	**COMMITTEE REPORTS & DECISION ITEMS**	**a. Quality Committee Report** - *DRAFT Minutes from March 1, 2021*	L. Leikin	○●	IN
	126			i. Annual Quality Improvement Plan		●	DEC
				ii. Integrated Risk Management Framework	C. Crocker J. Lambley *(See under Finance Committee Report on Page 172)*	●	DEC
	135			iii. Corporate Patient Safety Report		●	IN
7:25pm (10)	143			**b. Governance Committee Report** - *DRAFT Minutes from March 9, 2021* - *DRAFT Minutes from February 25, 2021*	C. Coulter	○●	IN
	149			i. Audit Committee Terms of Reference		●	DEC
	153			ii. Finance Committee Work Plan		●	DEC
7:35pm (05)				**c. Innovation Committee Report** *No report. Next meeting on April 27, 2021*	N. Bhargava	○	IN
7:40pm (05)				**d. Compensation & Succession Planning Committee Report** - *No report. Next meeting on April 7, 2021*	A. Graham	○	IN
7:45pm (10)	156			**e. Medical Advisory Committee Report** - February 18, 2021 - January 21, 2021	R. Bhatla	○●	IN
	171			i. Medical Staff Privileges		○●	DEC
7:55pm (05)				**f. Audit Committee Report** - *No Report. Next meeting May 20, 2021*	J. Gallant	○	IN

8:00pm (15)				**g. Finance Committee Report** - *Draft Minutes from March 11, 2021 are not available* - *Financial Statements (for posting on Board portal only)*	J. Gallant	○	IN
	172			i. Integrated Risk Management Framework		●	DEC
	183 184 187 190			ii. Service Accountability Agreements with the LHIN for next fiscal year o Hospital (H-SAA) o M-SAA Agreement o Long Term Care Sector (L-SAA)		○●	DEC
	193			iii. Corporate Procurement Policy		○●	DEC
	207			iv. Sinking Fund Investment		○●	DEC
	213			v. Capital and Operating Budgets		○●	DEC
	276			- Review 3-year Budget Projection		○●	IN
	281			- Foundation Budget		○●	IN
	287			- IMHR Budget		○●	IN
8:15pm (05)	304	**8.**	**CONSENT AGENDA**	**a. Approval of the Consent Agenda**	A. Graham	●	DEC
	305			i. President & CEO's Report	J. Bezzubetz		
	307			ii. The Royal Ottawa Foundation for Mental Health Report	C. Little	●	IN
	314			iii. Research Ethics Board (REB) Report	A-M. O'Brien	●	IN
	317			iv. Strategic Plan Performance Scorecard	J. Lambley	●	IN
	334			v. Mental Health Addictions and Quality Initiative (Peer Comparators)	M. Webb	●	IN
		9.	**NEW BUSINESS**				
8:20pm	337	**10.**	**REPORT ON THE ETHICS FRAMEWORK FOR DECISION MAKING**				

(05)						
8:25pm (05)		**11.**	**NEXT MEETING**	**June 24, 2021 at 3:30 p.m.**		
		12.	**ADJOURNMENT**			DEC
8:30pm		**13.**	**EXCLUDED SESSIONS**	1. **RESTRICTED** - Independent Board Members and CEO and PIC/COS - Brockville Redevelopment Committee Update – S. McLean		
				2. **IN CAMERA** - Independent Board Members only		

Joanne Bezzubetz, Secretary, ROHCG Board of Trustees **RSVP to patricia.robb@theroyal.ca**

Peter Winfield, Client presentation

Peter is a 25-year veteran, a former Army officer serving in the Infantry, Armour and working in Counter Terrorism with multiple overseas deployments. He was diagnosed with PTSD, anxiety and severe depression after his last deployment. He was initially assessed and treated at the OSI Clinic at The Royal. A major part of his healing has been through creative expression and art. Art has always been a part of his life, he is a self-taught artist working in oil, watercolour and photography. He typically paints landscapes and seascapes that evoke a sense of peace and place, and since embarking on a healing journey art has been a vital part of the healing. He has also become an advocate for improved mental healthcare and more open conversations about mental health and the role that art and creativity play in the healing process and volunteers at the Royal Mental Health Centre.

Katerina Nikolitch, BSc, MDCM, MSc, FRCPC

Dr. Nikolitch completed her medical training and specialization at McGill University, where she concurrently obtained a Masters of Science in Transcultural Psychiatry. She has been working at The Royal since December 2017 and was the Clinical lead for the Mood Disorders Inpatient and Crisis units from 2018 to 2020. She is completing a PhD in Mental Health at McGill under Dr. Pierre Blier's supervision, while also being an independent Clinical Investigator at the Institute of Mental Health Research. She is an Assistant Professor at the Department of Psychiatry at the University of Ottawa and currently holds several grants as co-investigator and principal applicant.

Her interests include: innovation in psychiatric care, health care models, major depressive disorders, and medical education.

In her free time, she likes woodworking, crafts, unspecified tinkering, and taking care of her family and cat.

Esketamine Service

A Novel Treatment for Depression

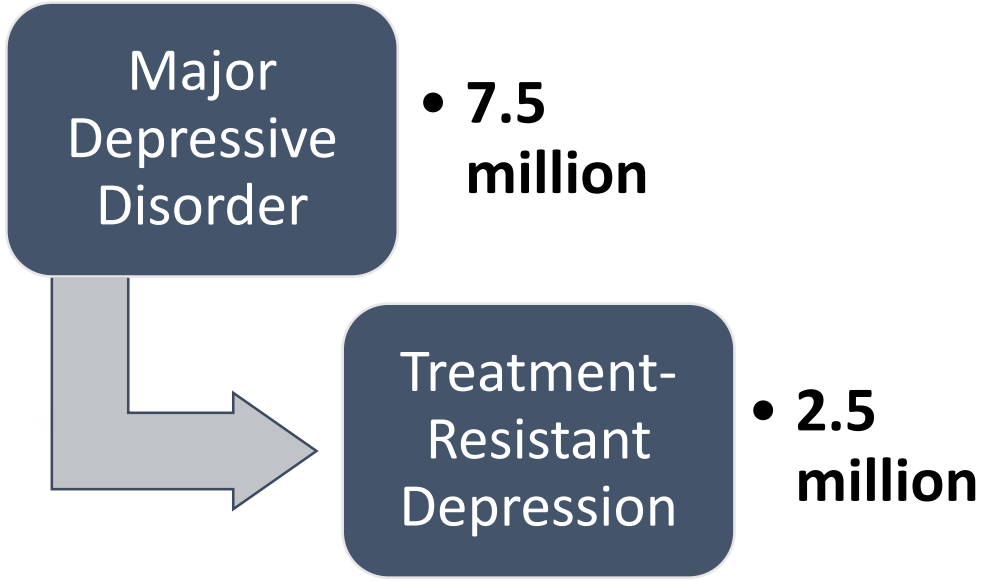
What is Treatment Resistant Depression?

And why does it matter?

- **Up to 20% of people** have a major depressive episode at some point in their lives (=lifetime prevalence)

- Despite multiple treatment trials, **1/3 of these** do not get better (= treatment-resistant depression)

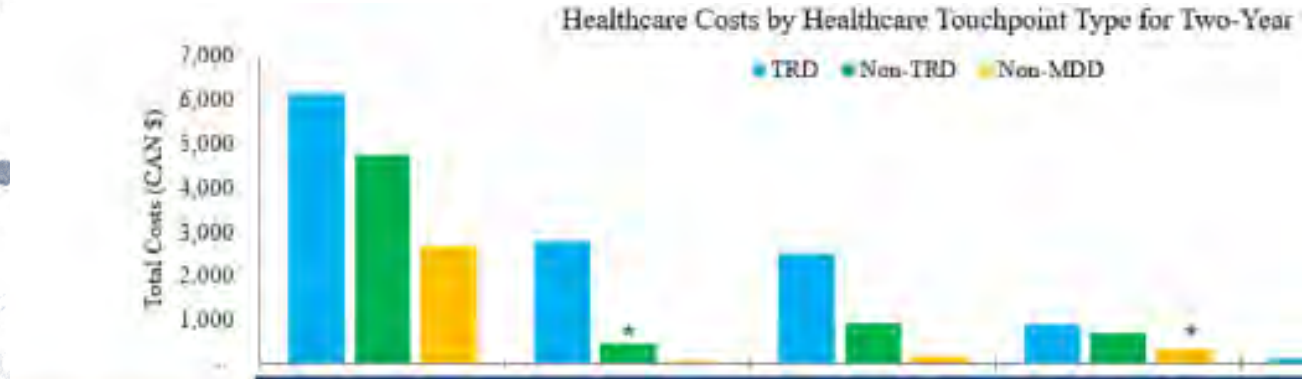
In Canada



TRD is not simply a bad case of MDD

- People with TRD:
  - are **hospitalized** more often and for longer durations
  - die **younger**
  - are **7X** more likely to die of **suicide** than **people with treatment-responsive MDD**

Resource Use and Health Care Costs



Cohort	N	Cost by hospital unit (Mean (±SD))			
		Hospitalization	MDD Hospitalization	Psych Hospitalization	ED Visit
TRD	277	$6,114 ($19,010)	$2,756 ($12,459)	$2,500 ($12,448)	$895 ($1,588)
Non-TRD	1,108	$4,743 ($14,579)	$445 ($2,475)	$919 ($6,580)	$679 ($1,244)
Non-MDD	1,108	$2,670 ($13,556)	$11 ($362)	$136 ($3,547)	$319 ($627)

McIntyre et al 2020
Burden of Treatment Resistant Depression (TRD) in patients with major depressive disorder in Ontario using Institute for Clinical Evaluative Sciences (ICES) databases: Economic burden and healthcare resource utilization, Journal of Affective Disorders, Volume 277, 2020, Pages 30-38.

According to MDSC National Survey of TRD 2018

- >50% have had **>10 episodes** and another 30% have had 5-10 episodes
- 1/2 report **not coping** well with symptoms
- 43% need help with **activities of daily living**

In the Champlain Region

There are over 5,000 persons with TRD

This number does not take into account bipolar disorder I and II with treatment-resistant depressive episodes

This far exceeds The Royal's capacity

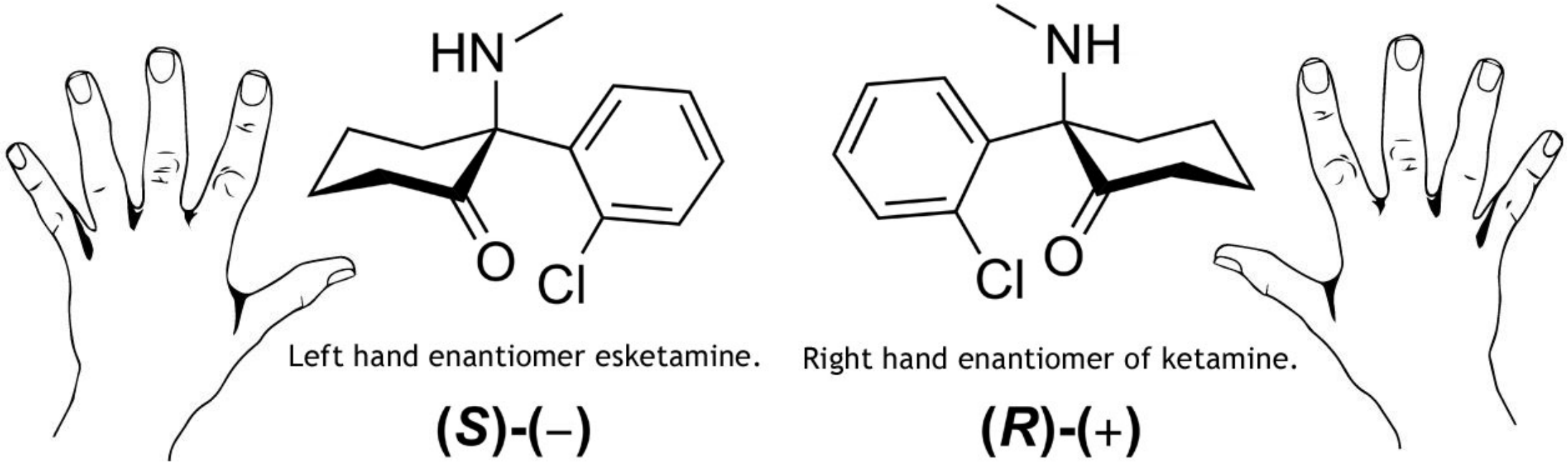
WE HAVE A PROBLEM

Novel Treatments:

Esketamine

What is esketamine and what can it do?

The old anesthetic ketamine – formulated for easier and safer administration in subanesthetic doses



Left hand enantiomer esketamine.

(*S*)-(–)

Right hand enantiomer of ketamine.

(*R*)-(+)

The Royal and Ketamine

Dr. Pierre Blier and colleagues have worked for a long time in this field to establish the use of ketamine in TRD

PSYCHIATRIC NEWS ALERT

AMERICAN PSYCHIATRIC ASSOCIATION

Repeat Ketamine Infusions Found to Have Cumulative, Sustained Antidepressant Effects

SUMMARY AND COMMENT | PSYCHIATRY

INFORMING PRACTICE

NEJM Journal Watch

April 1, 2019

Different Ketamine Dosing Regimens Can Improve Its Antidepressant Effects

Joel Yager, MD reviewing Phillips JL et al. Am J Psychiatry 2019 Mar 29

Healio PSYCHIATRIC ANNALS

IN THE JOURNALS

Repeated ketamine infusions have sustained antidepressant effects

MD® MAGAZINE

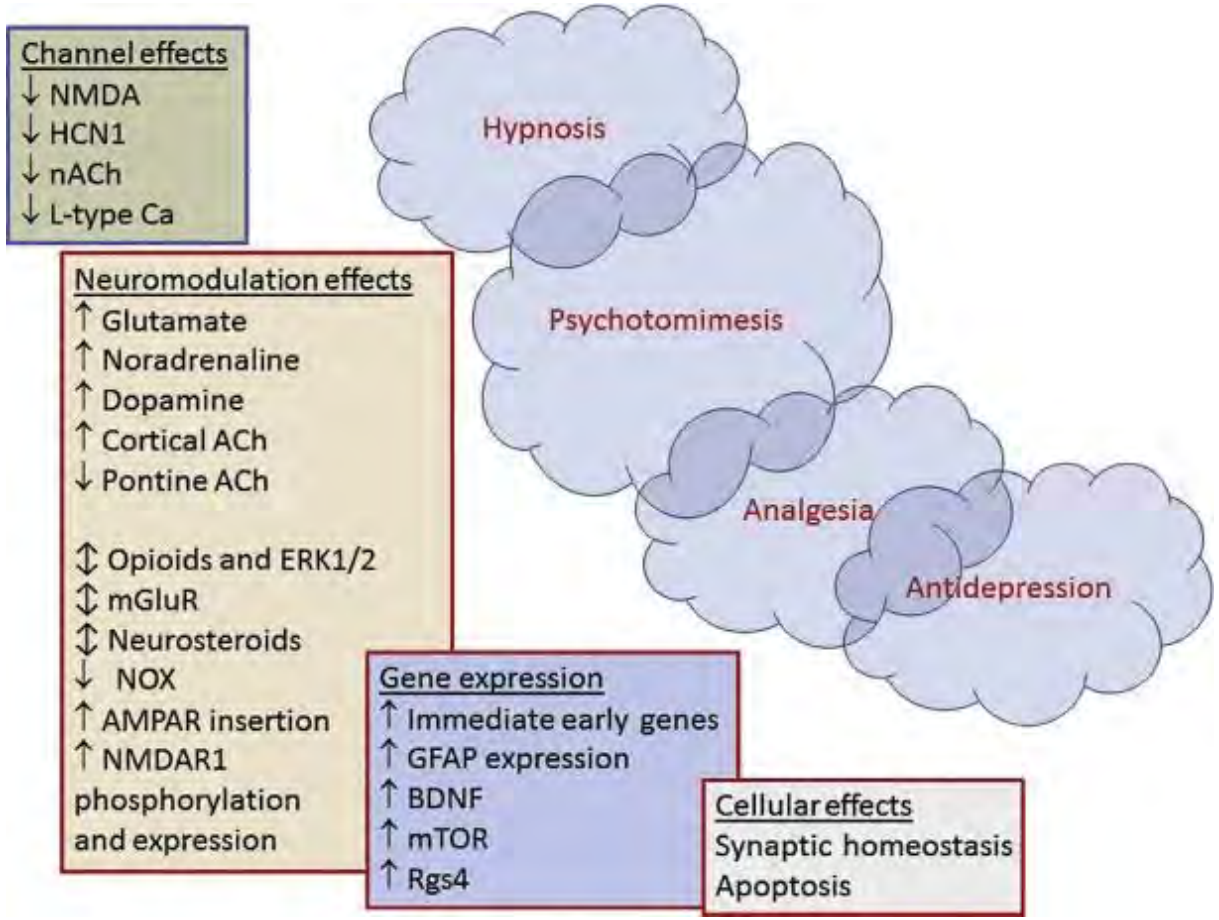
ONDITION CENTERS CONFERENCE COVER

Weekly Ketamine Infusions Show Initial, Repeated Depression Benefits

Medscape

Once-Weekly Ketamine Infusions Keep Resistant Depression at Bay

(Es)Ketamine works through the NMDA receptor



Spravato™ (esketamine)

- Self-administered nasal spray
- Under medical supervision

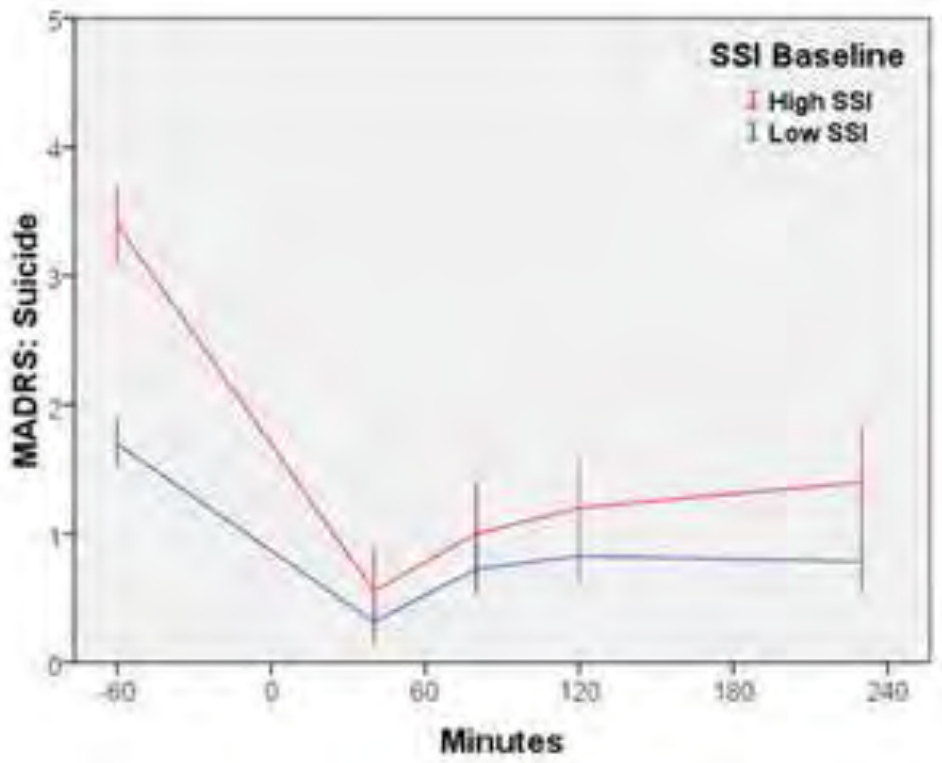
- No significant drug-drug interactions

- No dose adjustment for kidney or liver disease

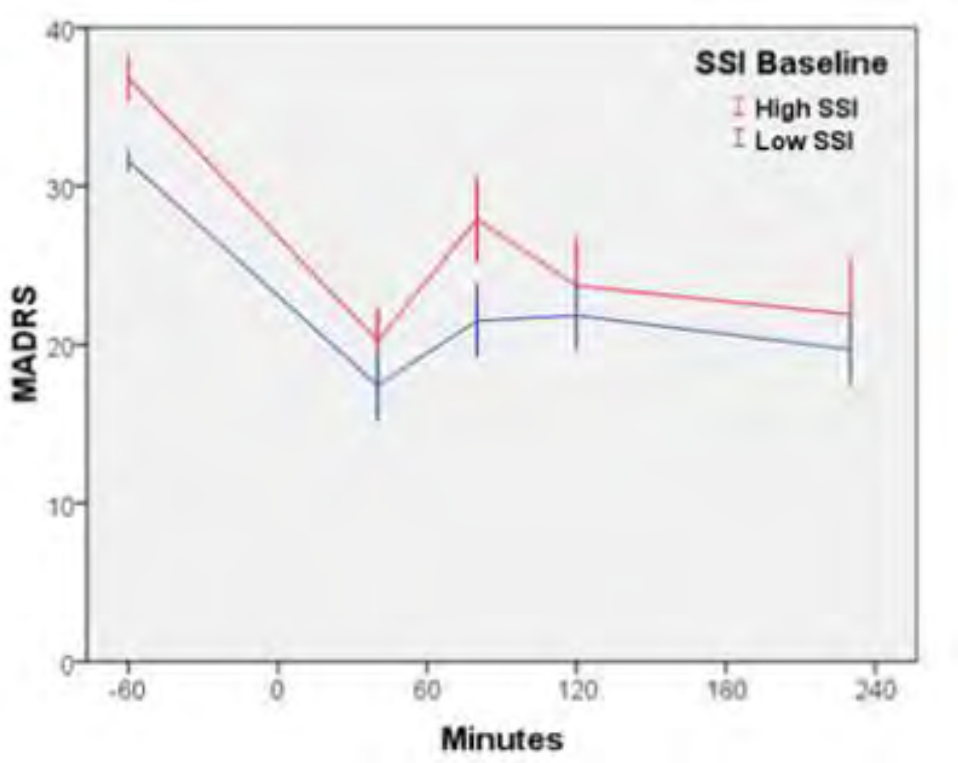
How effective is it?

30%	• Currently available medications for depression
60-70%	• ECT: out most effective treatment for TRD
50-60%	• Ketamine and esketamine

Suicidal thoughts

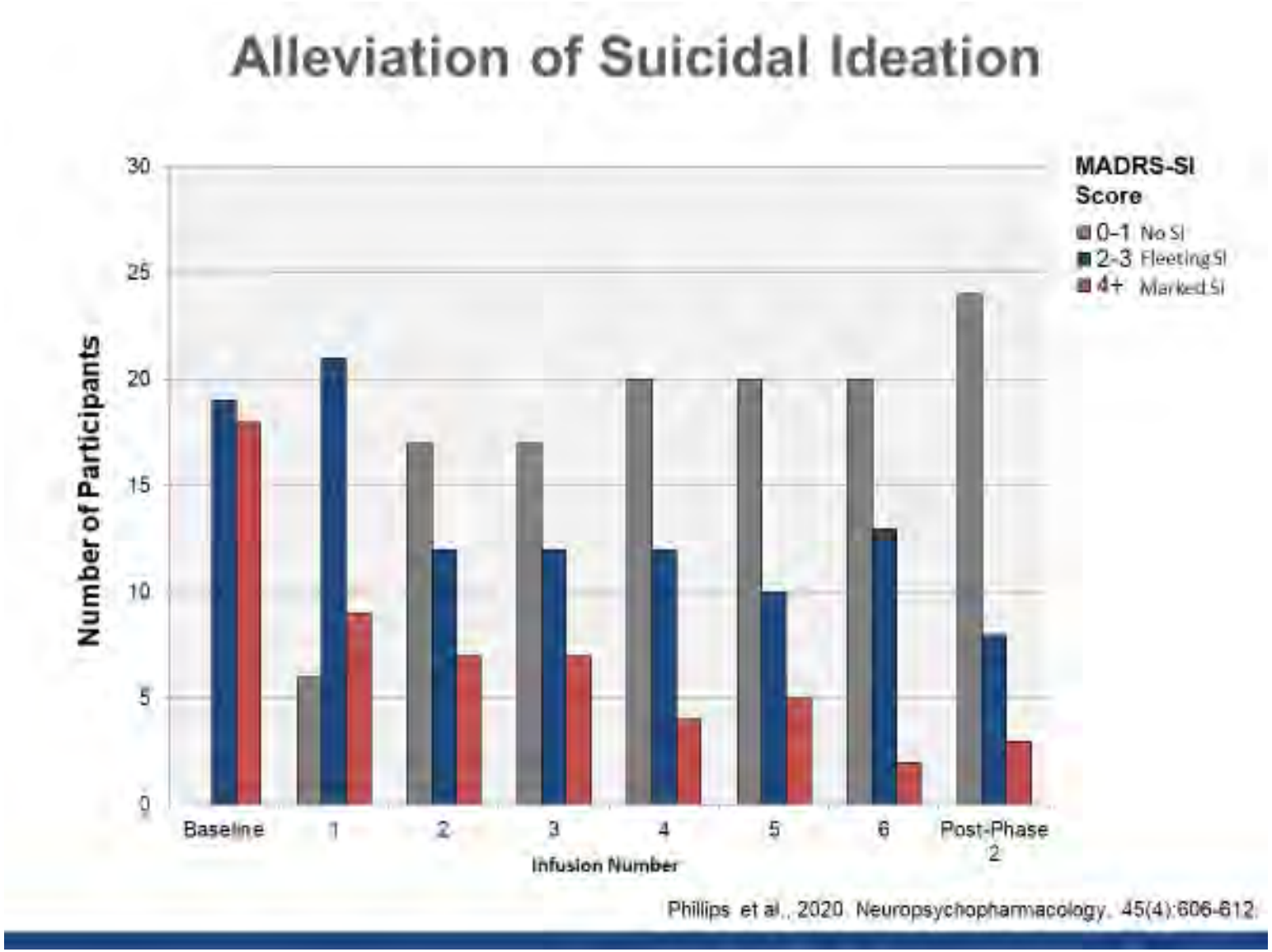


Depressive symptoms

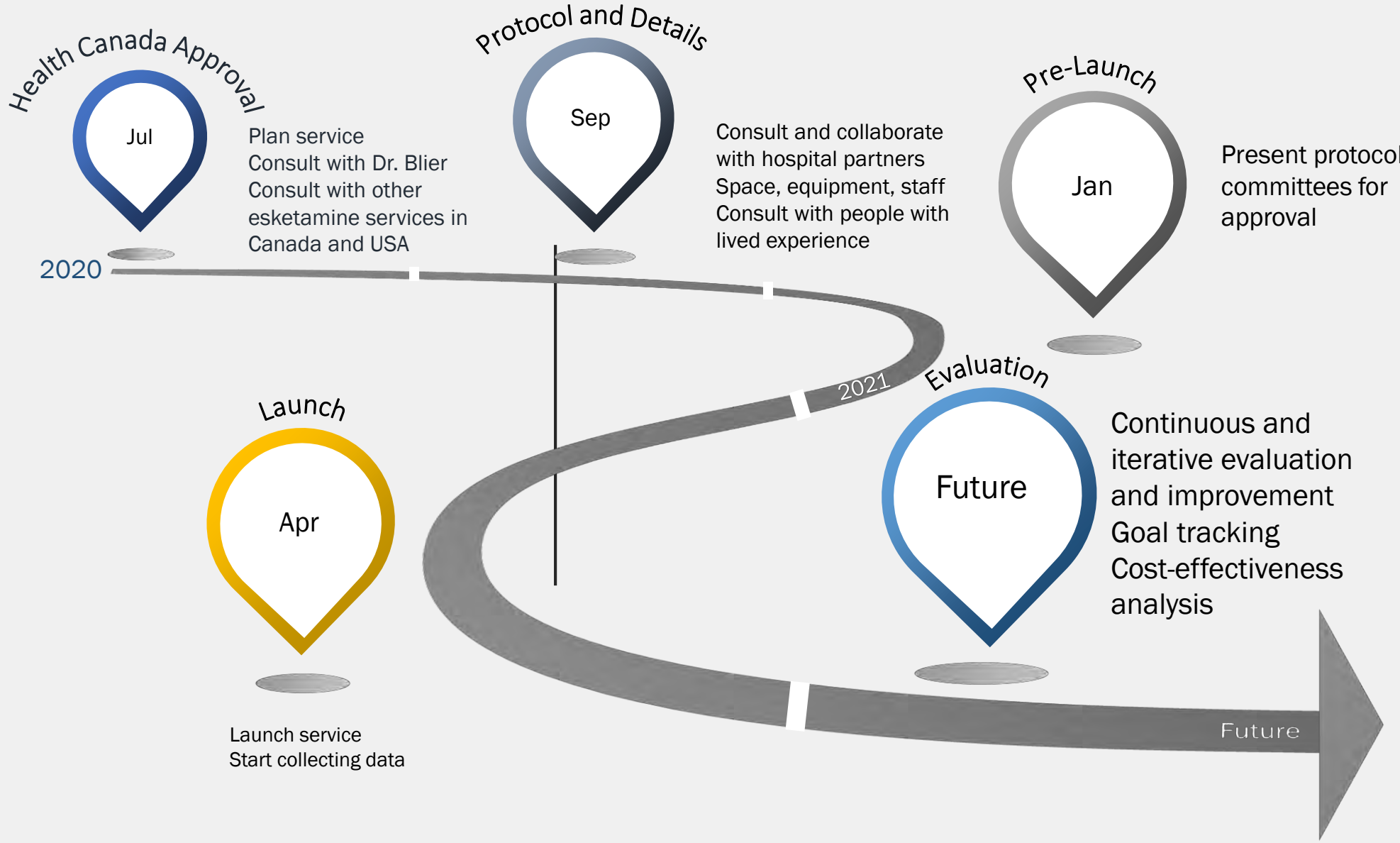


Suicide and Suicidal Ideation

- Ketamine and esketamine have a rapid antidepressant and antisuicidal effect



The Esketamine Service at The Royal

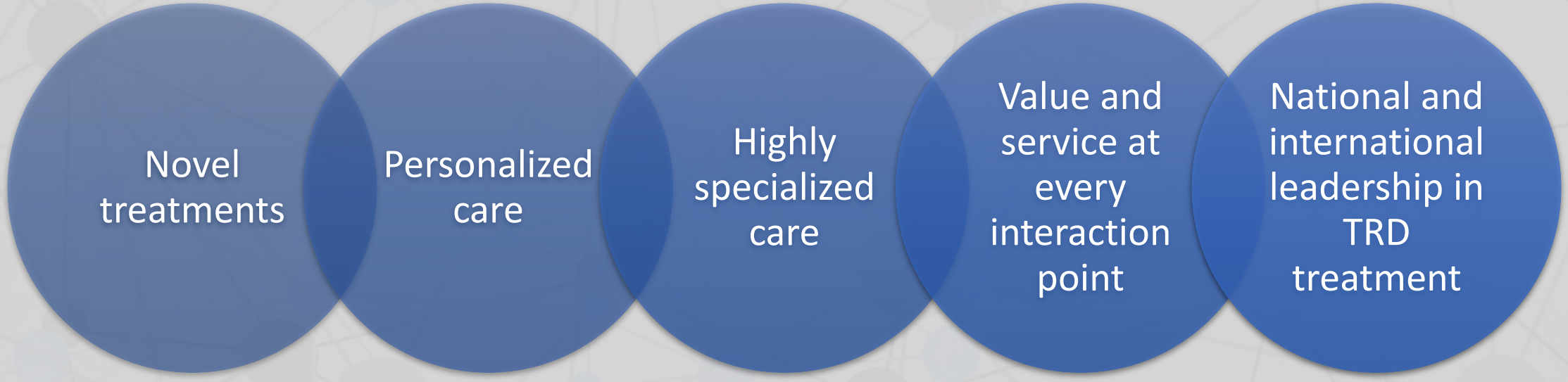

Health Canada Approval
Jul
Plan service
Consult with Dr. Blier
Consult with other esketamine services in Canada and USA
Protocol and Details
Sep
Consult and collaborate with hospital partners
Space, equipment, staff
Consult with people with lived experience
Pre-Launch
Jan
Present protocol to committees for approval
2020
2021
Launch
Apr
Launch service
Start collecting data
Evaluation
Future
Continuous and iterative evaluation and improvement
Goal tracking
Cost-effectiveness analysis
Future

Project goals: beyond delivering a treatment

Build	Deliver	Align	Model
Build an innovative service modeled on **best practices in integrating** patient care, research, education, collaboration, and principles of modern health care administration	Deliver **top-level patient care** through rigor at every step: assessment, diagnosis, measurement-based care, outcome monitoring	Align **expertise and competencies** with decision-making and leadership	Model physician-led team-based care: WHO model; “the **most effective way to maximize** the complementary skill sets of all health care professionals” (American Medical Association)

Esketamine Service Concepts and Principles:

- Innovation



Esketamine Service Concepts and Principles:

•Service Model

- Integrated patient guidance from concept, at every step
- Fully interwoven research and program evaluation within the fabric of the service
- Collaborative, interprofessional, expertise-based approach
- Evidence-informed, measurement-based care
- Education is prioritized: for patients, professionals, and trainees

Esketamine Service Concepts and Principles

•Access and Equity

- Accelerating recovery means improved access across services
- Improving access to studies offering additional services
- Lowering barriers based on excessive exclusion criteria
- Collecting and analyzing health economics metrics to advocate for equitable access
- Advocating for economic access through The Royal's Foundation

Esketamine Service Concepts and Principles

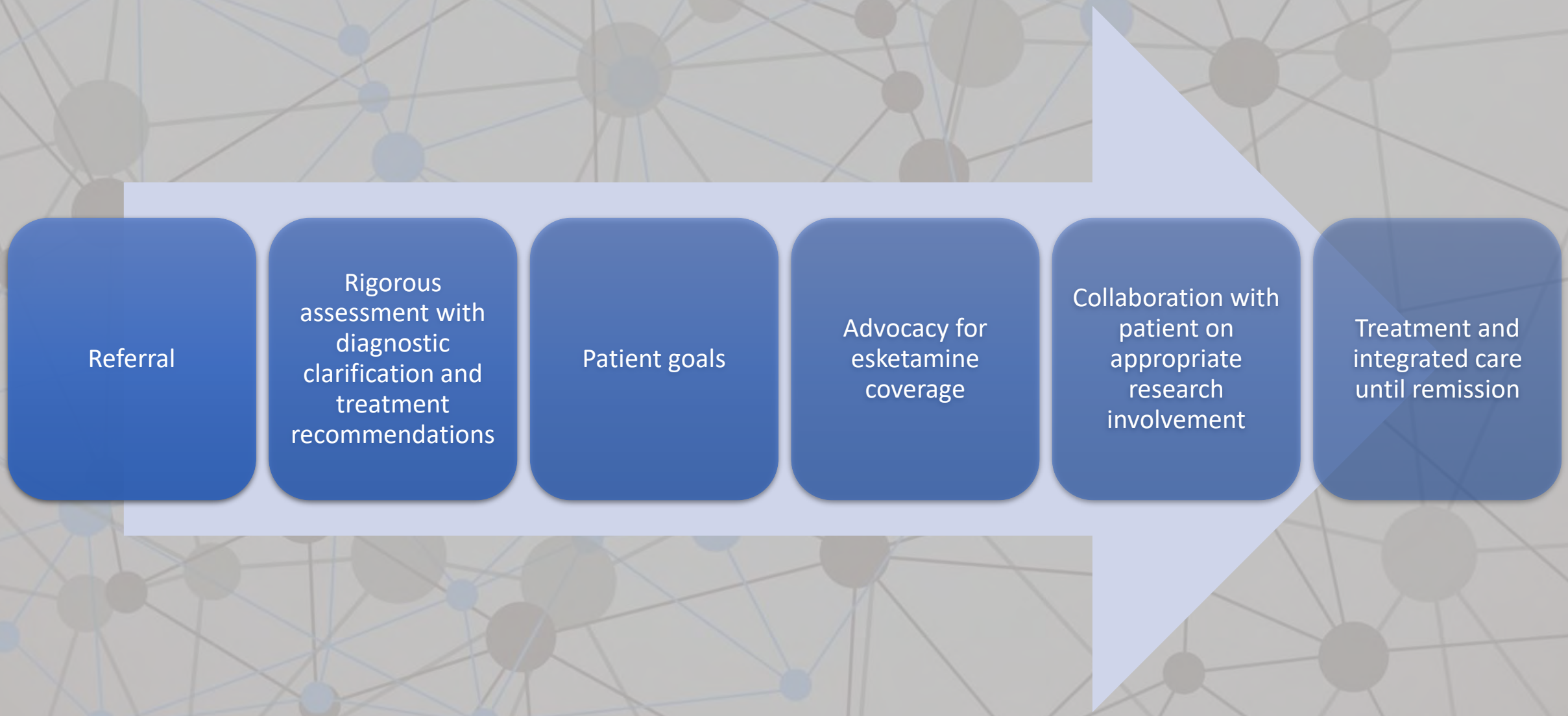
•Development

Continuous and iterative evaluation

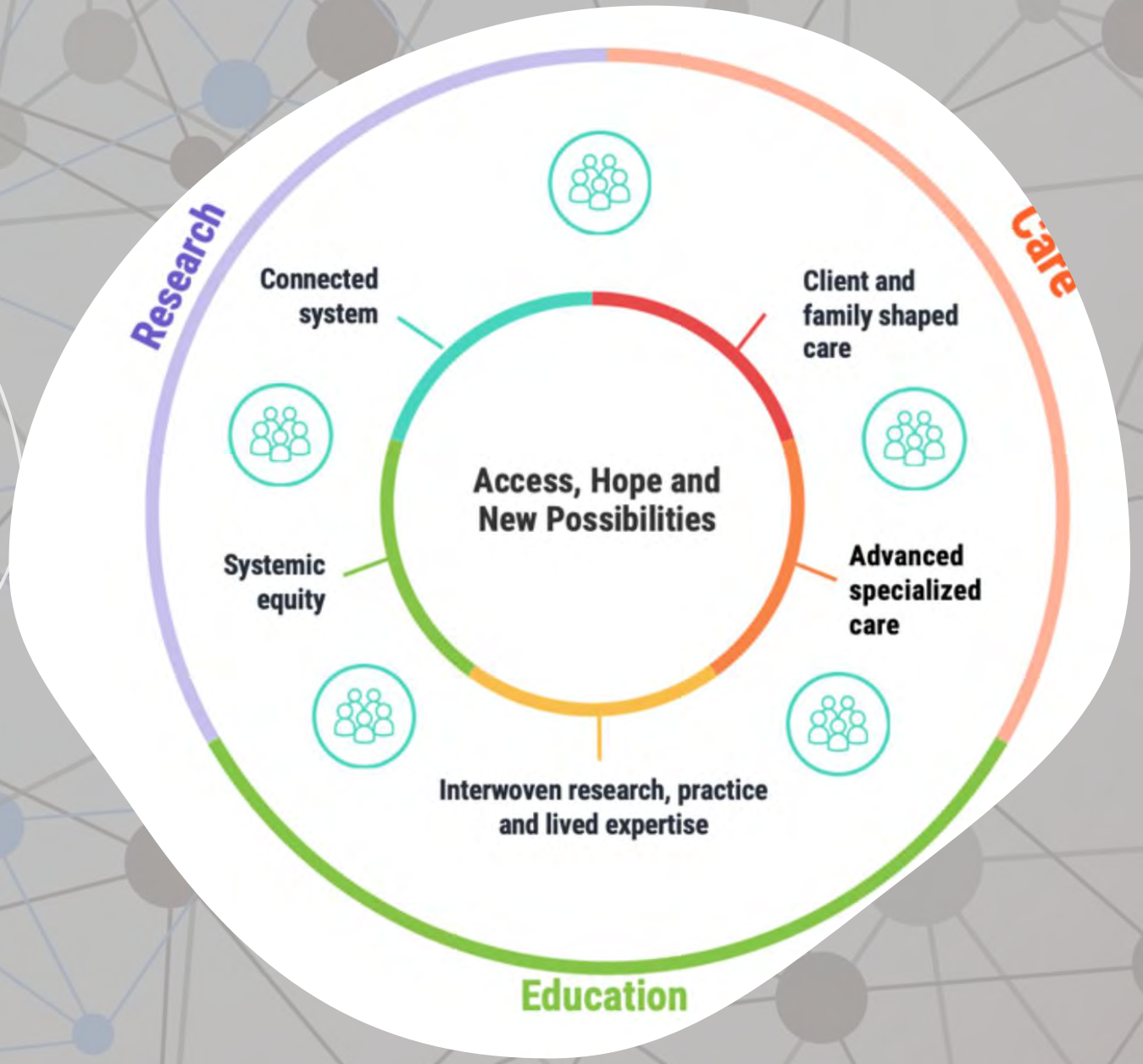
Development and integration of other novel and specialized treatments

Interventional Psychiatry Service

Patient Journey Through the Esketamine Service



Complete Alignment with the Strategic Plan



Acknowledgments

- Glenda O’Hara and Maureen Martin
- Dr. Raj Bhatla
- Louise Gregory and Christine Slepanki
- Dr. Pierre Blier
- Susan Sibbit, Billie Pryer, Tabitha Burta, Dr. Alexander Winter, Dr. Jinny Shaw, and Dr. Michele Tremblay
- Paul Backman
- Dr. Jennifer Phillips
- Karolynn Isaac
- Many others who were involved and contributed to this ambitious and important project

Thank you!

Questions?

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2020-2021 - 32	**Priority:** Routine

DATE:	March 25, 2021
COMMITTEE:	
PRESENTER:	Anne Graham, Chair, Board of Trustees
SUBJECT:	Acceptance of the Agenda

BACKGROUND INFORMATION:
LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:
BE IT RESOLVED THAT, the March 25, 2021 agenda be accepted, as presented.

Moved by:

Seconded by:

Motion approved:

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2020-2021 - 33	**Priority:** Routine

DATE:	March 25, 2021
COMMITTEE:	
PRESENTER:	Anne Graham, Chair, Board of Trustees
SUBJECT:	Approval of Previous Minutes

BACKGROUND INFORMATION:
LEGAL REVIEW AND/OR APPROVAL:
MOTION FOR APPROVAL:
BE IT RESOLVED THAT, the minutes of the February 18, 2021 Board meeting be approved, as presented.

Moved by:

Seconded by:

Motion approved:

Minutes
ROYAL OTTAWA HEALTH CARE GROUP
BOARD OF TRUSTEES
February 18, 2021 at 4:30 p.m.
(via Zoom)

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

MEMBERS		STAFF		GUESTS
Present	**Regrets**	**Present**	**Regrets**	
A. Graham, Chair C. Coulter, Vice Chair I. Levy, Vice Chair J. Gallant R. Anderson S. Squire D. Somppi J. MacRae P. Johnston L. Leikin N. Bhargava *Ex-officio members:* 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	L. Gillen	C. Crocker S. Gulati K. Monaghan S. Farrell K. Corace F. Dzierszinski D. Attwood C. Little	S. McLean, Chair, Centre of Excellence G. Cudney, Interim Chair, Foundation Board P. Smith, President & CEO, Centre of Excellence D. McFarlane, Public	S. West, Chair, IMHR Board G. O'Hara, Chair, Client Advisory Council (CAC) M. Langlois, Chair, Family Advisory Council N. Loreto, Observer J. Thomas, Presenter, FAC L. Colas, Chair, Royal Ottawa Volunteer Association Board A-M. Nicholson, Director, Volunteer Services P. Sammut, KPMG
				SCRIBE P. Robb

	ITEM	REFERENCE	ACTION REQUIRED
1.	**WELCOME**	The meeting was opened by acknowledging that the land on which we gather is the traditional and unceded territory of the Algonquin nation. Welcome remarks were provided and special guests acknowledged. D. Somppi was thanked for acting as the Ethics monitor for the meeting with a request that he report on the quality of decision making at the end of the meeting. A copy of the Royal's Ethics Framework for Decision Making was included in the meeting package. Also enclosed was the Conflict of Interest Policy and the Policy on Public, Non-Public and Restricted Meetings.	
2.	**CLIENT/FAMILY PRESENTATION**	Presentation by Judy Thomas	
		J. Thomas, a member of the Family Advisory Council, attended the meeting and shared her experiences as a parent of someone with mental health issues and provided	J. Thomas P. Robb

		some recommendations that she thought would be helpful. Following the presentation there were questions. J. Thomas will take some time to think about her answers and will send them to the Board through P. Robb. A copy of the presentation will be saved in The Royal's files for our records and can be made available upon request. The Board was very appreciative of her sharing her experiences and the thought she put into the recommendations. The Chair thanked her for her presentation.	
3.	**MINI SERIES**	Cyber Security - P. Sammut, KPMG	
		P. Sammut from KPMG attended the meeting and presented to the Board about how organizations are being impacted by cyber security attacks. He gave a real-life example of something that happened to another organization in Ontario and stressed the importance of ensuring staff have security awareness training such as phishing tests. This is especially important now that staff are working from home. C. Crocker noted that The Royal was part of a security audit, which included our partnership with Waypoint and Ontario Shores. There were questions following the presentation. A copy of the presentation is attached to these minutes.	
4.	**CALL TO ORDER**	A. Graham, Chair, called the meeting to order at 5:34 p.m. and declared it to have been regularly called and properly constituted for the transaction of business.	
5.	**AGENDA AND MINUTES**	**a. Acceptance of Agenda**	
		Moved by S. Squire and seconded by L. Leikin **BE IT RESOLVED THAT,** the February 18, 2021 agenda be accepted, as presented. **CARRIED**	
		b. Approval of Minutes	
		Moved by J. McRae and seconded by N. Bhargava **BE IT RESOLVED THAT,** the minutes of the December 17, 2020 Board meeting be approved, as presented. **CARRIED**	
6.	**INFORMATION ITEMS**	**a. Chair and CEO's Oral Report - A. Graham, J. Bezzubetz**	
		The Chair recently attended a Conversations at The Royal event on Youth and Mental Health. Notification of future	C. Little

		events will be forwarded to the three Boards so they will be alerted to them. The Chair also provided a brief update on the Foundation and noted that she had a good meeting with S. West and G. Cudney. A search committee will be established with the three Boards. J. Bezzubetz then presented. There are still challenges related to the pandemic and the ongoing stresses with our workforce. We continue to meet those challenges and are involved in regional meetings involving vaccinations for employees and clients. Even though we are making progress on so many fronts and innovations, we still have business as usual to take care of. J. Bezzubetz gave a shout out to the Senior Management Team and an acknowledgment that everyone is working hard. She thanked Board members for giving their time to support The Royal.	P. Robb
		A. Update on Foundation Campaign – C. Little, Interim President & CEO, Foundation	
		C. Little provided an update on the Foundation Campaign. The case writer is back on the scene and there will be scheduled conversations in the next week. Following her report there was a brief discussion. Board members were encouraged to send questions to her following the meeting if they needed to and she would be happy to answer them.	
		B. Annual Update from Volunteer Association (ROVA) – L. Colas	
		L. Colas, Chair, ROVA Board and A-M. Nicholson, Director, Volunteer Services attended the meeting at 5:45 p.m. L. Colas provided a brief report on the activities of ROVA. She noted that as with other organizations, the pandemic has had a significant impact on ROVA, but there have been some successes too such as the tree sale. There has also been a very good response from volunteers, although remotely. Some examples of this were provided such as Zoom visiting, letter writing, sending cards, taking creative works (poems, short stories etc.) and turning those into Word documents. The pandemic has also provided some opportunities. The ROVA Board will be meeting for a virtual retreat to regroup, reassess and plan for the year. They would appreciate hearing from the Board about their plans for the future to determine how best they can support them and collaborate further. They were excited to see all the collaboration that has happened in the last year with the Board.	J. Bezzubetz

		A copy of the presentation was included in the meeting package. *L. Colas and A-M Nicholson departed the meeting at 6:12 p.m.*	
		C. Strategy Update	
		<u>Prompt and Hospital Without Walls Activities – S. Farrell</u> The Prompt Care Clinic is a new service in the continuum of care. It is currently being evaluated to determine how it is filling the care gap in services. There is an upcoming meeting with the Minister to speak about this virtual model. There was a good discussion following the presentation. A copy of the presentation is attached to these minutes. **<u>Report on Org Design – C. Crocker, K. Corace</u>** C. Crocker and K. Corace provided an overview of this work and shared a presentation. The Org Design work is something the entire Executive Team is involved in. A copy of the presentation is attached to these minutes.	
7.	**COMMITTEE REPORTS & DECISION ITEMS**	**a. Quality Committee Report – L. Leikin**	
		No report. Next meeting is on March 1, 2021.	
		b. Governance Committee Report – C. Coulter	
		The draft minutes of the January 26, 2021 meeting was included in the meeting package as part of the report to the Board. The following was highlighted: - An update was provided on the transparency of the Board and its Committees. The Committee is keen on increasing transparency at both these levels with some constraints (process and legal). This is something the Governance Committee will continue to discuss over the next while. Three issues were addressed as follows: o Board and Committee transparency with respect to materials: Confidentiality agreements were sent to the Family and Client Advisory Councils for signature by their members in order that approved meeting materials can be sent to them o Delegates to attend meetings: There are approved delegates who attend the Quality	

		Committee meetings. If there are requests for others to attend, it will be left for the Chair of the Committee to permit on an exceptional basis o Excluded Meeting Policy: The language of this policy will be updated to favour open meetings. This will come back to the Governance Committee and then to the Board for final approval. As a Committee we are in favour of greater transparency - There will be a special meeting next week to look at the applications for the two vacancies on the Board. The plan is to hold interviews in March/April with a view to appoint someone by the June AGM - A reminder was provided about Board funds that are available for education purposes. There is currently $7,000 in the budget. If there are any courses that members are interested in taking, please contact A. Graham for approval, with a copy to P. Robb in order for her to make arrangements	P. Robb
		i. Board Connections Day Survey Results (October 22, 2020 Workshop)	
		The next Board Connections Day is on February 24, 2021. A copy of the Survey Results was included in the meeting package for information.	
		ii. 2021-2022 Meeting Schedule	
		Board members were asked to review the 2021-2022 Board and Committee meeting schedule and let P. Robb know if there are any conflicts before it is finalized. A copy of the draft schedule was included in the meeting package.	P. Robb
		iii. Compensation & Succession Planning Committee Terms of Reference	
		Moved by C. Coulter and seconded by L. Leikin **BE IT RESOLVED THAT** the Terms of Reference of the Compensation & Succession Planning Committee be approved as presented. **CARRIED**	
		c. Innovation Committee Report – N. Bhargava	
		No report. Next meeting on April 27, 2021.	
		d. Compensation & Succession Planning Committee Report – A. Graham	
		No report. Next meeting on April 7, 2021.	

		e. Medical Advisory Committee (MAC) Report – R. Bhatla	
		The minutes from the November 19, 2020 and December 17, 2020 meetings were included in the meeting package as part of the MAC report to the Board. The goal is to have the Medical Advisory Committee align with the strategic plan. The Committee is also involved with the university, which includes undergraduate education. Following the report there was a brief discussion.	
		i. Medical Staff Privileges	
		Moved by J. MacRae and seconded by I. Levy **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: - Dr. Heather Bocz, Probationary Full-Time privileges, ROP, effective immediately - Dr. Jennifer Palmer, from Temporary to Locum privileges, December 6, 2020 to May 30, 2021 **CARRIED**	
		f. Audit Committee Report – J. Gallant	
		The minutes from the January 21, 2021 Audit Committee meeting were included in the meeting package as part of the report to the Board. Some highlights noted were the Audit Plan, which is very similar to last year's Plan, and the additional work on the new standards. The Audit Committee was satisfied with the Audit Team and their proposed fees.	
		i. Annual Audit Plan	
		The Audit Plan was included in the meeting package. Moved by S. Squire and seconded by C. Coulter **BE IT RESOLVED THAT** as recommended by the Audit Committee the Annual Audit Plan be approved, as presented. **CARRIED**	
		ii. Reappointment of Auditors	
		KPMG has been The Royal's auditors for 7 years. There was a good discussion at the Audit Committee and all agreed they were doing a great job. It was noted that to	

		change auditors in the middle of pandemic was not a good idea and therefore, the Committee was supportive of re-appointing them for another year. Moved by J. MacRae and seconded by R. Anderson **BE IT RESOLVED THAT** KPMG Chartered Accountants be re-appointed as the ROHCG Auditors for 2021-2022 and the motion be forwarded to the Annual General Meeting on June 24, 2021 for approval. **CARRIED**	
		iii. Statutory Obligations Letter	
		The Statutory Obligations Letter was included in the meeting package.	
		g. Finance Committee Report – J. Gallant	
		The minutes from the January 21, 2021 Finance Committee meeting were included in the meeting package as part of the report to the Board. The interim financial statements were also made available on the Board portal for the Board's information. Highlights were as follows: - The Royal is in a small surplus position. We will have a balanced budget this year. The Minister will be reimbursing Covid expenses - The budget will be brought forward in March so management has more time to do more fulsome work regarding the financing of different initiatives in the strategic plan - Waiting to hear from the Ministry regarding the funding of the ROP. A letter was received from the Ministry on February 12, 2021 which provided the process for applying as a Behaviour Specialized Unit (BSU) for ROP. If successful, there is a $150 per day, per bed payment. This is something that will be pursued by C. Crocker and E. Millar. There will be more information at the March Finance Committee meeting and that will then be passed onto the Board. If we are not successful in obtaining adequate resources to continue with the ROP. We will come back to the Board for a decision as to when to provide notice to the MOHLTC of our intent to discontinue the operation of the ROP Discussion followed.	P. Robb
8.	**CONSENT AGENDA**	**a. Approval of the Consent Agenda – A. Graham**	
		There were no items removed from the Consent Agenda.	

		Moved by J. Gallant and seconded by R. Anderson **BE IT RESOLVED THAT** the Consent Agenda be approved, including any motions contained therein. **CARRIED** - President & CEO's Report - The Royal Ottawa Foundation for Mental Health Report - Centre of Excellence Report - IMHR Report	
9.	**NEW BUSINESS**	The Senior Management Team and the entire staff have done amazing work in the Covid context, but the Board encouraged them to remember to take their breaks.	
10.	**REPORT ON THE ETHICS FRAMEWORK FOR DECISION MAKING**	D. Somppi, the meeting Ethics monitor, reported it was a good meeting and the decisions were fair, equitable and 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. The Chair kept us focused on important elements. We heard a lot of important personal comments and there were expressions of compassion and concern. There was also reference to the strategy.	
11.	**NEXT MEETING**	March 25, 2021 at 8:09 p.m.	
12.	**ADJOURNMENT**	Moved by J. Nyman and seconded by C. Coulter **BE IT RESOLVED THAT**, the meeting be adjourned at 8:09 p.m.	
13.	**EXCLUDED SESSIONS**	1. **RESTRICTED** - Independent Board Members and CEO and PIC/COS	
		2. **IN CAMERA** - Independent Board Members only	

A. Graham
Chair, Board of Trustees

J. Bezzubetz
Secretary, Board of Trustees

ROHCG Board Update

Raj Bhatla MD, FRCPC, DABPN
Psychiatrist-in-Chief & Chief of Staff, ROHCG
Associate Professor, University of Ottawa
Presentation to the Board of Trustees
March 25, 2021

The Le Royal
Mental Health - Care & Research
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Outline

- Quality
- Physician
  - HR
  - Culture
- Physician Engagement Summary

Quality & Patient Safety – Year in Review 2020-2021

March 2021

The Le Royal

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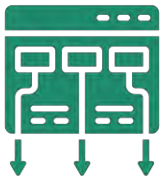
Santé mentale - Soins et recherche

Update: Enhancing Quality at The Royal

Enabling Ideas & Supports – Presented in 2019



Establishment of a Quality Framework

Alignment of QIP with Strategic Plan

Creation of a Corporate Quality Committee

Continued support for a Learning Organization (safety culture)

Embedding Quality Improvement Teams on Every Unit

Quality Improvement Facilitator(s)

Quality Improvement & Patient Safety Education and Training

Timely Access to Data

Establishment of a Quality Framework

- A quality framework is a supporting structure that helps to guide our efforts and support key quality decisions at The Royal.

- Approved in Jan 2021
- Adapted from the quadruple aim
- The quality framework and QIP were aligned with the new Strategic Plan

Quality Committee

- Established in February 2020
- Diverse membership (front-line staff to senior leaders, and includes a client and family representative.)
- Primary role is to promote a quality, safe, client and family-centered culture at The Royal.
- Meets monthly to review:
  - ❑ QIP development & progress
  - ❑ Patient Safety Report
  - ❑ Incident Review Committee Recommendations
  - ❑ QI training & educations needs
  - ❑ QI practices and improvements

Learning Organization Journey

- Restructuring of the critical incident process towards best practice
  - ❑ Addition of internal third party reviewers
  - ❑ Revised template allowing program to present their own improvement ideas
- The Royal's Good Catch Award
  - ❑ Aim to bolster employee/physician recognition of near miss events
  - ❑ Given out monthly in the organization as of Spring 2020

Quality Improvement Teams

- Programs have created dedicated QI teams or chosen to embed their quality work within existing program structures
- QI team membership is diverse (Program leadership, frontline staff, client and family representatives)
- Meet monthly to:
  - ❑ Review program level data
  - ❑ Identify areas of improvement
  - ❑ Undertake quality improvement projects

Quality Improvement Facilitator

- Provides QI coaching and support to program level QI teams
- Works to align QI teams with the larger quality structures within the Organization (Quality Committee, QIP)
- Produces monthly program QI dashboards

QI & Patient Safety Education and Training

- Providing QI education to psychiatry residents
- A new Quality Improvement mini learning series offered through a provincial agency, was made available to all leaders at The Royal
  - ❑ 19 leaders registered for the offering
- Developed e-learning modules on hand hygiene and PPE
  - ❑ Additional patient safety training done throughout the pandemic

Timey Access to Data

- Monthly data provided to the programs:
  - ❑ QIP dashboards containing program specific data are reviewed allowing programs to track their progress towards corporate QIP targets
  - ❑ Patient safety data is reviewed allowing for an expedited response to any special cause variation
    - ❑ This novel approach is helping programs connect and respond to the larger quality & patient safety structures at The Royal
- Established a strong partnership with Data & Analytics that is allowing greater access to on demand data
  - ❑ This is enhancing the Quality& Patient Safety team's ability to support the translation of data and outcomes to the program level

Pandemic Response

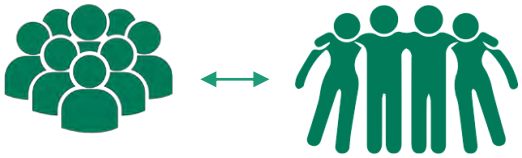
The Quality & Patient Safety team has been intimately involved in the pandemic response by:

- Providing ongoing guidance to the organization by outlining policies and procedures for all patients and staff at multiple locations
- Acting as the Royal's liaison with Ottawa Public Health
- Developing and overseeing the COVID screening tools used at all Royal sites
- Providing, in partnership, personal protective equipment (PPE) and hand hygiene education to hundreds of staff across all Royal sites
  - ❑ This training was eventually redesigned into a mandatory e-learning module and shared with all staff
- Conducting regular hand hygiene, space, and mask audits to ensure adherence with IPAC principles
- Playing an integral role in the planning and operationalizing of on-site COVID testing
- Running a successful flu vaccine campaign
- Supporting access to the COVID vaccine as it is being made available

Next Steps for 2021

Continue to build off existing work

Continue to support the pandemic response and COVID vaccine rollout



Identify and trial a means for program level QI teams to report on their progress to the Royal's quality committee

Develop & provide quality improvement & data literacy education and training

Physicians – Year in Review 2020-2021

March 2021

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Physician Statistics

- Primary Physicians – Full-time, Primary Part-time, Probationary – 88
- Female (45%)
- Male (55%)

- Non-Forensics Primary Physicians – 65
- Female (51%)
- Male (49%)

Physician Movement in 2020-21

Under these unusual circumstances this year, The Royal has maintained physician numbers and many have provided additional services to combat Covid-19 and to assist our clients.

- Physicians who have left The Royal: 8
- 5 retirements
- 3 change in career path

- Physicians who joined The Royal: 13
- 1 in Mood & Anxiety
- 3 Temporary in Prompt Clinic
- 1 in OSI

- 5 Locums in various programs
- 1 in Youth
- 2 in Forensics

Physician Language

Here at The Royal we are very fortunate in that our physicians speak many languages. This is so valuable in treating our clients who come from many backgrounds.

36 physicians are bilingual (41%)

- English & French

Other languages spoken;

- 2 Czechoslovakian
  4 Russian
  1 Bulgarian
  1 Serbian
  8 Spanish
  1 Italian
  1 Arabic
  2 Farsi
  1 Croatian
  1 Telugu
  2 Tamil
  1 Sinhalese
  1 Estonian
  3 Polish
  1 Malayalam
  2 German
  1 Dutch
  4 Punjabi
  3 Urdu
  1 Creole
  5 Hindi
  1 Hebrew
  1 Filipino

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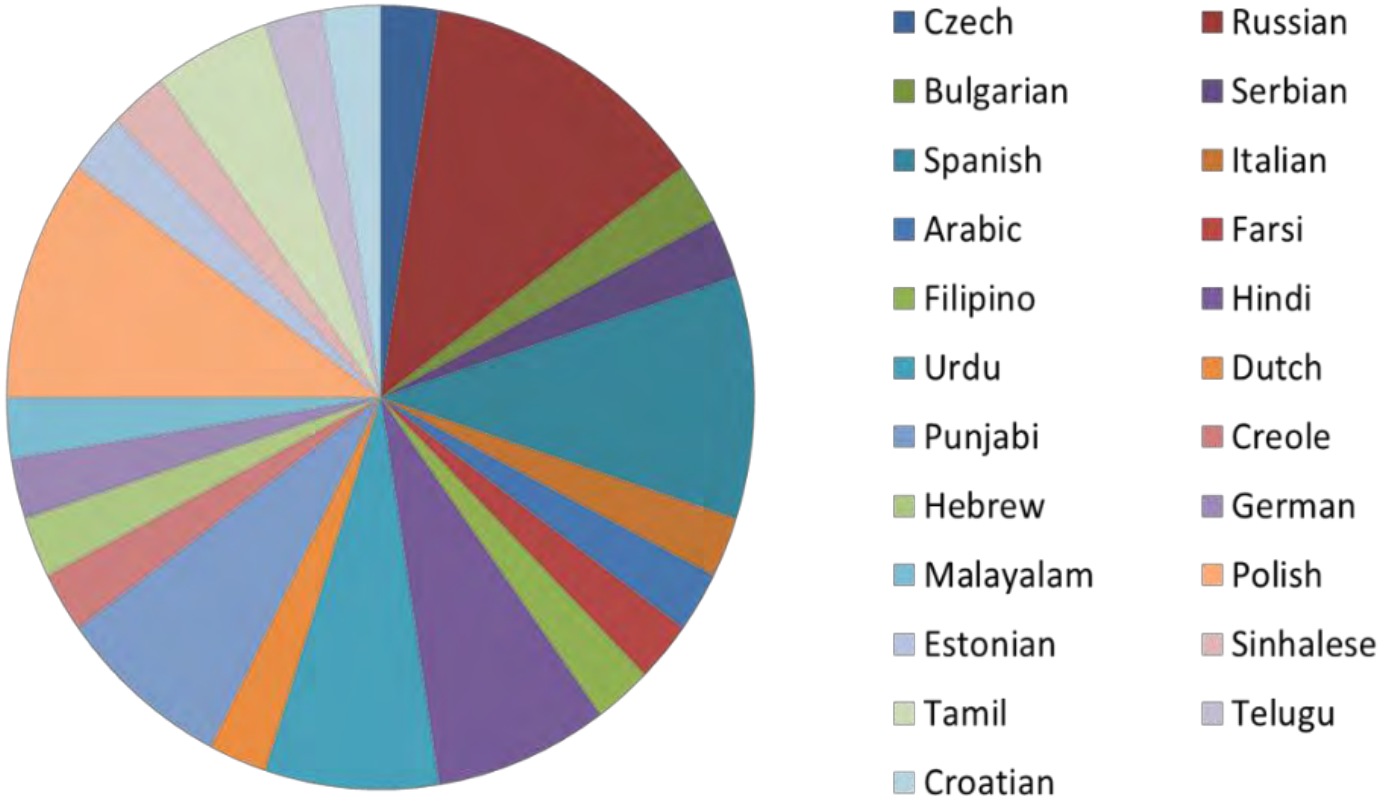
Physician Language – Cultural Mosaic



Physician Age by Clinical Program

Age	Central Services	CMHP	Geriatrics	Forensics	MAP (& Sleep)	SUCD	OSI	Schizophrenia	Youth	Total
30-34					1	2		1		4
35-39			2	3	2	1	1		1	10
40-44			4	2		2	1	1		10
45-49	1	2	2	5	2			3		15
50-54		2	2	5			1	1	2	13
55-59	1	1	3	4			1			10
60-64		1	1	2	3		1	1	2	11
65-69		1	1	1	2			1	1	7
70-74		1		2	1	1		1		6
75-79				1	1					2
Total	2	8	15	25	12	6	5	9	6	88

Wellness for Physicians:

As an organization that is very inclusive, all physicians are included in the wellness initiatives for staff and encouraged to participate. Also available:

- The Royal is a member of The University of Ottawa's *Faculty Wellness Program Advisory Committee* (FWPAC). Physicians are invited to Webinars and Peer support sessions. Many resources on Physician Wellness are on their website; https://med.uottawa.ca/professional-affairs/faculty-wellness-program. For example, National Alcohol Forum Webinar Series.
- Peer support is strongly encouraged at the Royal and is facilitated by the FWPAC. See Slide 10
- At Medical Advisory Committee (MAC), Clinical Directors (CD), and Medical Staff meetings - physicians are encouraged to speak openly and also to support their physicians if they are struggling; colleagues supporting colleagues.
- There is an 'Open Door' policy held by the Chief of Staff and other senior Medical Staff, should any physician need assistance.
- Kudos are given to physicians at MAC and CD meetings for extra work and commitment and recently their exemplary Covid-19 response. We appreciate all of their efforts on behalf of our patients and staff.
- Virtual Rounds – there are many topics which promote wellness that are available during rounds and physicians can sometimes receive Maintenance of Certification (MOC) credits, which assists with ongoing learning requirements.
- The medical staff have some flexibility in their work environment. Some are able to work from home or to utilize our Telemedicine capabilities to see patients. The physicians have also been supporting each other by 'covering' their colleagues who need to be off-site for any reason, i.e., childcare difficulties. These simple assists enable the physicians to reduce their stress.

EHR, OTN, ZOOM, Doxy, Teams, Skype, email, surveys

Wellness for Physicians – continued…

- The Canadian Medical Association (CMA) and the Ontario Medical Association (OMA) offers many resources that can assist physician wellness. The OMA offers a service, the Physician Health Program (PHP), which can guide a troubled physician to various individuals who can assist them. They can also provide referrals, evaluations and counselling, if needed. https://php.oma.org/about-php/missionobjectives/
- Virtual Inspiration Awards -The Inspiration Awards recognizes the determination to triumph through hardships, the courage to speak up, and the resolve to help break down the stigma often associated with mental illness.
- Supports on The Royal website - https://www.theroyal.ca/covid-19-resource-list-healthcare-workers.
- OREO Intranet – There is a dedicated area on the OREO Intranet for physicians with a Wellness Support link which is provided by the University of Ottawa. This outlines additional offerings which are particularly useful for maintaining wellness. See Slide 11.
- Dr. Tim Lau, the President of the Medical Staff has been appointed Director of Joy at Work for the University. His new role is to foster a culture of appreciation and recognition for the good work done by physicians.

PEER SUPPORT

wellness@uOttawa.ca

Connectedness as antidote for anxiety and stress

In this time, it is crucial that we create and nurture a culture that promotes connectedness, safety, and trust.

- Colleagues & physicians want to talk to their peers.
- Easily available, but needs intention.
- Starts with a simple check in.
- You already have the necessary skills.
- Invaluable, could save a life.
- Not about fixing or rescuing colleagues but meeting them where they are.

Choose the format that suits your group or team

(Click the link to learn more)

Be a Peer Support

Online Peer Support Groups

"Buddy Up" Check-In system

Build a culture of peer support

The solidarity of a group provides the strongest protection against terror and despair, and the longest antidote to traumatic experience.

– Judith Herman, 1997

COVID-19 AND PHYSICIAN WELLNESS RESOURCES AND SUPPORTS

FACULTY WELLNESS PROGRAM

Mental Health Supports (1:1 support for physicians)

- **uOttawa Faculty Wellness Program** – support and resources, appointments with Assistant-Dean, Faculty Wellness Program (Dr. Elizabeth Muggah) or clinical counsellor (Ms. Cynthia Abraham)
  Contact Information: wellness@uottawa.ca | 613-562-5800 ext. 8507
- **uOttawa Student Affairs Office** – for Undergraduate medical students, access to counselling support and referrals (Dr. Kay-Anne Haykal, Assistant-Dean, Student Affairs)
  Contact Information: medaca@uottawa.ca, 613-562-5800 ext. 8551
- **Ontario Medical Association Physician Health Program** – confidential support, services, referrals,
  Contact Information:1-800-851-6606 | http://php.oma.org/
- **PARO Help Line (for residents only)** – 24/7 confidential support
  Contact Information: Helpline 1-866-HELP-DOC – PARO
- **Employee and Family Assistance Program** – counselling/supports
  Morneau Sheppell: 1.844.880.9142 | https://www.morneaushepell.com/ca-en/your-efap
  Homewood: 1.800.663.1142 | https://homewoodhealth.com/corporate/contact
- **Peer support:** Set up a buddy system at work, this can be a key to monitoring your stress and building support and resilience. Guide from CDC.

Virtual Support - (Free)

- **OMA Physician Health Program daily MD "drop-in":** A virtual chat every weekday between 12-1. The sessions will be led by Dr. Kasra Khorasani, a psychiatrist at Mount Sinai Health Systems and St. Joseph's Health Centre in Toronto, who is an expert in group therapy. More info

- **Peer support sessions led by Dr Mamta Gautam:** Daily Zoom call with Dr. Gautam, an Ottawa psychiatrist who specializes in physician health, 4 pm EST. No commitment, drop in as often as you want for as long as you want. This is peer support, not psychiatric care. Email for further information mgautam@peakmd.ca

- **Drop in 30 min MD Mindfulness Sessions.** Optional discussion to follow. Every Mon/Tues/Wed/Thurs at 8:00 p.m.

  - **Monday** - 8:00-8:30 p.m. with Dr. Diane Meschino starting March 30th Email: Diane.Meschino@wchospital.ca for more information or simply join the Zoom session Join Zoom Meeting: https://zoom.us/j/6132246869 Meeting ID: 613 224 6869

  - **Tuesday** - 8:00-8:30 p.m. with Dr. Jennifer Hirsch starting March 24th Email: Jennifer.hirsch@sinaihealth.ca for more information or simply join the Zoom session Join Zoom Meeting: https://zoom.us/j/148527614 Meeting ID: 148 527 614

  - **Wednesday** - 8:00-8:30 p.m. with Dr. Mary Elliott starting March 25th Email Mary.Elliott@uhn.ca for more information simply join the Zoom session Join Zoom Meeting: https://zoom.us/j/9482159624 Meeting ID: 948 215 9624

  - **Thursday** - 8:00-8:30 p.m. with Dr. Orit Zamir starting March 26th Email Orit.Zamir@sinaihealth.ca for more information or simply join the Zoom session Join Zoom Meeting: https://zoom.us/j/302330041 Meeting ID: 302 330 041

- **Medical Student virtual drop-in Session:** The Student Affairs Office will be offering a weekly virtual group support session with Dr Kay-Anne Haykal and the SAO counsellors for all medical students. This is an optional drop-in session to discuss any general concerns during this pandemic with the SAO. Counselling and psychotherapy will not be provided during those sessions although students can continue to book their individual counselling sessions with the counsellors. The link to those sessions will be provided shortly on the SAO Facebook page as well as through the SAO student advisors and the Aesculapian society.

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NAVIGATION
Corporate Results
Results by Theme
Results by Question

72%
2020

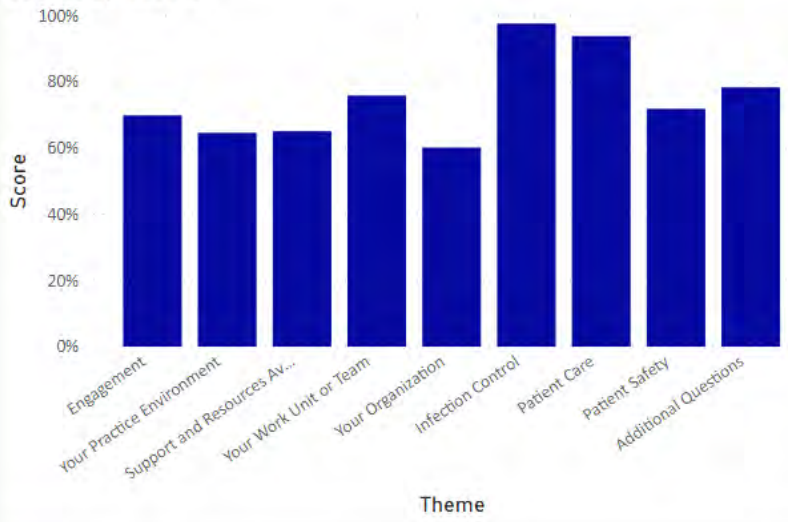
68%
2018

41
Total Participants

Corporate Results

2020 Physician Engagement Survey

Scores by Theme



Year-over-Year Comparison by Theme

Theme	2020	2018	Variance
Engagement	70%	69%	1%
Your Practice Environment	65%	63%	1%
Support and Resources Available to You	65%	63%	2%
Your Work Unit or Team	76%	76%	-0%
Your Organization	60%	58%	2%
Infection Control	98%	85%	13%
Patient Care	94%	90%	4%
Patient Safety	72%	61%	11%
Additional Questions	78%	0%	78%
Total	**72%**	**68%**	**4%**

Score: Total number of positive responses divided by all responses excluding N/A or "Don't Know" responses.

The Royal

Business Plan Presentation

ROHCG, IMHR, ROFMH

Board of Trustees

March 25, 2021

CONFIDENTIAL

Index

The Royal

2021/2022

Budget

CONFIDENTIAL

Context - Provincial

- There has been no funding announcement from the government to date for fiscal 2021/22
- Government has committed to covering COVID expenses for fiscal 20/21 and to date, have lived up to that commitment
- They have also verbally advised that COVID expenses will continue to be covered for a period in 2021/22, but have not confirmed this in writing
- OHA Survey Results – Nov/20 (128 Hospitals)
    - Deficits $521.5M
    - Lost Revenue $750.9 M (includes Research/Grants)

Context – The Royal

- The Royal, as are all hospitals in Ontario, is required by legislation to provide a balanced budget annually (balanced to margin)

- The Royal's budget increase since 2010/11

2010/11	1.33%	2016/17	2.00%
2011/12	1.25%	2017/16	2.00%
2012/13	0.00%	2018/19	2.00%
2013/14	0.00%	2019/20	1.00%
2014/15	0.00%	2020/21	1.00%
2015/16	0.00%	2021/22	(%TBD)

Context – The Royal

- Based on the Auditor General review in 2016, we continue to meet the benchmark for administration/support to clinical services at a 30/70 split

- We received one time funding of $997,700 in 20/21. No word on increased funding for 21/22 for ROP and continue to seek permanent funds to reduce/eliminate the $1.6M ongoing deficit

Context – The Royal

- We have met all LHIN H-SAA, M-SAA and L-SAA commitments since 2010/11. We will not meet all volume commitments for 2021 due to reduction in services due to COVID. This is consistent with other healthcare organizations in Ontario
- We have been successful in remaining in a breakeven/small surplus position since 2010/11.
- We are projecting a $1M surplus for fiscal year ending March 31, 2021

Context – The Royal

- Union Agreements:
  - CUPE 1.65% (expires Sept 29/21)
  - ONA 1% (expires Mar 31/22)
  - OPSEU BMHC 1.75% (expires Mar 31/22)
  - OPSEU ROMHC 1.75% (expires Mar 31/22)
  - Non Union 1%

2021/2022
Assumptions / Risks

Assumptions / Risks

Assumption	Risk
Global funding based on 1% increase	Low
Community funding based on 0% increase	Low
Nunavut and Yukon contracts remain at current level $1.9M	Medium
Includes $1M one time HFS revenue related to sale	Low
Cost of Living Allowance based on current collective agreements	
CUPE 1.65% (expires Sept 29/21)	Low
ONA 1% (expires Mar 31/22)	Low
OPSEU BMHC 1.75% (expires Mar 31/22)	Low
OPSEU ROMHC 1.75% (expires Mar 31/22)	Low
Non Union 1%	Low

Assumptions / Risks cont'd

Assumption	Risk
Slow hire savings of $1.6M	Low
Benefits 2%	Low
Med/Surg Supplies 2% over forecasted actual	Low
Drugs 2% over forecasted actual	Low
Royal Ottawa Place will require more than $1.6M from global budget	Low
IMHR will require more than $1.8M from global budget	Low
PET/MRI will require more than $449k from global budget	Low

Assumptions / Risks cont'd

Assumption	Risk
$997.7k of one time funding in 20/21 for ROP will not be moved to base funding in 21/22	Low
COVID related costs will continue to be covered by the Ministry of Health and netted to zero	Low
Will not impact our H-SAA, M-SAA and L-SAA accountabilities	Low

2021/2022

Strategic Planning Initiatives

Strategic Planning 2021-2025
Organization Wide Initiatives 2021/22

Initiative	Total	One Time /New	Redistribution	?
Org Design	$100K		$100K	
Royal Service Promise				
Client/Family Engagement & Peer Support Research Hub	$398K		$100K	$298K
Prompt Clinic	$1.463M	$1.029M	$434K	
Coordinated Access	$490K	$490K		
Brain Imaging Centre (BIC)	$449K		$449K	
Digital Health Strategy	$100K	$100K		
Advancing Education/Research and Care	$480K		$150K	$330K
Advocacy	$50K		$50K	
TOTAL	$3.530M	$1.619M	$1.283M	$628K

2021/2022
Budget Summary

Budget Summary

	20/21 Budget	21/22 Budget	$ Variance	% Variance
Funding	**$195,535,201**	**$198,482,769**	**$2,947,568**	**1.51%**
Compensation	$137,874,077	$143,182,616	$5,308,539	3.85%
Supplies & Services	$46,578,999	$46,420,532	($158,467)	-0.34%
Depreciation	$10,032,125	$9,527,866	($504,259)	-5.03%
	$194,485,201	$199,131,014	$4,645,813	2.39%

Covid Revenue		$3,700,000	$3,700,000	
Covid Expenses		$3,700,000	$3,700,000	

Net Surplus / (Deficit)	**$1,050,000**	**($648,245)**	**($1,698,245)**	
Margin	**0.92%**	**0.00%**		

*Based on known revenue sources and contract/inflationary increases

Funding

	20/21 Budget	21/22 Budget	$ Variance	% Variance
Provincial Plan	$157,863,271	$165,424,258	$7,560,987	4.79%
Patient Revenue	$13,302,214	$13,364,673	$62,459	0.47%
Room Accommodation	$137,496	$137,496	$0	0.00%
Other Revenue	$16,305,719	$12,328,301	($3,977,418)	-24.39%
Grant Revenue	$7,926,501	$7,228,041	($698,460)	-8.81%
Total	**$195,535,201**	**$198,482,769**	**$2,947,568**	**1.51%**

Compensation

	20/21 Budget	21/22 Budget	$ Variance	% Variance
Management & Operations	$19,350,221	$20,141,341	$791,120	4.09%
Unit Producing	$105,763,101	$110,336,589	$4,573,488	4.32%
Total MO & UP	$125,113,322	$130,477,930	$5,364,608	4.29%
Medical Staff	$12,760,755	$12,704,686	($56,069)	-0.44%
Total Compensation	**$137,874,077**	**$143,182,616**	**$5,308,539**	**3.85%**

Supplies & Services

	20/21 Budget	21/22 Budget	$ Variance	% Variance
Med/Surg Supplies	$533,652	$514,109	($19,543)	-3.66%
MRI Supplies	$169,154	$88,286	($80,868)	-47.81%
Drugs	$1,875,194	$1,773,437	($101,757)	-5.43%
Utilities	$237,297	$236,850	($447)	-0.19%
Food/Hskping/Laundry	$1,183,555	$1,180,606	($2,949)	-0.25%
Maintenance of Building & Equipment	$3,076,592	$3,100,468	$23,876	0.78%
Insurance	$723,292	$785,586	$62,294	8.61%
Leases	$876,401	$849,207	($27,194)	-3.10%
Property Rental	$3,139,697	$3,453,320	$313,623	9.99%
Subtotal	$11,814,834	$11,981,869	$167,035	1.41%

Supplies & Services (con't)

Subtotal from previous page	$11,814,834	$11,981,869	$167,035	1.41%
Contracted Out	$15,918,510	$16,746,292	$827,782	5.20%
Travel & Education	$1,613,258	$1,505,023	($108,235)	-6.71%
Professional Fees	$4,936,771	$4,943,048	$6,277	0.13%
Stationary/Photocopying/Printing	$675,013	$683,599	$8,586	1.27%
Software Licenses/Data Communication	$2,648,094	$2,971,234	$323,140	12.20%
Interest on Capital Lease	$5,318,759	$4,690,460	($628,299)	-11.81%
Other	$3,653,760	$2,899,007	($754,753)	-20.66%
Total	**$46,578,999**	**$46,420,532**	**($158,467)**	**-0.34%**

Depreciation

	20/21 Budget	21/22 Budget	$ Variance	% Variance
Depreciation - Major Equipment	$4,211,128	$3,723,288	($487,840)	-11.58%
Depreciation - Buildings	$5,820,997	$5,804,578	($16,419)	-0.28%
Total	**$10,032,125**	**$9,527,866**	**($504,259)**	**-5.03%**

2021/2022

H-SAA, M-SAA & L-SAA Targets

(Current Agreements Extended to March 31, 2022)

H-SAA, M-SAA & L-SAA Targets

	2020/21	2021/22 Estimate	Variance
H-SAA			
Current ratio	0.88	0.88	0
Margin	0.45%	0	0
Patient Days	88,628	88,628	0
Weighted Patient Days	107,788	107,788	0
Outpatient Volumes	27,950	27,950	0
Community Volumes	38,735	38,735	0
M-SAA			
Visits	36,538	37,238	700
Not Uniquely Identified	6,250	6,250	0
Resident Days	3,000	3,000	0
Individuals Served	3,699	3,809	110
Group Sessions	589	589	0
Group Participants	3,100	3,100	0
Mental Health Sessionals	1,060	1,060	0
L-SAA			
Occupancy	>97%	>97%	0

2021/2022 Budget

% Summary

2020/21 Budget % Summary

	20/21 Budget	20/21%	21/22 Budget	21/22%
Provincial/Federal Government	$180,329,798	92.22%	$182,168,614	91.70%
Non-Government	$15,205,403	7.78%	$16,495,084	8.30%
Total Revenue	$195,535,201	100.00%	$198,663,698	100.00%

Salaries & Benefits	$125,113,322	64.33%	$130,477,930	65.46%
Medical Staff	$12,760,755	6.56%	$12,720,575	6.38%
Medical & Surgical	$702,806	0.36%	$602,395	0.30%
Drugs	$1,875,194	0.96%	$1,773,437	0.89%
Utilities	$237,297	0.12%	$236,850	0.12%
Food Service / Housekeeping & Laundry	$1,183,555	0.61%	$1,180,606	0.59%
Maintenance of Building & Equipment	$3,076,592	1.58%	$3,100,468	1.56%
Insurance	$723,292	0.37%	$785,586	0.39%
Leases	$876,401	0.45%	$849,207	0.43%
Property Rental	$3,139,697	1.61%	$3,453,320	1.73%

2020/21 Budget % Summary cont'd

	20/21 Budget	20/21%	21/22 Budget	21/22%
Contracted Out	$15,918,510	8.18%	$16,746,292	8.40%
Travel & Education	$1,613,258	0.83%	$1,505,023	0.76%
Professional & Management Fees	$4,936,771	2.54%	$5,098,143	2.56%
Stationary/Photo/Printing	$675,013	0.35%	$683,599	0.34%
Software Lic/Data Comm/Long Distance	$2,648,094	1.36%	$2,971,234	1.49%
Interest on Capital Lease	$5,318,759	2.73%	$4,690,460	2.35%
Other	$3,653,760	1.88%	$2,908,952	1.46%
Depreciation	$10,032,125	5.16%	$9,527,866	4.78%
	$194,485,201	100.00%	$199,311,943	100.00%
Net Surplus / (Deficit)	**$1,050,000**		**($648,245)**	

2021/2022

Capital Budget

Capital Budget Summary

	FY 2021-22
Requests:	
Capital Projects	2,651,630
Technology Projects	1,223,920
Equipment	587,146
Total	4,462,696
Funding:	
Net Depreciation	2,299,825
Facility Reserve	196,630
Life Cycle	260,000
Other – One time	1,706,241
Total	4,462,696

Working Capital Impact (excluding EHR)	**-**

EHR and Joint Projects	2,095,904
EHR Funding	706,014
Working Capital Impact - EHR	(1,389,890)

Working Capital Impact (including EHR)	**(1,389,890)**

3 Year Forecast – Operating

(Based on Funding of 0%, 1%, 2%)

3 Year Forecast

$ in 000's	2020/21	2021/22			2022/23			2023/24		
	Budget	0%	1%	2%	0%	1%	2%	0%	1%	2%
Provincial Revenue - Global	109.86	109.82	110.93	112.05	109.82	112.06	114.33	109.82	113.20	116.62
Provincial Revenue - Non Global	42.24	48.65	48.65	48.65	48.03	48.03	48.03	47.38	47.38	47.38
Other Revenue	33.56	30.19	30.19	30.19	26.92	26.92	26.92	26.87	26.87	26.87
Total Revenue	**185.66**	**188.66**	**189.77**	**190.89**	**184.77**	**187.01**	**189.27**	**184.07**	**187.45**	**190.87**
Compensation	128.76	133.76	133.76	133.76	135.03	135.03	135.03	136.31	136.31	136.31
Other Expenses	52.47	52.64	52.64	52.64	52.21	52.21	52.21	51.87	51.87	51.87
Total Expenses	**181.23**	**186.40**	**186.40**	**186.40**	**187.24**	**187.24**	**187.24**	**188.18**	**188.18**	**188.18**
Surplus / (Deficit) from operations excl ROP, IMHR & BIC	**4.43**	**2.26**	**3.37**	**4.49**	**(2.48)**	**(0.23)**	**2.03**	**(4.11)**	**(0.73)**	**2.69**
ROP Projected Deficit	(1.56)	(1.76)	(1.76)	(1.76)	(1.81)	(1.81)	(1.81)	(1.90)	(1.90)	(1.90)
IMHR Contribution	(1.82)	(1.82)	(1.82)	(1.82)	(1.82)	(1.82)	(1.82)	(1.82)	(1.82)	(1.82)
Surplus / (Deficit) from Operations	1.05	(1.33)	(0.21)	0.91	(6.11)	(3.86)	(1.60)	(7.83)	(4.45)	(1.03)
BIC Contribution (projected deficit)	0.00	(0.45)	(0.45)	(0.45)	(0.65)	(0.65)	(0.65)	(0.66)	(0.66)	(0.66)
Surplus / (Deficit) from Operations	**1.05**	**(1.78)**	**(0.66)**	**0.46**	**(6.76)**	**(4.51)**	**(2.25)**	**(8.49)**	**(5.11)**	**(1.69)**
Capital Contribution	1.05	0.94	0.94	0.94	0.82	0.82	0.82	0.85	0.85	0.85
Total Shortfall	**0.00**	**(2.72)**	**(1.60)**	**(0.48)**	**(7.58)**	**(5.33)**	**(3.07)**	**(9.34)**	**(5.96)**	**(2.54)**

Royal Ottawa Foundation for Mental Health

2021/2022 Budget

	2021/22 Budget			2020/21 Budget	2020/21 Forecast
	Revenue	Expenses	Net Income	Net Income	Net Income
Direct Response & Special Events	1,186,920	362,010	824,910	657,200	728,756
Major Gifts	2107450	190190	1,917,260	1,515,990	2,664,400
Campaign for Access	1,264,300	140,155	1,124,145	673,097	1,637,768
Other Fundraising	343,000	8,700	334,300	519,900	572,530
Fundraising Salaries & Benefits		1,327,579	-1,327,579	-1,291,730	-1,253,271
Total Fundraising	**4,901,670**	**2,028,634**	**2,873,036**	**2,074,457**	**4,350,182**
Total Investment & Other Income	**525,000**		**525,000**	**600,000**	**3,196,342**
Admin Salaries, Benefits & Other Expenses		**745,676**	**-745,676**	**-729,211**	**-923,168**
Total Non Fundraising	**525,000**	**745,676**	**-220,676**	**-129,211**	**2,273,175**
Consolidated Total	**5,426,670**	**2,774,310**	**2,652,360**	**1,945,246**	**6,623,357**
FTE's			**15.65**	**15.06**	**14.98**
Cost per Dollar Raised			**0.41**	**0.49**	**0.27**

IMHR

2021/2022 Budget

IMHR Context

- The U of O IMHR has two operating components: the IMHR legal entity and $1.8 million from the ROHCG's global budget that the IMHR administers.
- IMHR research funded by governments, non-government entities, pharmaceutical companies, and the ROFMH not included in the IMHR's operating budget due to unpredictability of timing of research activity. This is consistent with other research institutes

2021/22 Budget Summary

Legal Entity - Non Research Expenses	$504 thousand
ROHCG Budget managed by the IMHR (included in the ROHCG 21/22budget)	$1.928 million

Note: Research Revenue and Expenses is expected to be in the $6M range based on 20/21

Legal Entity Board Restricted Funds Budget

	Annual (in Thousands)
Sources of Funding	
Administration - Interest Income	$281
Administration -Other Income	223
Total Sources of Funding	$ 504
Expenses	
Operating Expenses	$419
Depreciation	85
Sub total Non-Research Expenses	$ 504
Net Surplus (Deficit)	$0

IMHR Operating Expenses

(in thousands)

Strategy Matching Funds	$361
Support to Chair in Culture and Gender	21
Junior Research Chair	20
Other operating expenses	17
Total	$419

Figure 1: Number of Grants/Contracts/Salary Awards

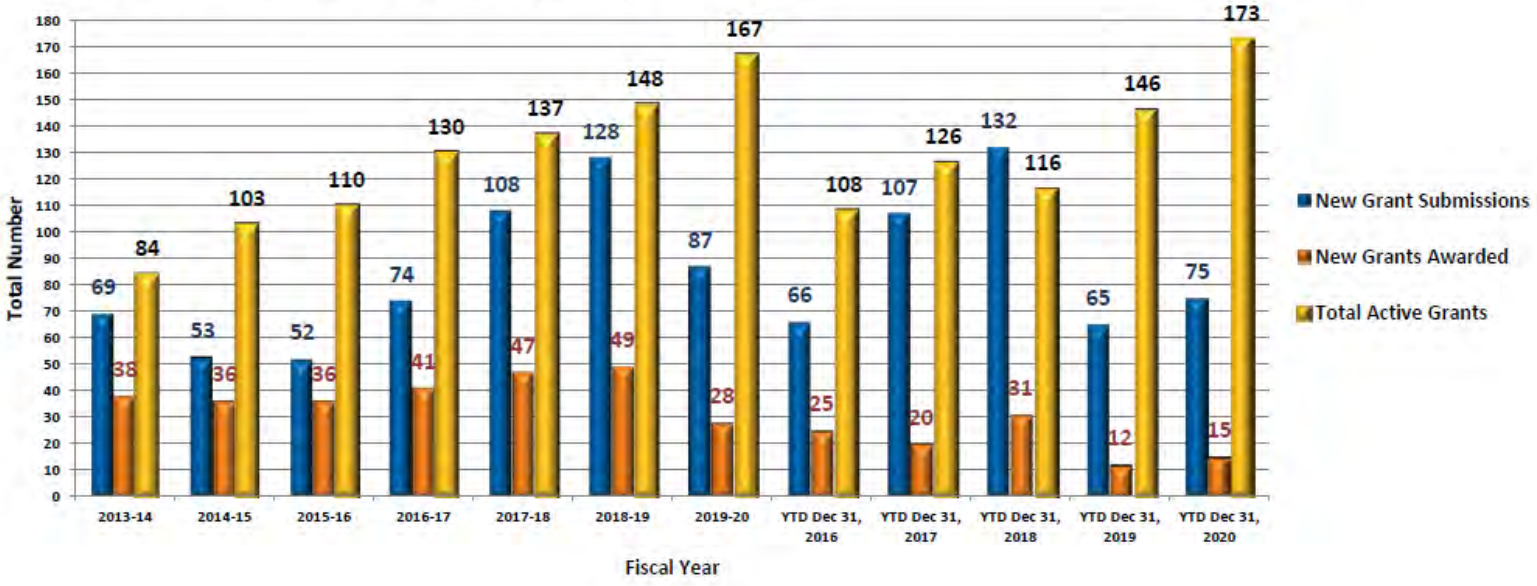
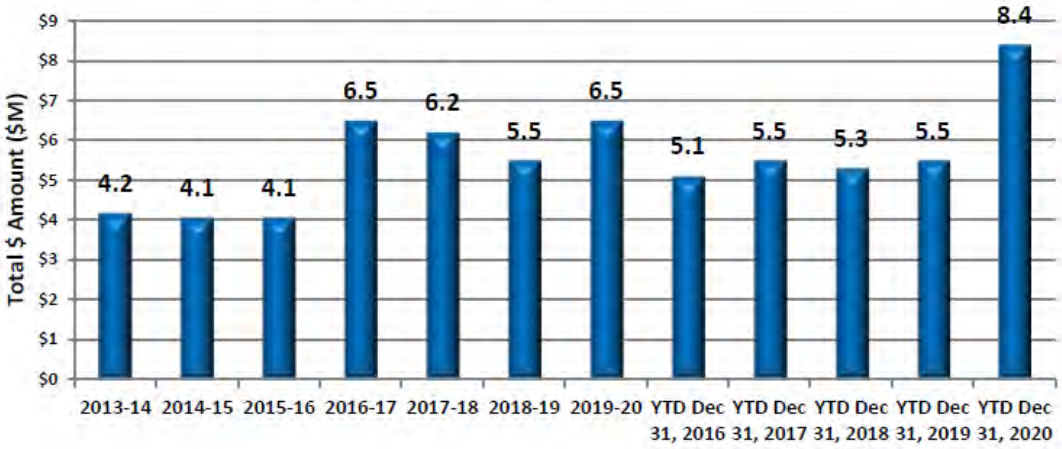
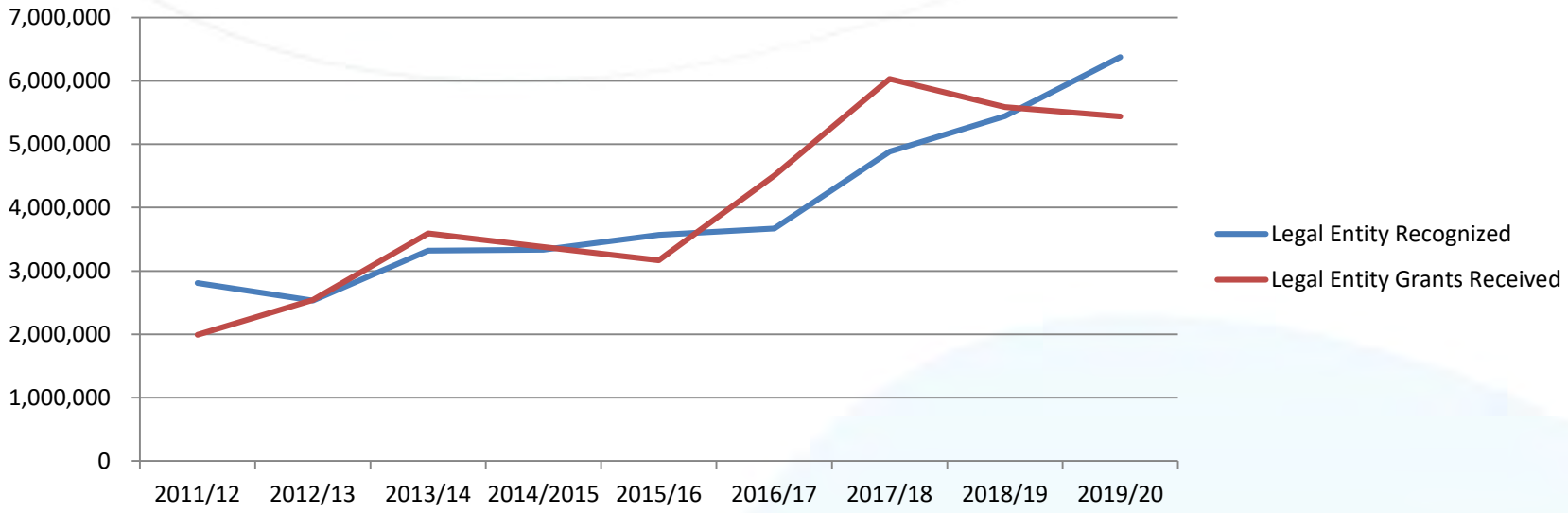


Figure 2: $ Amount of Grants/Contracts/Salary Awards - awarded (cash flow)

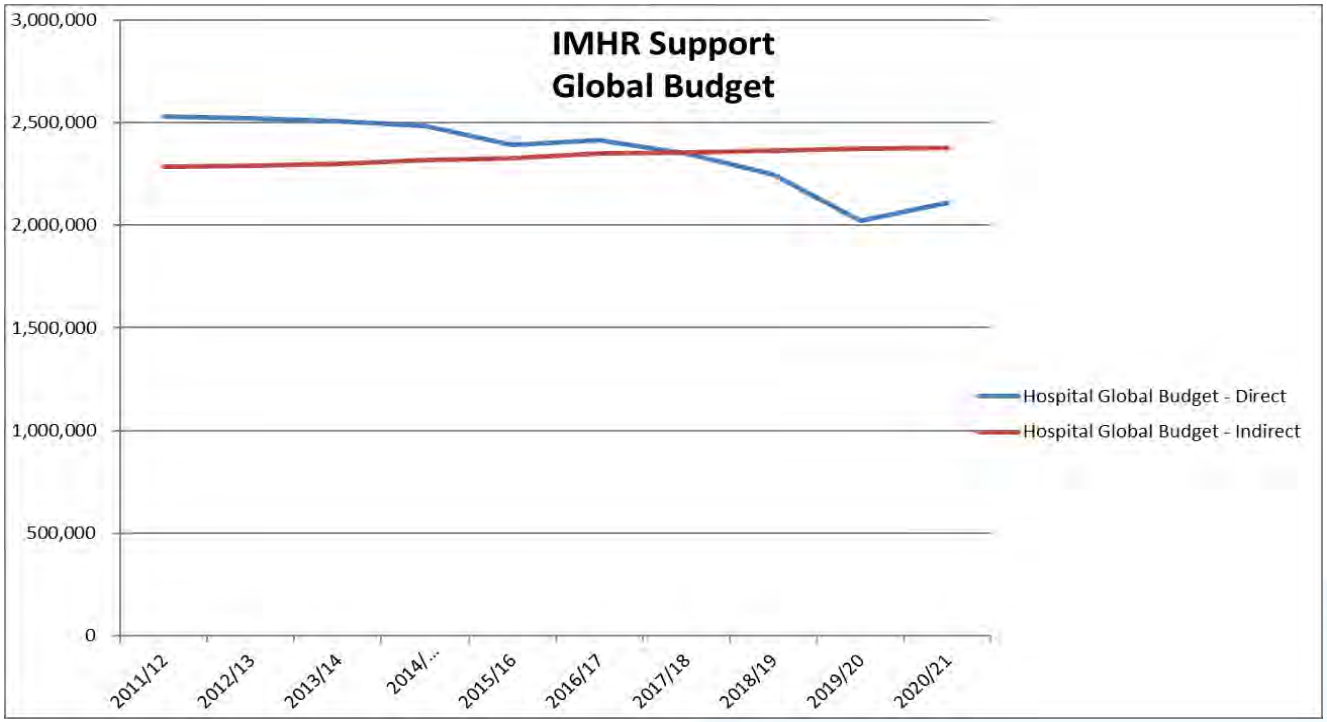


U of O IMHR
10 Year Revenue Trend



ROHCG Budget Managed by U of O IMHR

	2020/21 Budget (in Thousand $)	2021/22 Budget (in Thousand $)	Variance (in Thousand $)
Sources of Funding			
Other (Fed.Ind O/H Program)	108	36	-72
ROHCG Support	1,820	1,820	0
Total Sources of Funding	1,928	1,856	-72
Expenses			
Research Expenses			
Salary & Benefits	873	821	-52
Operating Expenses	17	6	-11
Sub Total - Research Expenses	890	827	-63
Non-Research Expenses			
Salary & Benefits	894	975	81
Operating Expenses	144	54	-90
Sub total operating expenses	1,038	1,029	-9
Total Operating Expenses	1,928	1,856	-72
Surplus (Deficit) before depreciation	0	0	0
Depreciation Expense	0	0	0
Net Surplus (Deficit)	0	0	0


IMHR Support
Global Budget
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
500,000
0
2011/12
2012/13
2013/14
2014/...
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
Hospital Global Budget - Direct
Hospital Global Budget - Indirect

ROHCG Indirect Contribution

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	20/21
Proportion of Lease	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000
Base Building Services	540,068	540,068	540,068	550,869	550,869	558,582	558,582	558,582	558,582	558,582
IT	234,468	239,157	243,941	247,356	250,819	256,873	260,470	264,117	267,815	270,493
Materials Management	92,494	94,344	96,231	97,578	98,944	100,329	101,734	103,158	104,602	105,648
Finance	113,154	113,154	113,154	114,738	116,344	117,973	119,625	121,300	122,998	124,227
Audit Fees	5,100	5,100	5,100	5,500	5,500	9,500	9,500	9,500	9,500	9,500
Human Resources	55,408	55,408	55,408	56,184	56,971	57,769	58,578	59,398	60,230	60,832
Admin Overhead	42,976	43,509	44,049	44,665	45,290	45,924	46,567	47,219	47,880	48,359
Total Indirect Contirbution	**2,283,668**	**2,290,741**	**2,297,950**	**2,316,890**	**2,324,737**	**2,346,950**	**2,355,056**	**2,363,274**	**2,371,607**	**2,377,641**
Total Support	**4,635,994**	**4,643,067**	**4,650,276**	**4,669,216**	**4,477,063**	**4,499,276**	**4,507,382**	**4,515,600**	**4,481,424**	**4,487,458**

Report of the ROHCG/IMHR Sub-Committee

June 4, 2019

Updated March 2021

Context:

The Board of Trustees – ROHCG and Board of Directors – IMHR set up a sub-Committee to address the matter of governance and the problems to be solved

The following issues were identified:

1. Financial sustainability and control over it
2. Research alignment and strategy
3. Structure and Communications

The following is an update on these recommendations (June 2019) for the report

ROHCG
ROHCG/IMHR Subcommittee Recommendations
Updated March 2021

Financial Sustainability	Recommendation	Due Date	Leads	Comments
	1. Annual budgets be subject to approval by the Member in addition to the Board of the IMHR, and be subject to monitoring by the ROHCG	Ongoing Annually	Cal Crocker(with Kim Kealey and Florence Dzierszinski)	• To Financial Committee of Royal and IMHR • Approved first by IMHR Board • Final approval by the Royal Board
	2. Review of the IMHR's administrative costs with the view to right sizing them	December 31, 2019 Completed	Cal Crocker Florence Dzierszinski	• The Finance, Human Resources and Space Planning have been moved to the Royal's Finance, HR and Facilities Departments as of September 23, 2019 • The Communication position (vacant) has moved to the Royal's Communication Department
	3. A new plan for the Brain Imaging Centre be subject to approval of the Member, i.e., the ROHCG	December 31, 2019 • Plan approval for fiscal 2020/21 • Work continues on revenue sources to achieve breakeven	Cal Crocker Florence Dzierszinski Katie Dinelle	• Planning was completed and incorporated into the 2020/21 approved budget, a balanced business plan for future years continues with revenue sources being pursued December 2020 Update • Follow up potential revenue opportunities • DND: Florence and Cal discussed with Dr. Jetty and he sees potential of sub-contract with CIMVHR rather than a direct contract with DND as they were awarded $25M in funding • Centre of Excellence – PTSD: Dr. Smith, President and CEO sees future potential based on their research mandate i. Naming opportunity through Foundation ii. Potential discussed at the innovation Committee on September 10, 2019 iii. Third party imaging

				iv. Dr. Atwood discussed the concept of having the largest schizophrenia register in the Country re: our EHR partnership with Ontario Shores and Waypoint v. Discussion of use of data and importance of trust and confidentiality
	4. A date for a plan for the Animal Lab be set and the plan be subject to the approval of the Member	Q4-2019/20 • Still under review with decisions in June 2021	Cal Crocker Florence Dzierszinski	• Tour – by Joanne, Anne Graham and Dr. Blier in September 2019 • Options: i. Right size – smaller footprint that would allow us to meet regulation re: animal flow and ventilation without significant cost $15K • Report by Parkin showed a $4 or $5M project based on current size and space (renovated or new on ground floor) ii. Close and use University animal lab
Research Alignment and Strategy Recommendations	**Recommendation**	**Due Date**	**Leads**	**Comments**
	1. A Scientific Review of the IMHR should be conducted.	Q3 – 2019/20 Completed	Joanne Bezzubetz Dr. Bernard Jasmin – Department of Medicine UofO	• Review completed and submitted January 202 by Dr. Lesley Graff and Dr. Vasavan Nair
	2. The VP Research at the ROHCG will be a direct report to the CEO of the ROHCG, accountable to the CEO and the mission and vision of the ROHCG, and will have a dual role, as President and Chief Scientific Officer of the IMHR, accountable to its board. This would go into effect even in the interim period.	Completed	Joanne Bezzubetz	• Recruitment process completed and Dr. Florence Dzierszinski confirmed as President IMHR & VP Research, ROHCG
	3. The role description of the VP Research and IMHR President should be jointly developed by the ROHCG CEO and representatives of the IMHR board, and include an accountability agreement between the Board of IMHR and the	Q4-2019/20 Completed	Joanne Bezzubetz	• Job spec approved and set out in role of President IMHR & VP Research, ROHCG

	ROHCG CEO regarding the dual role on matters related to employment and performance terms, reporting and lines of authority.			
	4. A joint ROHCG-IMHR Search process with consensus required between ROHCG CEO, IMHR Chair and ROHCG Chair	Completed	Joanne Bezzubetz	
	5. The VP research of the ROHCG will have cross-functional authority with ROHCG clinical programs and practitioners as defined by the CEO.	Completed	Joanne Bezzubetz	
	6. That the VP research and IMHR leader initiate and complete a new strategic and sustainability plan within the first six 6 months of their term, with the CEO and senior management team.	Q3 – 2020/21 Completed	Joanne Bezzubetz	• ROHCG strategy 2025 Co-creating Hope, Access and New Possibilities
Other	**Recommendation**	**Due Date**	**Leads**	**Comments**
	1. That there is an accountability agreement between ROHCG, IMHR and the Royal Foundation and a date for this agreement be set. This agreement would include means of measuring research outcomes and mix	Outstanding	Joanne Bezzubetz President & CEO ROHCG, Leader ROFMH Florence Dzierszinski President, IMHR/VP Research - Royal	• May not be necessary with the current changes being reviewed re the Foundation leadership and connection to the ROHCG

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

MINUTES
ROYAL OTTAWA HEALTH CARE GROUP
QUALITY COMMITTEE
March 1, 2021, at 4:30 p.m.
via Zoom (details in calendar)

Present	Regrets	Present	Regrets	Observer(s)
L. Leikin, Chair D. Somppi, Vice Chair J. MacRae S. Squire P. Johnston J. Gallant A. Graham, Chair, Board of Trustees *Non-voting members:* G. O'Hara, Chair, Client Advisory Council M. Langlois, Chair, Family Advisory Council *Ex-officio members:* J. Bezzubetz, President & CEO E. Millar, Chief Nursing Executive R. Bhatla, Chief of Staff/Psychiatrist in Chief L. McMurray, Secretary, Medical Staff E. Deacon	I. Levy	C. Crocker D. Simpson S. Farrell F. Dzierszinski K. Corace J. Lambley D. Attwood **RECORDER:** P. Robb		**GUESTS:** A-M. O'Brien

#	ITEM	REFERENCE	ACTION REQUIRED
1.	**CALL TO ORDER** **WELCOME & INTRODUCTIONS**	The meeting began with L. Leikin, Chair, acknowledging that the land on which we gather is the traditional and unceded territory of the Algonquin nation. He then called the meeting to order at 4:32 p.m. and declared it to have been regularly called and properly constituted for the transaction of business. All members were welcomed. A-M. O'Brien was welcomed to her first meeting to report on the REB Report.	
2.	**AGENDA AND PREVIOUS MINUTES**	a) Acceptance of Agenda	
		Moved by S. Squire and seconded by D. Somppi **BE IT RESOLVED THAT** the agenda of March 1, 2021 be accepted as presented. **CARRIED**	
		b) Approval of Previous Minutes	
		Moved by J. MacRae and seconded by P. Johnston **BE IT RESOLVED THAT** the minutes of December 17, 2020 be approved as presented.	

		CARRIED	
3.	**OTHER REPORTS**	a) Innovation Council Report – K. Corace	
		A briefing note was included in the meeting package. Highlights and updates were provided. Discussion and questions followed the report. The issue of assessing the impact of innovations on clinical care, outcomes and the theme of hope was raised. K. Corace noted that the Innovation proposals brought forward must describe potential impact. The dashboard will capture innovation projects. The Chair noted that the Quality Committee mandate is to ensure that there is an internal system for quality improvement within the organization. Innovation is a key ingredient in the success of that mandate. The Innovation committee was invited to continue its communication and involvement with the Quality committee. K. Corace was thanked for her report.	
		b) Research Committee Report - F. Dzierszinski	
		A copy of the report of the Research Committee was included in the meeting package. Additional details were provided related to the goal of co-creation of a framework for client- and family-oriented research. The strategic initiative to increase client-centered care, involving clients and families in their care decisions, relies on new research that informs such decisions. The working group will be considering engagement prior, during and after the study. Discussion following the report focused on remuneration for family/client members, whether clients/family members will be cited as authors, and the academic mandate working group component. The impact of the Research committee and its work on the strategic commitment to an academic health model to increase the number of Royal practitioners in clinical research was addressed. F. Dzierszinski noted the Committee is in the process of reviewing the affiliation agreement with the University, which includes cross appointments, and an academic working group is being formed to address this. Issues such as recruitment of staff with academic credentialing is part of the mandate and conversation. The Committee wanted to know about any kind of benchmarking and/or clinical care impact report from the Research Committee that would be relevant to the Quality Committee and clinical care. The Research Committee is looking at the reporting structure. The opportunity was noted to integrate the Foundation, the campaign and for donor engagement. The Committee was pleased to hear about progress on the strategic goals of integrating research and care.	

		F. Dzierszinski was thanked for her report. *J. Gallant departed the meeting at 4:58 p.m. Quorum was maintained.*	
		c) Research Ethics Board Report - A-M. O'Brien	
		A copy of the Research Ethics Board Report was included in the meeting package. This item is usually found in the Consent Agenda, but going forward will be included as part of the Research Report. Some high-level takeaways were noted as follows: - The report was prepared by T. Beaudoin and reviewed and signed by D. Bourget, A-M. O'Brien's predecessor - In Q3, there was an increase in initial approvals of studies. Q1 and Q2 were impacted by the restrictions of the pandemic - There is an internal REB review to ensure proper oversight of processes, and that evaluation projects are properly classified - The number of Royal's patient/clients as well as non-patients enrolled in research studies will be monitored - K. Wilde was welcomed as part of Research team and she will be preparing the report going forward Discussion followed. REB reporting to the Quality Committee is a new process. Communication and clarification when needed was encouraged. The Committee was very interested in tracking Royal clients who are currently participating in research studies. This year's QIP includes an indicator of number of clients who participate in research. In the next iteration of the report, the Committee requested an elaboration on the number of ROH client participants in research relative to the total number of clients. The aim to enroll as many clients as possible as clinical research participants would align with the practice of other academic health centres. A-M O'Brien was thanked for her report. *A-M O'Brien departed the meeting at 5:22 p.m.*	P. Robb A-M. O'Brien
4.	**FOLLOW UP FROM GOVERNANCE COMMITTEE**	a) Sharing Meeting Materials and Sending Delegates to Meetings	
		This item was a follow-up to a previous request from the Family Advisory Coucil. A copy of a briefing note from the Governance Committee Chair was included in the meeting package with an update. This item was not discussed further, but S. Squire did note that this is part of a larger issue that the Governance Committee is continuing to look at.	

5.	**COVID-19 UPDATES**	a) High-level Overview of Operational Changes that Impact Patient Care - E. Millar	
		A copy of a briefing note on the operational changes due to Covid-19 affecting patient care was included in the meeting package. E. Millar provided highlights as follows: - The Royal has been included in the vaccine rollout for patient-facing staff, scheduled for March 3-9, 2021. The Royal has been allocated 704 spots. The second dose will be given around April 7-14. The next phase will be for non-patient facing staff, and targeted to occur prior to April 7 - The roll out for Brockville has not been announced yet, but is expected sometime this week. The province is requiring that all parts of the system move together, which is part of the delay - There is no information yet about immunization for patients. Public health staff are leading this. The higher risk patients in LTC have received their immunization - The Royal is currently trying to reinstate as many clinical services as possible. The amount of virtual services (30,000 visits virtually) has been high and will continue post-pandemic A robust discussion followed. The issue of lowered out-patient volumes was flagged. The Committee would like to see a ballpark figure on whether the number of visits are down or up, and what, if any, change to access for outpatients has occurred. E. Millar will check to see if the utilization reports are only capturing in-person and virtual, and report back. The issue of predicted return to pre-Covid clinical care levels was raised. It was noted that the vaccination of patients and healthcare workers will be helpful, but wider vaccination of the general population is required before a full return to pre-Covid levels can occur. This was guesstimated to be sometime after May to August, 2021. There was a discussion about any changes in client acuity levels. There has been no significant change in Forensics and STU. The acuity of outpatients at hospital partners has been reportedly going up. Feedback from Royal clinicians about outpatient acuity is that patients feel isolated and have lost a lot of their supports. The Committee has felt concern about this for some time. Discussion about client flow noted that OTN has opened up access and that more clinicians are using it as well as Zoom for healthcare. This usage data is not separated out by activity and is not separated for assessment and treatment. E. Millar was thanked for her report. *J. Gallant returned to the meeting at 5:23 p.m.*	E. Millar

		b) Occupational Health & Safety Report - C. Crocker - Covid-19 Impact on Patient Safety and Clinical Care	
		A copy of the Incident and Days Lost Trend Statistics was included in the meeting package. Currently, the Covid environment has not been increasing the staff safety statistics. The total number of incidents reported continue to increase. Assaults are mainly in Geriatrics, which is also historically consistent. Lost time is decreasing. Employees are doing a great job. Sick leave is down over last year. There is stress in terms of home life and school life that is impacting staff. The Royal has undertaken a project with the Centre of Excellence on moral injury. Work is underway to develop a training workshop for managers to be better able to understand how to support employees undergoing stress. The Royal has active Joint Occupational, Health & Safety Committees, with five teams at the different sites. They are representative of employees and managers. They ensure proper safety processes are in place, which are especially important in this Covid environment. With respect to incident reporting, C. Crocker noted that the Royal previously had an electronic system that was not very user friendly. A new technology has been introduced that is integrated with the patient incident reporting. The number of minor incidents and near misses has significantly increased. It was predicted that there will be an increase in incidents reported for about two years and then a levelling off in reporting numbers is expected. Discussion and questions followed. The Committee wanted to know if there had been any trends in near misses that have enabled change or redirection to improve quality and safety. There is a Violence in the Workplace Committee made up of managers and unionized employees. The incident trending data is given to the Committee to review and recommend to programs to implement changes. Currently, they are looking at a replacement for our electronic personal safety device (Ekahau). Devices keep getting lost and have to be replenished, which can be very costly. The issue of an individual's responsibility for the device, and the union's request to make members responsible with a sign-in/sign-out system is under review. The Chair noted that it has been a challenging time for staff and a difficult time to be in the health care profession. Staff are to be thanked on behalf of the Committee. The Chair also noted that patient length of stay has not changed in spite of increased acuity, which could be interpreted as a positive outcome.	

6.	**QUALITY UPDATES**	a) Quality Updates – R. Bhatla, D. Simpson	
		A briefing note was included in the meeting package to update the Committee on the ongoing quality work at The Royal. The QIP dashboard in the appendix demonstrated the progress on each indicator. The organization wide quality committee has approved the quality framework. The strategic plan indicators have been integrated into the Quality framework, and will be an enabler of the strategic plan, rather than a stand-alone framework. Discussion followed. The Committee noted that the wording on suicide incident reviews was problematic and this will need to be revisited. The review commentary indicates that there were no system or process issues identified, but impressed as insensitive to the concern that a person had died. It was acknowledged that reporting on suicide in particular is a sensitive matter. A high-level synopsis of one of the incidents in the critical incident review, which involved community health partners, was requested. D. Simpson noted that there was follow-up with partners on the matter, who looked at what was learned to improve the care. Follow up conversations were held with paramedic services and those on the Royal unit as it relates to policies. A similar event occurred recently on the unit, and the physicians commented that it went much better as incident review committee recommendations had been implemented The Committee flagged the need for a benchmark or follow up on Incident Review committee recommendation implementation. Presently, there is no way to determine if recommendations have occurred. The Committee suggested that in reporting and reviewing critical incidents, there is also a need for follow up to this Committee on the implementation of the recommendations made. It was noted that the reporting of reviews of critical clinical incidents to a governance body of lay board members involves exposure to data that is very sensitive and at times may be challenging to digest and process. The Committee was reminded that its task is to ensure that the organization is doing what it is supposed to be doing, that the required quality and safety processes are in place and that the necessary steps involved with these processes have been followed. It was agreed to reflect further on the review process and its reporting A follow up discussion was held regarding the Family Advisory Council (FAC) presentation made at the recent Board meeting. There has not as yet been a formal request made to the Committee, but a set of FAC recommendations has been sent to management. The Committee recognized the sensitive	

		clinical nature to the matter, and noted that outstanding clinical issues must be dealt with first by the clinical team and leadership. The clinical team must be permitted to work with the family around resolution. J. Bezzubetz noted that matters related to confidentiality must be respected. The importance of ensuring that effective review processes are in place was noted. The Committee will follow up on this matter if needed, once the necessary organizational reviews have taken place. .	
		Annual Quality Improvement Plan - R. Bhatla, D. Simpson	
		A copy of an update on the Annual Quality Improvement Plan (QIP) was included in the meeting package. Due to the pandemic, Health Quality Ontario has not issued directives for 2021-22 regarding QIP development. The Royal made the decision to maintain the 2020-21 QIP into 2021-22, given the slower progress internally on targets due to the pandemic, and to the pandemic The 2021-22 QIP indicators are found in the Appendix. Other hospitals and mental health peer sites have also chosen to carry their 2020-2021 indicators into the next year. A minor change in wording has been made to the clinical outcome indicator. Instead of 'the number of programs… reviewed on a quarterly basis', the suggested change was 'on a regular basis'. The indicators are presented in the report in a way that demonstrates the alignment to the strategic plan. The clinical research indicator was to be reviewed by the sponsor in order to target increasing the proportionate number of Royal clients, relative to all Royal clients, who participate in clinical research, and to add the target of monitoring the number of Royal practitioners who are Principal or Co-Principal investigators in REB approved research. The Chair noted that last year's QIP was done differently than in the past, in order to ensure that indicators were actually practice changing and transformative. The intention of the QIP is to help drive change and promote excellence in routine clinical care. As the 2020-21 indicators will continue to be used in 2021-22, no separate Quality Committee meeting was held this year. R. Bhatla requested feedback from the Committee on the QIP formatting. The Committee noted greater alignment in the QIP with strategic initiatives. The issue of tracking quality initiatives and reporting to changes in clinical care was discussed. D. Simpson noted that QIP teams use the dashboard to translate knowledge on a monthly basis to the programs, enabling them to work with that data at the program level. This can drive and change conversations about care. The same is happening with the patient safety reporting.	

		The issue of third-party (other care providers) capacity, its measurement, and how to best assess service gaps and advocate was discussed. The continuum of care relies on partnerships in the community. The challenge of assessing the provision of good care and whether the continuum of care is at risk was noted. . R. Bhatla noted that there is a balance in knowing what services exist in the community and how to respectfully use our expertise and capacity. Partnerships need to be solidified. Further discussions with partners are needed. Closing some of the gaps will come through advocacy at broader levels. J. Bezzubetz also noted that community partners have specialized expertise, and it is important to be thoughtful in making assumptions that the Royal has more to offer. The current approach at the Royal, and demonstrated with recent initiatives, has been to work in collaboration with partners. As an example, the new Prompt clinic, is a partnership model. The Royal has approached capacity building by working with its community partners. Following discussion, the Chair asked that the Motion be tabled to approve the QIP in principle, so that the sponsors can make the minor adjustments in wording, while the broad indicators are approved. Moved by P. Johnston and seconded by J. Gallant **BE IT RESOLVED THAT** the *Annual Quality Improvement Plan* be accepted in principle pending a matter of language on one indicator and brought forward to the next Board of Trustees meeting for final approval. **CARRIED**	
7.	**DECISION/INFORMATION ITEMS**	a) EHR Updates - C. Crocker	
		Web ambulatory was to have gone live in October 2021, but in agreement with our partners, this timeline has moved to February of 2022. A community wide scheduling project will be implemented. There will be a technology change, but implementing the change management process will be a challenge. More work needs to be done in centralizing our secretarial services across the organization, which will lead to a more efficient process. This will be a significant project from a people perspective.	
		b) Integrated Risk Management Framework *(Quarterly)* – C. Crocker, J. Lambley	
		A copy of the Integrated Risk Management Framework was included in the meeting package. This report was intended to be the last report of the current risk register in terms of the environment we are in and the new fiscal year.	

		The Senior Management Team will be reviewing the IRMF in the coming months to ensure all risks are aligned with the new strategy. The continued evolution of the document will focus on the very high/high risks that have been mitigated and what can be moved or removed at this point. Cybersecurity and Clinical transformation specifically will be reviewed in the coming months to determine next steps. C. Crocker noted that the cybersecurity report from the consultants was presented at the Finance Committee meeting and will be presented at the Board at a later date. The commitment in terms of the budget process will show the first 2-year transition as well as the cost of implementing the plan For some of the risks, it was not clear to the Committee when or what needs to happen to bring the risk down to a reasonable level, nor what actions have to happen for that to be possible. The Committee suggested that dates and timelines be put to these action items for relevant risks. It was agreed, that under the summary of high and very high risks, there will be an expansion of the timeline to mitigate the impact or the likelihood. J. Lambley was thanked for his report and the Committee noted the excellent quality. Moved by S. Squire and seconded by J. MacRae **BE IT RESOLVED THAT** the *Integrated Risk Management Framework* be accepted as presented and brought forward to the next Board of Trustees meeting for final approval. **CARRIED**	
8.	**CORPORATE POLICY & PROCEDURES**	No Policies.	
9.	**CONSENT AGENDA**	There were no items removed from the Consent Agenda. The Corporate Patient Safety report will be forwarded to the Board for information. Moved by J. MacRae and seconded by D. Somppi **BE IT RESOLVED THAT** the Consent Agenda, including the items outlined therein, be accepted, as presented. **CARRIED** - Strategic Plan – Quality Indicators - Mental Health & Addictions Quality Initiative Comparison Scorecard (MHAQI) - Corporate Patient Safety Report	P. Robb
10.	**ADJOURNMENT**	Next meeting: June 7, 2021	
		There being no further business, the meeting was adjourned at 6:46 p.m. **CARRIED**	

L. Leikin **Chair**	**J. Bezzubetz** **Secretary, Board of Trustees**

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2020-2021 - 34	**Priority:** Important

DATE:	March 25, 2021
COMMITTEE:	Quality Committee
PRESENTER:	Lewis Leikin, Chair, Quality Committee
SUBJECT:	Annual Quality Improvement Plan

BACKGROUND INFORMATION:
LEGAL REVIEW AND/OR APPROVAL:
MOTION FOR APPROVAL:
BE IT RESOLVED THAT the *Annual Quality Improvement Plan* be approved as presented.

Moved by:

Seconded by:

Motion approved:

Let's Make Healthy Change Happen.

Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario

The Le Royal

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

2/17/2021

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

Overview

The Royal Ottawa Health Care Group ("The Royal") is made up of The Royal Ottawa Mental Health Centre, the Brockville Mental Health Centre, Royal Ottawa Place (long-term care), The Royal's Institute of Mental Health Research and the Royal Ottawa Foundation for Mental Health.

For the purposes of Quality Improvement Plan (QIP) submissions to Health Quality Ontario (HQO), we report for The Royal's mental health services (referred to in this narrative as The Royal) and our long-term care facility, Royal Ottawa Place (referred to herein as ROP). A single Board of Trustees governs these two entities. However, indicators and quality improvement projects for The Royal and ROP are reported separately within one QIP document to ensure clear and appropriate oversight of work undertaken.

This year, perhaps more than any other, has left its mark on health care. There is, however, one constant amid this turbulence, a desire to bring access, hope, and new possibilities to people with mental health and addictions needs. In fact, *Access, Hope and New Possibilities* is the title given to The Royal's new organizational strategy, which was created in 2020-2021. The strategy is a roadmap that will shape the future of The Royal and our community for many years to come and was developed in consultation with a broad group of people, including clients and families, community partners, physicians, and staff. The following strategic priorities will frame the work of the organization in the next five years:

1. Innovate and shape care to client and family needs
2. Advance specialized care
3. Connect care and services for a more accessible system
4. Integrate research, education, practice, and lived expertise to improve client and family-oriented outcomes and experiences
5. Advocate and partner for systemic equity

Our Quality Improvement Plan is a mechanism to help drive forward progress on the strategic plan. This year, like everyone in health care, we have been faced with huge challenges, and opportunities, as a result of the pandemic. Due to our urgent and excellent response to the pandemic, the work on our QIP was slower to launch than originally anticipated. The importance of the QIP initiatives however was not lost and great progress towards our QIP goals did start in 2020-2021. As a result, we have chosen to keep the same indicators from 2020-2021 into 2021-2022 to ensure that the important work to achieve those targets continues.

Describe your organization's greatest QI achievement from the past year

The Royal, like all health care institutions, was faced with difficult decisions as a result of the pandemic. How can we continue to provide services to our clients/patients, play a regional role in the pandemic response, and support of staff, physicians, volunteers, and learners? While many mental health care services were unavailable during the early stages of the pandemic, The Royal responded by developing an innovative virtual care clinic to provide much needed mental health care services. The clinic, open for 17 weeks and called C-Prompt, received 910 referrals, or almost 14 new clients a day. It served 540 of them, with the rest either declining help or finding services elsewhere. Nearly all – 97 percent – were served by video or telephone appointments, with over 54 percent seeking mental health services for the first time. This is an unprecedented number of new referrals to services and demonstrated the urgent need for quick access to mental health services. The Royal has now launched a more permanent version of the clinic, entitled the Prompt clinic, which started offering services in January 2021.

Ensuring that The Royal's infection prevention and control (IPAC) practices were strong has been a key focus of The Royal's pandemic response. The Royal completed a full organizational IPAC audit at the start of the pandemic and made significant upgrades to ensure our practices were in line with the IPAC standards. We have ensured that our IPAC policies and protocols have been in alignment with the directions from Public Health throughout the pandemic ensuring a safe working environment for a staff, physicians, learners, and volunteers.

Keeping flu outbreaks at bay during a pandemic was a priority in the fall of 2020. In 2019-2020, The Royal started a multi-disciplinary working group to increase the number of patients, staff, physicians, and learners who received

the flu vaccine. The work of this group laid an important foundation which allowed The Royal to act quickly as soon as the flu shot was available in 2020. In the past two years, utilizing a flu vaccine champion model and real time data reporting, The Royal has increased its flu vaccine rates to patients by 24%. The group also facilitated collaborations between our pharmacy, nurse managers, and occupational health department to provide flu shots to our staff resulting in the fastest roll out of the flu vaccine in the history of the Royal.

As a last QI highlighted achievement, in order to support our staff, physicians, learners, and volunteers, The Royal opened its own COVID testing facility at the back of our main Carling Avenue site in the fall of 2020. Opened as a way to assist with testing volumes in the region, and a way for staff, physicians, learners, and volunteers and their families to quickly access a test, it also served to ease the burden on wait times at the public testing sites. Coupled with an increase in staff wellness options including peer support and the COVID front-line wellness initiative, The Royal has been able to provide multiple supports to our staff, physicians, learners, and volunteers during this remarkably difficult time.

Collaboration and integration

All programs at The Royal work collaboratively with our partners in the Champlain region, provincially, and nationally. As the region's provider of specialized mental health services, The Royal has placed considerable focus on building capacity within our primary and community health care partners to ensure that our clients' mental health needs are adequately met. These efforts have resulted in many clients of The Royal receiving excellent care in the community rather than readmission into our facility.

Throughout the pandemic, The Royal has played an active role in the regional response. The Royal sits on a variety of regional committees across a range of topics, which helps to ensure that all hospitals in the region are implementing similar policies in response to the pandemic across the region and that patients are able to flow through the system as efficiently as possible.

The Royal is also a partner in the Champlain Pathways to Better Care initiative. Pathways works with others to implement coordinated changes to the Champlain mental health and addictions system, leading to improvements for those with lived experience and their families. Initiatives include psychiatry recruitment, wait time analysis, primary care partnerships, collaborative care planning and regional psychosis care.

Patient/client/resident partnering and relations

The Royal continues to work at engaging clients and families throughout the hospital in our quality improvement initiatives. Our Client Advisory Council and Family Advisory Councils were actively engaged in the strategic planning process and continue to bring their projects for implementation to the Client and Family Centred Care Committee. Both councils have developed a vision of The Royal they would like to see and are now moving to the implementation phase of the project with their hallmark initiative – Peer Support and Navigation.

As well as their commitment to advising at the Senior Management and Board of Trustees level, the Client and Family Advisors continue to lend their lived expertise and experience to various committee across The Royal such as the Innovation Council and the Equity Diversity and Inclusion Committee. Of late, advisors have been active in the design and set up of a new Esketamine clinic at The Royal for people who live with treatment-resistant depression.

Workplace Violence Prevention

At the Royal, patient and employee safety remains a top priority. Workplace violence is one of the most frequent and serious safety concerns faced by staff at the Royal. In the past year, over 70% of workplace incidents at the Royal have been related to the workplace violence. The Workplace Violence Prevention Committee (WVPC) and the Joint Health and Safety Committees (JHSC) work closely and collaboratively with the Occupational Health and Safety Services (OHSS) to focus on reducing the risk and severity of violence.

The Royal continues to increase awareness about the risk of violence, implement and adopt new programs, update policies and is providing additional mandatory training for staff to ensure that they recognize and respond to escalating behaviours and physical aggression appropriately. The Senior Management Team, the Quality Committee of the Board and the Board of Trustees closely monitor workplace violence performance indicators.

Patient Safety and Employee Safety key performance indicators are also posted on the Royal's intranet, which is available to all staff and physicians. The Royal continues to develop new strategies and improve on existing strategies to better manage violence in the workplace. Some of these strategies are;

- Conducting department level Violence Risk Assessments.
- Researching and introducing new training tools.
- Conducting post-incident investigations to identify root causes and develop action plans to prevent recurrence.
- Improving code stats (including code white) to better gauge the severity of the incidents.
- Encouraging more reporting through our Client and Staff Incidents Feedback System Incident Reports (CSIFs)
- Monitoring the frequency that Code White Debriefs are completed
- Adapting Non-Violent Crisis Intervention in order to be able to continue the training during Covid-19 with appropriate IPAC protocols.
- Introducing *Safely Managing Change* program to assess changes and to ensure new violence hazards (and other safety hazards) are not introduced.
- Increasing accountability for consistent testing of Personal Alarm Safety Devices (PASD).
- Collaborating with Learning & Development to provide timely, on unit refresher training in response to trends in the types of incidents.
- Assessing the risk of exposure to Covid-19 for all changes made within the hospital. The risk of workplace violence was a consistent factor considered in the risk assessment process.

Virtual care

For many years, The Royal has invested in virtual care through virtual visits, online scheduling, training and e-consultations. The Royal is a participant in a number of virtual care offerings (see the program descriptions below). Virtual care creates access and allows The Royal to provide specialized mental health care to individuals in their own community, reducing wait times and travel to care.

Telemedicine

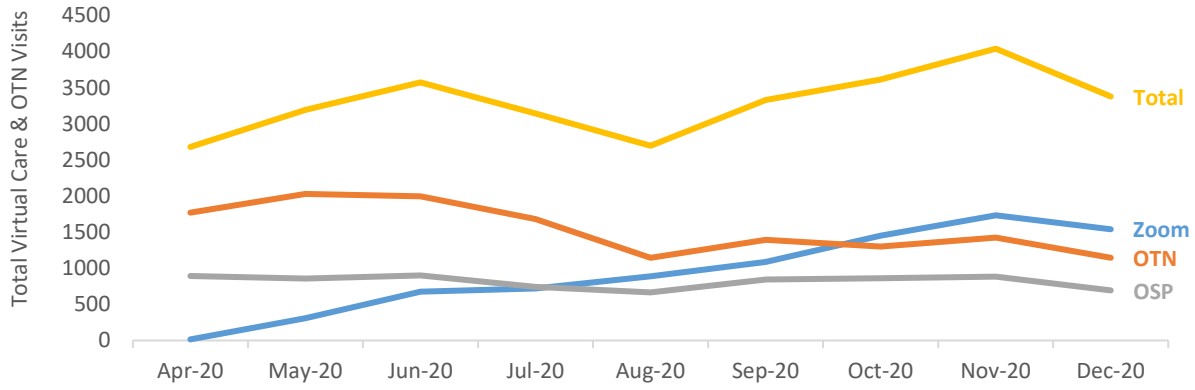
The Telemedicine program at The Royal has provided services for over 11 years and has built a network of community partnerships with organizations that have unique mental health needs including the University of Ottawa, Carleton University, Algonquin College, the Ottawa Paramedic Services, 15 community health organizations in the Champlain Region and 4 organizations in northern Ontario, and 7 correctional facilities across Ontario. Through community partners, The Royal provides virtual access to specialized mental health services and care while at the same time building the mental health capacity of the referring primary care provider. We provide direct consultation with a dedicated psychiatrist, case conferencing with primary healthcare providers, and ongoing education to build mental health capacity among community partners.

Telemedicine at The Royal also supported all clinical programs at The Royal in their transition to virtual care using the provincial preferred virtual care platform OTN – Ontario Telemedicine Network
Provide mental health access to 230 community-based Family Physicians and Nurse Practitioners.

In 2020-2021, a total of 29,661 virtual visits took place on the OTN or Zoom Health Care platforms (note- the Doxy.me platform used by the C-prompt clinic are not included in these numbers).

As evidenced in Chart 1, the number of virtual care and OTN appointments grew throughout the 2020-2021 fiscal year, as a direct result of the pandemic. An evaluation of virtual care conducted in 2020-2021 found strong support for all aspects of virtual care to remain, with recommendations to continually resource the equipment that is required to provide the service.

Chart 1. The use of virtual care increased during the 2020-2021 year
Data: Virtual care monthly totals by type



Northern Ontario Francophone Psychiatry Program
The Northern Ontario Francophone Psychiatry Program provides psychiatric care to designated francophone communities in Northern Ontario. Our French-speaking psychiatrists maintain ongoing liaison with the community they serve, providing clinical support to patients either on site or via telepsychiatry. They also provide health care practitioners working in underserviced areas with readily available consultation by phone for challenging cases, and education and training to local medical practitioners and other mental health professionals.

Ontario Structured Psychotherapy (OSP) Program
The Ontario Structured Psychotherapy (OSP) program's stepped-care suite of service offerings include lower intensity services [BounceBack (a virtual CBT-based guided self-help program) and iCBT (Internet-based therapist assisted CBT treatment)] and higher intensity services (individual and group CBT therapy) for people living with mild to moderate depression and anxiety. The Royal, in collaboration with community partners, delivers OSP services to clients within the Champlain region and Northern Ontario through a distributed service model. Psychologists at The Royal provide CBT training virtually to 30+ therapists at nine community partner sites, including consultation and supervision services for the clinical team. An online scheduling system connects all clinicians and is able to book directly into the calendars of all therapists in the community. OSP currently offers screening, triage, intake, and assessment as well as all high intensity CBT treatment modalities to clients virtually, including using telemedicine and zoom for healthcare. An online documentation tool supports the clinical records and information platform plus tracks our outcomes. It also allows clients to track their progress and submit self-rated tools through their computer or phone. All referrals to the program can be completed online allowing primary care providers to use their electronic health records versus faxing paper referrals. This online referral platform permits communication between The Royal and primary care providers, ensuring that there is timely communication between providers to support client care.

COVID Frontline Wellness
The Royal is one of five hospitals in Ontario partnering with the Mental Health and Addictions Centre of Excellence (CoE) at Ontario Health providing enhanced mental health supports to frontline healthcare workers (HCW) impacted by stress related to COVID-19. Supported by digital solutions, The Royal's COVID Frontline Wellness has provided rapid access to mental health and substance use support, brief intervention, and navigation services to Ontario HCWs self-referring from a broad array of healthcare settings and professions. HCWs can access services quickly and easily using an online portal on The Royal's website to book their own appointment. All services are offered virtually.

Executive Compensation

The Royal has a performance-based compensation plan in place for the Senior Management Team which includes: the Chief Executive Officer; Chief of Staff and Psychiatrist-in-Chief; Chief Operating Officer and Chief Financial Officer; Vice President, Professional Practice and Chief Nursing Executive; Vice President, Patient Care Services and Community Mental Health.

Accountability for the execution of both the annual QIP and the Strategic plan are delegated to the Chief Executive Officer from the Board of Trustees. The plans are reviewed, approved and monitored by the Board of Trustees through performance evaluations of the Chief Executive Officer which is cascaded to the parties listed above. It is the sum of all objectives in these plans that determine the performance pay component of The Royal's Executives. As per Regulation 304/6 of the Broader Public Sector Executive Compensation Act, 2014 (BPSECA), The Royal developed an Executive Compensation Framework.

The Royal has allocated 25% of the performance-based pay to the Quality Improvement Plan, with allocation to all 7 initiatives developed under the quality dimensions of QIP for The Royal and Royal Ottawa Place. Specifically, 25% is allocated to each of the indicators as outlined below:

	Indicator	Allocation
1	% of inpatients with a Clinical Assessment Protocol (CAPS) from the Recovery Plan of Care tool updated within 28 days	3.57%
2	% of medication reconciliation completed in ambulatory care where medication is a large component of treatment (Schizophrenia/Mood & Anxiety/Geriatric Psychiatry) as measured by the % of BPHM completed by a pharmacy technician on all new referrals to the program	3.57%
3	% of medication reconciliation completed in ambulatory care where medication is a large component of treatment (Schizophrenia/Mood & Anxiety/Geriatric Psychiatry) as measured by the % of BPHM confirmed by the attending physician	3.57%
4	Number of programs who have implemented clinical outcome measurement that is both clinically appropriate to the client population and evidence based that is reviewed on a quarterly basis to drive service improvement	3.57%
5	% of clinical research projects involving clients and families at The Royal	3.57%
6	% of document assessment of palliative care needs among residents identified to benefit from palliative care	3.57%
7	Number of workplace violence incidents (overall)	3.57%
Total		**25%**

Contact Information

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Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair Anne Graham _____ (signature)

Board Quality Committee Chair Lewis Leikin _____ (signature)

Chief Executive Officer Joanne Bezzubetz _____ (signature)

Chief of Staff Dr. Raj Bhatla _____ (signature)

Indicators for the QIP 2020-2021 & 2021-2022

A robust consultation process took place to select the QIP indicators for 2020-2021. Due to the pandemic, the progress on the QIP was slower to launch than originally anticipated, with momentum gaining starting in Q3. In order to continue the progress, the indicators from 2020-2021 fiscal year will be carried forward into 2021-2022, with the addition of one research indicator. Health Quality Ontario has announced that the QIP program will remain on pause for the 2021-2022 fiscal year. All executive sponsors and leads of the indicators remain the same.

Strategic Plan Alignment	Quality Framework Alignment	Indicator	Rationale	HQO Indicator Type	Executive Sponsor	Lead
Innovate and shape care to client and family needs	~Improving client & family experience ~Supporting innovative clinical best practices to achieve the best possible health outcomes	**% of inpatients with a Clinical Assessment Protocol (CAPS) from the Recovery Plan of Care tool updated within 28 days**	Use of the recovery plan of care tool was an acknowledged gap during our Accreditation process, and came up as a key tool we could be using more in the QIP consultations. The recovery plan of care tool helps foster interdisciplinary collaboration and all disciplines are expected to update to the plan. The plan also contains a transition summary, which can involve families/SDM in the transiton plan, and can be given to clients and families/SDM upon discharge. This indicator comes from the HIMS group, meaning that our two partner sites will also be doing this work. Currently the target in the HIMS group is 100%, however, there is a recognition that it make take one year or more to get us to the 100% target.	Custom	Esther Millar	Emily Deacon
	~Supporting innovative clinical best practices to achieve the best possible health outcomes ~efficiently using resources	**% of medication reconciliation completed in ambulatory care where medication is a large component of treatment (Schizophrenia/Mood & Anxiety/Geriatric Psychiatry) as measured by the % of BPHM completed by pharmacy tech on all new referrals to program**	This indicator is on our QIP this year, however, we have not met the target at this point. Keeping it on our QIP would allowed continued focus on ensuring this becomes an embedded practice with the new E.H.R. BPHM = Best Possible Home Medication list	Custom	Dr. Raj Bhatla	Tabitha Burta
		% of medication reconciliation completed in ambulatory care where medication is a large component of treatment (Schizophrenia/Mood & Anxiety/Geriatric Psychiatry) as measured by the % of BPHM confirmed by attending physician	This indicator is on our QIP this year, however, we have not met the target at this point. Keeping it on our QIP would allowed continued focus on ensuring this becomes an embedded practice with the new E.H.R. This measurement focuses on the physician confirming the medication in the E.H.R. BPHM = Best Possible Home Medication list	Custom	Dr. Raj Bhatla	Tabitha Burta
	~Improving care team well-being ~Improving client and family experience	**Number of workplace violence incidents (overall)**	This is a mandatory indicator from HQO.	Mandatory	Cal Crocker	Nicholas Addo

Strategic Plan Alignment	Quality Framework Alignment	Indicator	Rationale	HQO Indicator Type	Executive Sponsor	Lead
	~Improving client and family experience ~Supporting innovative clinical best practices to achieve the best possible health outcomes ~Efficiently using resources	**% of documented assessment of palliative care needs among residents identified to benefit from palliative care**	An HQO priority indicator, this indicator is directly in line with the work that ROP is currently undertaking.	Priority	Esther Millar	Debbie Pilon
	~Supporting innovative clinical best practices to achieve the best possible health outcomes ~Improving client and family experience	**Number of clinical programs as a percent of total with standardized outcome measurement protocol as part of routine plan of care**	Clinical outcomes was identified as the top priority for the Clinical Directors and Directors of Patient Care Services group. The Board has also asked for ways to know objectively if people are getting better through the treatments they receive here. Some programs consistently use outcome measurement in their programs while others do not. This is a process measure that would encourage programs to ensure that one is in place, while also respecting the differences between programs to ensure that outcome measurement that they use is clinically appropriate for their client population.	Custom	Dr. Susan Farrell	Danielle Simpson
	~Improving client and family experience ~Supporting innovative clinical best practices to achieve the best possible health outcomes ~Efficiently using resources	**% of clients of The Royal participating in clinical research projects (relative to all clients of The Royal, both inpatients and outpatients)**	As an academic health science centre, The Royal fosters a dynamic culture where research and care are connected in all aspects of our work. Everyone at The Royal will have the potential to be part of and benefit from world leading scientific exploration. The Royal provides access to care through research, and person-centered evidence-based care involves clients in the research process. This indicator aims to assist with that goal by increasing the percentage of clients of The Royal participating in clinical research projects.	Custom	Dr. Florence Dzierszinski	Tammy Beaudoin
		% of research projects relative to the total number of research projects, in which a Royal clinican is the PI or co-PI	As an academic health science centre, all of our work is shaped by integrated research, care and education. The Royal will be a global leader in mental health and addictions in integrated client/family oriented research, outcomes, care design, evaluation and adaptation.This indicator aims to assist with that goal by increasing the percentage of Royal clinicians leading or co-leading clinical research studies.			

The Le Royal

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

Corporate Patient Safety Quarterly Report

Period: Oct 01– December 31, 2020 (Q3)

Prepared By:
Marybeth Colton, Leader, Patient Safety, Quality & Clinical Risk Management
Royal Ottawa Health Care Group
Feb 04, 2021

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 third 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).

Timeline:
October 1 to December 31, 2020.

General

- 487 patient incidents were reported (this is a decrease of 37 incidents from the previous quarter).
- 89% of all reported incidents came from three main categories: *Threats/Assault/Aggression, Patient Accident,* and *Medication*. While the percentage may vary slightly (91% in Q1, 87% in Q2), these three incident categories have consistently been the most frequently reported incidents.
- 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.
- 86% of *Patient Accident* incidents in this quarter were as a result of a fall.
- In 95% of all fall-related incidents in this quarter, the patient sustained no or mild injury.
- One Geriatric patient sustained a left hip femoral fracture as a result of a fall; the injury was treated surgically.

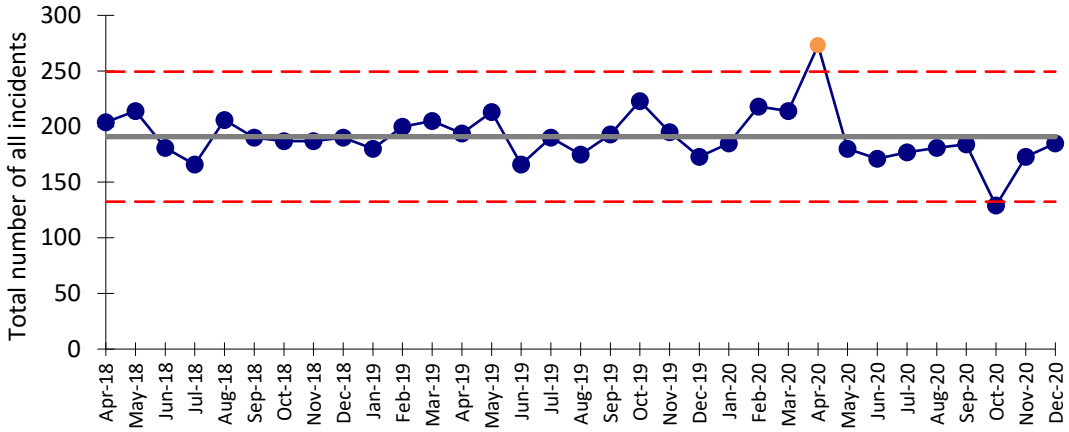
Quality Improvement

- Some quality improvement initiatives, including patient safety leadership walkabouts, were paused as the organization focused its resources on managing the COVID-19 pandemic. As the pandemic slowed, the walkabouts were resumed completing one by the end of the quarter.
- The incident review committee changed its terms of reference in Q3. The committee will no longer be looking at non-mental health deaths that are expected (palliative clients, client with chronic medical conditions), allowing more time to be spent reviewing critical incidents, including unexpected mental health related deaths. MAC, SMT, and the Board were briefed on this change in December 2020.

Key Corporate Patient Safety Metrics

Total number of incidents at The Royal remains stable.

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

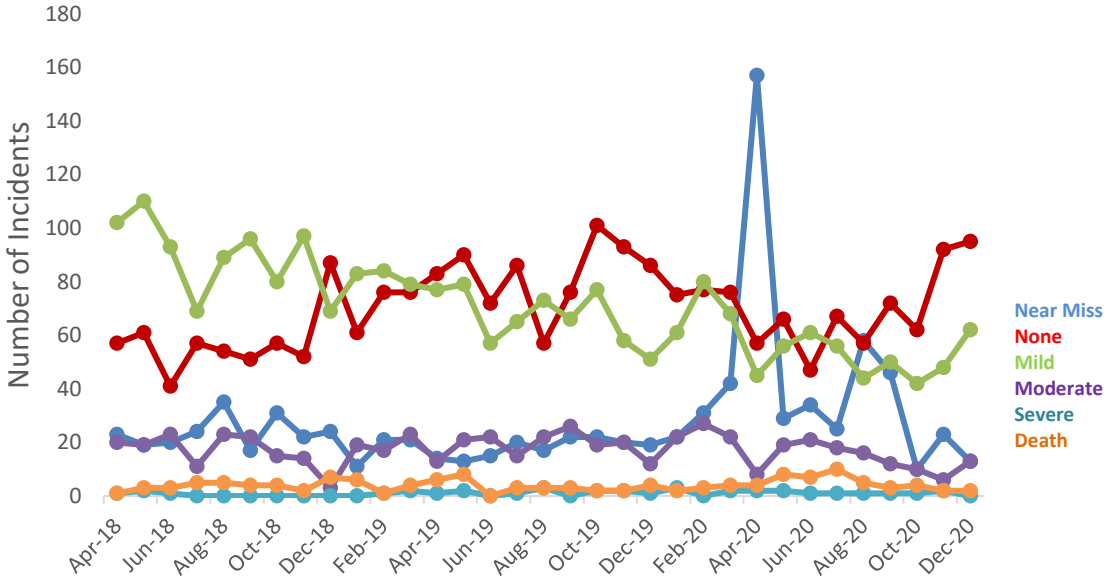


The mean number of incidents per month is 190.

Special cause variation: None for this quarter

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

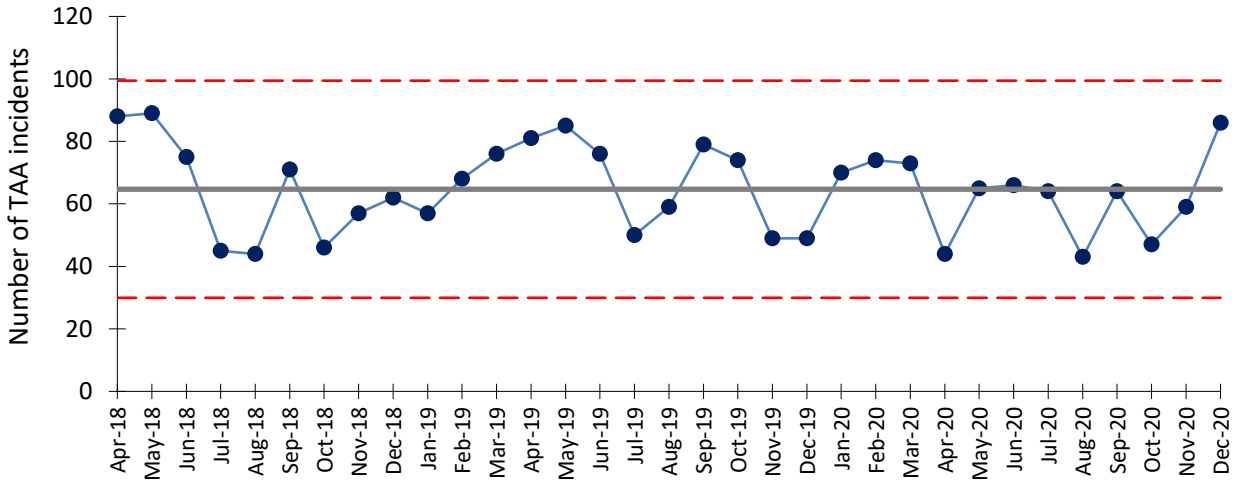
Date source: Level of severity (April 2018-Present)



Threats/Assault/Aggression (TAA)

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

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



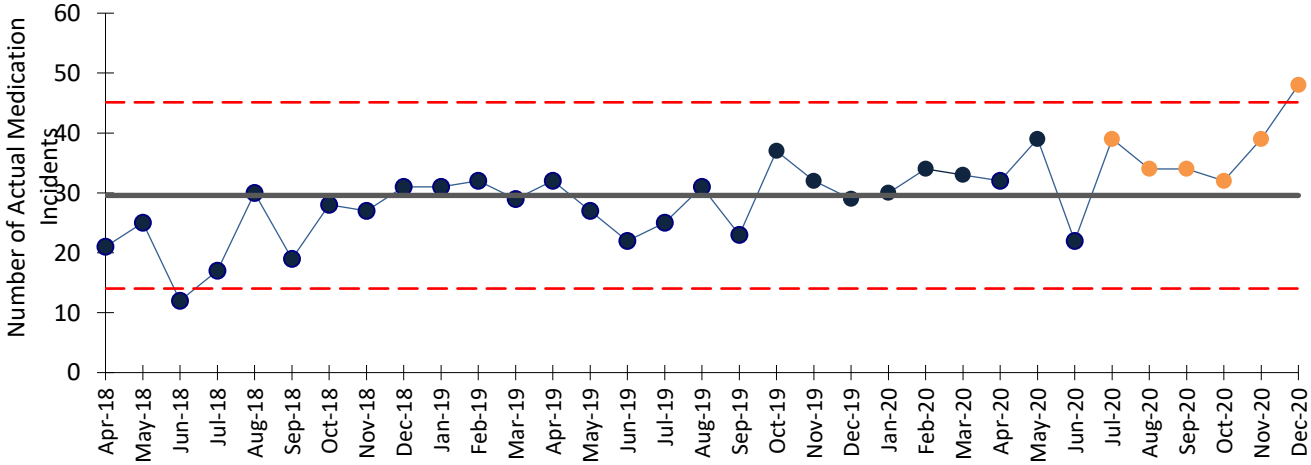
The mean or average number of TAA incidents per month is 64.69. In this quarter, 74% percent of incidents involved a physical altercation between patients and/or patient-to-staff or objects; in 82% of TAA incidents, there was no or mild harm.

Special cause variation: None

Medication

There was a shift Medication incidents that reached the patient (actual) from July to December.

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

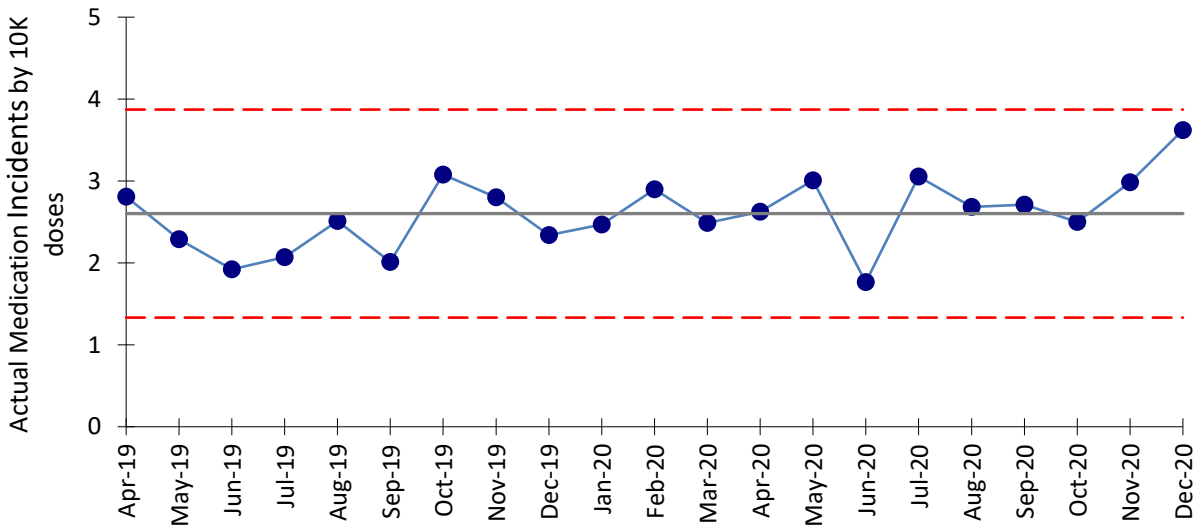


The mean or average number of medication incidents that reached the patient is 29.57 per month. A significant amount of work was done to bring awareness to the medication incident shift, and to develop ideas to support staff in all roles to improve safe medication practices. This included, as some examples, meeting with all patient care managers, developing a process map on the proper disposal of medications, and providing refresher education for nursing on documentation deficiencies and overriding medications.

Special cause variation: Yes

The number of actual Medication incidents, when calculated by 10,000 administered doses, has been stable since April 2019.

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

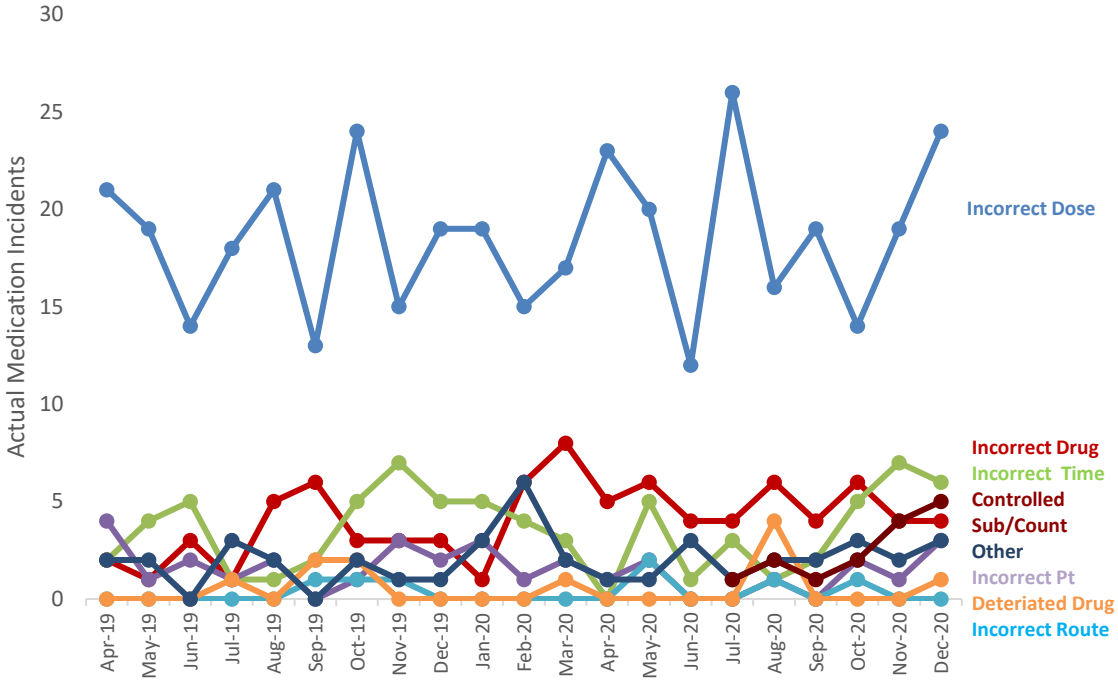


Mean or average number of actual Medication incidents, when calculated by 10K doses, is 2.60 per month.

Special cause variation: None

Incorrect Dose incidents have consistently been the most frequently occurring type of actual medication incident since April 2019.

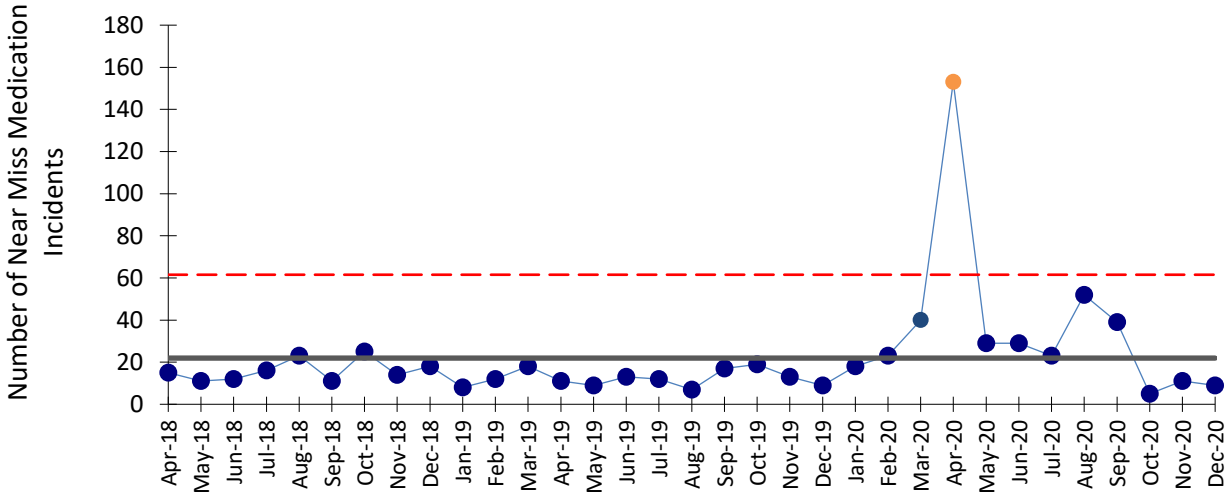
Data Source: Type of medication incident (April 2019-Present).



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

Near Miss Medication incidents (that did not reach the patient) remain stable this quarter. The mean or average number of Near Miss Medication incidents per month is 23.

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



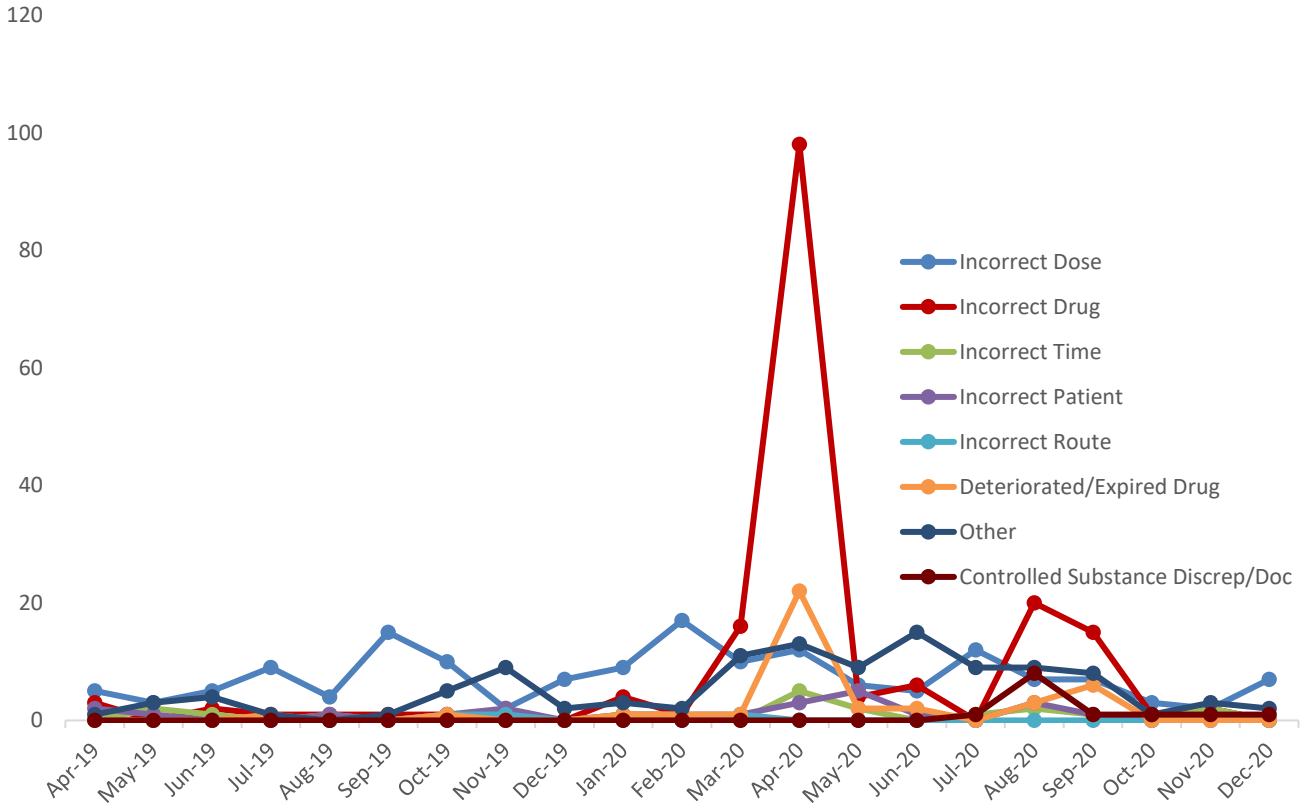
Near miss events provide a rich opportunity to learn how we can prevent future safety incidents from occurring; as such, reporting of near miss incidents in all incident categories and not just Medication

incidents, is encouraged. A significant amount of work was done to educate program leadership around the process for appropriately removing medications no longer active since the pharmacy audit in April; the near miss medications are showing common cause variation. Education regarding safe medication practices is ongoing.

Special cause variation: None for this quarter

Incorrect Drug was the most frequent type of Near Miss medication incident this quarter indicating ongoing efforts are required to ensure discontinued medications are not administered in error.

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



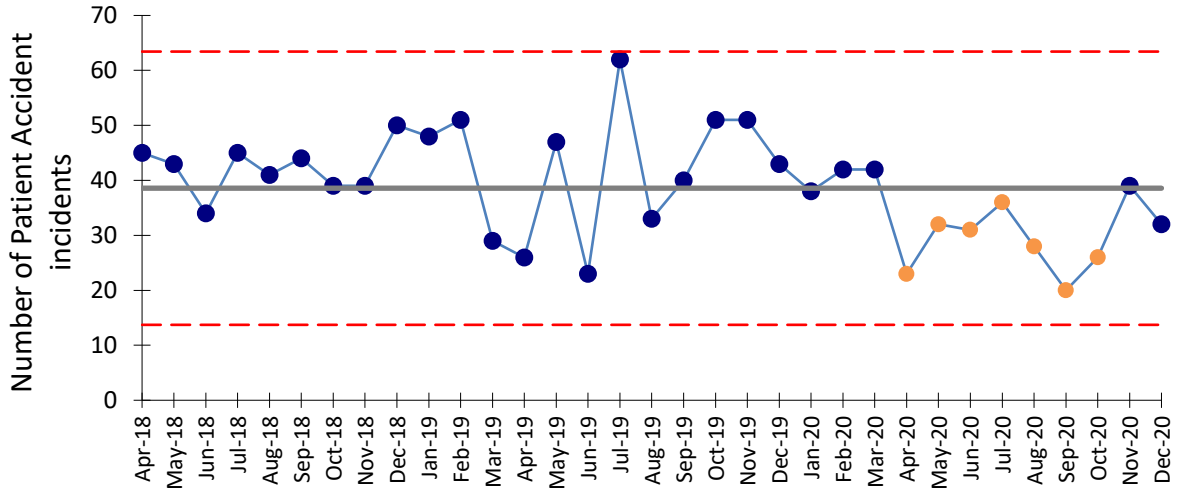
*Incorrect Dose includes dose omission, extra dose, incorrect dosage form, frequency and duration incidents

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, is discontinued by the physician but is not removed by nursing staff from the patient’s specific medication bin.

Patient Accidents

Patient Accident experienced special cause variation of a shift downward from April to November with a mean of 38.57. The downward shift is related to the decrease in falls during that time frame, in particular in LTC and Geriatrics.

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

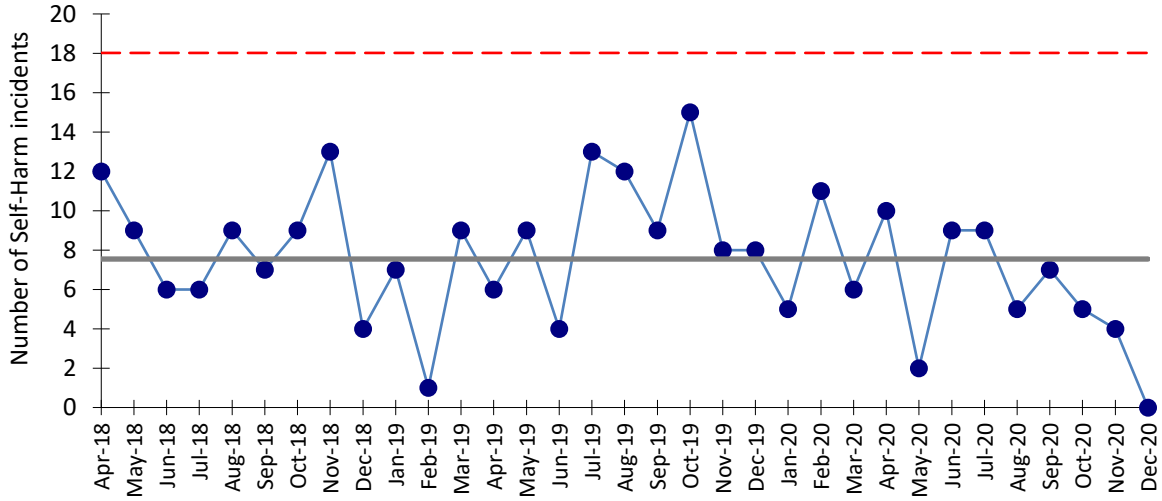


Special cause variation: Yes

Self-Harm

The number of Self-Harm incidents continue to show common cause variation with a mean of 7.54 incidents per month.

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



Special cause variation: None

MINUTES
ROYAL OTTAWA HEALTH CARE GROUP
GOVERNANCE COMMITTEE
March 9, 2021 at 4:30 p.m.
Via Zoom

Trustees	Present	Regrets	Trustees	Present	Regrets
C. Coulter, Chair	X		I. Levy	X	
S. Squire, Vice Chair	X		A. Graham	X	
D. Somppi	X				
Management Staff					
J. Bezzubetz	X		P. Robb	X	

	ITEM	REFERENCE	ACTION REQUIRED
1.	**CALL TO ORDER**	C. Coulter, Chair, opened the meeting by acknowledging that the land on which we gather is the traditional and unceded territory of the Algonquin nation. She then 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.	**CONSENT AGENDA**	No items were removed from the Consent Agenda. Moved by D. Somppi and seconded by S. Squire **BE IT RESOLVED THAT** the Consent Agenda, including the motions contained therein, is approved as follows: a) Acceptance of Agenda of March 9, 2021 b) Approval of February 25, 2021 Minutes **CARRIED**	
3.	**DISCUSSION ITEMS**	a) Discussion regarding Family and Client Advisory Councils – C. Coulter	
		This item was in follow up to the discussions that the Committee had at the January 26, 2021 meeting. The floor was opened for further discussion. The Board is moving to more transparency at the board table, which was seen by the Committee as a positive change. On the matter of Board memberships, it was noted that as soon as a person becomes a governor their constituency shifts. Anyone can apply to be a Trustee, but the decision to appoint someone needs to be based on governance. The current skills matrix supports that many on the Board have family and client experience. This should be left as status quo from the perspective of the Board. More attention can be focused on how we can support the Councils and ensure their views are built into our Board and the other three Boards. P. Robb is to check with legal counsel whether the Volunteer Association is in the by-laws because of legislation and will report back to this Committee	P. Robb

		There was a discussion about cross pollination between the three Boards and how the reporting relationship can be managed: - It might be worthwhile to have two meetings of the 3-Board Governance Chairs each year: one in the fall and a second meeting in the January timeframe so we are not under a crunch in determining what the needs of the Boards are. This would be another form of cross pollination - The March Board meeting will be the first time the budgets from the three Boards will be presented. C. Crocker will be making this presentation - There is value in temporary constructs being set up, but having an ongoing dialogue was seen as more important than having another Committee. There is a difference between Committees that are part of the by-laws and those formed out of creativity - Do the other Boards feel there is a gap and are we creating the right kind of communication that is useful to them? In summary, the Committee felt we are moving in the right direction. The work with the other Boards is something that continues to be changing organically as we move forward with closer connections with the three Boards. C. Coulter will speak to these matters as part of the Governance Committee report to the Board on March 25, 2021.	
		b) The Importance of Collaboration – C. Coulter *(follow up from February 24, 2021 Board Connections Day)*	
		This item was discussed as part of the item above.	
		c) Proposed Information to be Provided to New Board Members – S. Squire	
		A draft of a proposed advertisement for Board recruitment was provided in the meeting package. S. Squire provided context to this item from her experiences on how boards recruit. In looking at the upcoming Board vacancies and needs of the Board, there will be a limited window to get the competencies that we see as critical. The floor was opened for discussion and comment as follows: - The Royal should be one of the top three organizations that Trustees give their donor dollars to - Highlight the volume of materials that need to be reviewed in order to be prepared to come to a meeting ready to understand and ask questions - A minimum experience required should be set. The Royal is not a board for candidates wanting to gain experience. Applications should be reflective of the amount of work and skill sets that are required. A comprehensive package should be put together by candidates on why they want to be on the Board and what they can offer - Look at advertising through groups such as *Women* GET ON BOARD etc. to expand reach in the community	

		- Find people through the networks of other Trustees. Trustees have an obligation to make sure that through our networks there is an adequate supply of candidates - The CEO of the organization, together with the executive team, should have an opportunity to go through the list of candidates. The Chair could also review candidates and identify those who would make a good fit The Committee liked the idea of a push/pull approach. Based on the comments from the Committee, S. Squire and P. Robb will prepare a second draft for consideration.	
		d) Update on REB Reporting to the Quality Committee – C. Coulter	
		A briefing note was included in the meeting package. The Committee agreed with L. Leikin's recommendation that the Quality Committee continue to look at this for another year, at which time it will be brought back to this Committee to re-evaluate.	P. Robb
4.	**BY-LAW REVIEW**	a) First draft of ROHCG By-laws *(final approval at June 24, 2021 AGM)*	
		The first draft of the ROHCG By-laws, with comments by legal counsel, was included in the meeting package. The Committee reviewed the By-laws and made changes throughout, which are noted on the By-laws and are attached to these minutes. The Committee agreed that before the By-laws go back to legal counsel, J. Bezzubetz and her team are to review them in order to provide an analysis of the information. It will then be brought back to this Committee on May 25, 2021 for another review before it goes to the AGM on June 24, 2021 for final approval.	J. Bezzubetz P. Robb
5.	**DECISION/ INFORMATION ITEMS**	a) Committees of the Board	
		i. Update on Board and Committee Membership – A. Graham	
		A. Graham has solicited Board member interests. Another meeting is to be set up to draft a recommendation to take to the May 25, 2021 Governance Committee meeting.	A. Graham P. Robb
		ii. Audit Committee Terms of Reference	
		Moved by S. Squire and seconded by I. Levy **BE IT RESOLVED THAT** the Audit Committee Terms of Reference be accepted and brought forward to the next Board of Trustees meeting for final approval. **CARRIED**	
		iii. Finance Committee Work Plan	
		Moved by D. Somppi and seconded by S. Squire **BE IT RESOLVED THAT** the Finance Committee Work Plan be accepted and brought forward to the next Board of Trustees	

		meeting for final approval. **CARRIED**	
6.	**NEW BUSINESS** *(if any)*	D. Somppi raised a point that the Board should have a formal standard to include any presentations from outside presenters in meeting packages. This will then provide the Chair with an opportunity to review any materials submitted. It was noted that internal presentations from staff will sometimes be provided only at the meeting in order to have the most up-to-date data. As an update, J. Bezzubetz noted she had a meeting with N. Loreto, J. Desrochers, Manager, Client and Family Relations, and the Chairs of the Client and Family Advisory Councils. It was agreed at that meeting that going forward guidelines will be drafted and shared for any client or family presentations to the Board.	.
7.	**ADJOURNMENT**	Next Meeting: May 25, 2021 Moved by C. Coulter and seconded by I. Levy **BE IT RESOLVED THAT**, the meeting be adjourned at 6:07 p.m. **CARRIED**	

C. Coulter
Chair

J. Bezzubetz
Secretary, Board of Trustees

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

MINUTES
ROYAL OTTAWA HEALTH CARE GROUP
GOVERNANCE COMMITTEE
February 25, 2021 at 4:30 p.m.
Via Zoom *(details in calendar)*

Trustees	Present	Regrets	Trustees	Present	Regrets
C. Coulter, Chair	X		I. Levy	X	
S. Squire, Vice Chair	X		A. Graham	X	
D. Somppi	X				
Management Staff					
J. Bezzubetz	X		P. Robb	X	

#	ITEM	REFERENCE	ACTION REQUIRED
1.	**CALL TO ORDER**	S. Squire, Vice-Chair, called the meeting to order at 4:33 p.m. and declared it to have been regularly called and properly constituted for the transaction of business.	
2.	**CONSENT AGENDA**	No items were removed from the Consent Agenda. Moved by D. Somppi and seconded by C. Coulter **BE IT RESOLVED THAT** the Consent Agenda, including the motions contained therein, is approved as follows: a) Acceptance of Agenda of February 25, 2021 b) Approval of January 26, 2021 Minutes **CARRIED**	
3.	**BOARD OF TRUSTEE VACANCIES**	a) Review Applications Against Skills Matrix – C. Coulter	
		Following a review of the applications, it was agreed that interviews are to be set up to meet with G. Brimacombe and A. Manley. S. Devlin's application will be looked at further in the context of the revised Skills Matrix, but a second interview will not be pursued right now as she was already interviewed. The other candidates will be advised that after consideration by the Governance Committee, they will not be interviewed at this time, but will be thanked for their interest. The timeline to have the interviews completed will be by the end of March and will include at least two Committee members on the Selection Committee as well as J. Bezzubetz. D. Sommpi recused himself from any decisions regarding S. Stadnisky, I. Levy recused himself regarding G. Brimacombe, and A. Graham and C. Coulter recused themselves regarding S. Devlin.	P. Robb

		S. Stadnisky was interviewed in the last round, and although he was not considered for a Board position at this time, J. Bezzubetz is going to speak to the Centre of Excellence about him because of his background as a veteran. There was a discussion around process and whether the Board should do an annual call, or fill one position this year and hold the other until we have a new process in place. The recruitment process could also start earlier in the year with a more targeted approach. In the longer term, the Board needs diversity, legal, bilingualism and someone with an accounting or related finance background. As we move forward these will be important factors to consider. The need to examine further whether we should promote our Board openings rather than passively receive them based on our web posting (push vs pull concept) was also briefly discussed. The annual meeting of the CEOs and Governance Chairs is in the process of being set up for the end of March, subject to availability. This will be a good time to ensure the right people get to the right place.	J. Bezzubetz P. Robb
b)	**ADJOURNMENT**	Next Meeting: March 9, 2021 Moved by I. Levy and seconded by C. Coulter **BE IT RESOLVED THAT**, the meeting be adjourned at 5:30 p.m. **CARRIED**	

_____ _____

C. Coulter
Chair

J. Bezzubetz
Secretary, Board of Trustees

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2020-2021 – 35	**Priority:** Routine

DATE:	March 25, 2021
COMMITTEE:	Governance Committee
PRESENTER:	Catherine Coulter, Chair, Governance Committee
SUBJECT:	Audit Committee Terms of Reference

BACKGROUND INFORMATION:

Approved at the January 21, 2021 Audit Committee and recommended for approval by the Governance Committee on March 9, 2021.

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT, the Board of Trustees approve the Audit Committee Terms of Reference, as endorsed by the Governance Committee.

Moved by:

Seconded by:

Motion approved:

The Le Royal
Mental Health - Care & Research
Santé mentale - Soins et recherche

TITLE: ROHCG BOARD COMMITTEES		
SECTION: Audit Committee Terms of Reference		**NO: ROHCG Schedules Section 6.1.1**
Issued and Approved By:	**ROHCG Board of Trustees**	**APPROVAL DATE : 23/02/12** **Date Initially Issued: 18/06/08** **Date Reviewed: 2019-03-19** **2018-01-25** **Date Revised: 2019-03-28** **2018-01-25**
Role	The committee's role is to oversee the audit functions of the Board.	
Responsibilities	1. to approve the scope of the audit work; 2. to review annually and discuss the external auditor's written report and address all factors that might impact on the auditor's independence; 3. to review the external auditor's performance from time to time; 4. to meet privately with the auditors and management to assess their working relationship; 5. to recommend the removal of the external auditors if so required; 6. to review areas of high exposure on a regular periodic basis including, but not limited to the following: a) revenue recognition, accounting policies, off-balance sheet financing, special purpose vehicles, related party transactions, valuation of inventory and the taking of specific provisions or charges; and b) the Financial Risk Register, which covers risks related to Finance Department staffing, regulatory reporting, control over assets and funding 7. to report to the Board following discussions with the external auditor and management and its own deliberations with respect to the draft annual financial statements of the ROHCG on the following: a) compliance with generally accepted accounting principles and with presentation and disclosure standards;	

	c) significant management judgment or estimates within the financial statements and the underlying assumptions contained within such judgments.
Membership & Voting	Voting members of Committee a) Chair of the Finance Committee; b) one other independent ROHCG trustee with accounting or related financial expertise evidenced by an accounting designation or equivalent ; and c) a minimum of four other independent ROHCG trustees.
	Non-Voting Members of Committee a) the President and Chief Executive Officer, as a management resource.
Chair	The Audit Committee shall have the same chair as the Finance Committee.
Appointment of delegates	N/A
Frequency of Meetings	The Audit Committee will hold a minimum of two meetings each year at the call of the Chair.
Quorum	The quorum for the Audit Committee shall be 51% of its voting members. The Quorum for the Audit Committee must include at least one of its members who have an accounting designation or related financial expertise.
Resources	The ROHCG Chief Executive Officer will identify staff member(s) to act as resources to the Committee. One staff member will be identified as the Committee Secretary.

Reporting	The Audit Committee shall report to the ROHCG Board of Trustees.

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2020-2021 – 36	**Priority:** Routine

DATE:	March 25, 2021
COMMITTEE:	Governance Committee
PRESENTER:	Catherine Coulter, Chair, Governance Committee
SUBJECT:	Finance Committee Work Plan

BACKGROUND INFORMATION:
Approved at the January 21, 2021 Finance Committee and recommended for approval by the Governance Committee on March 9, 2021.
LEGAL REVIEW AND/OR APPROVAL:
MOTION FOR APPROVAL:
BE IT RESOLVED THAT, the Board of Trustees approve the Finance Committee Work Plan, as endorsed by the Governance Committee.

Moved by:

Seconded by:

Motion approved:

ROHCG - Finance Committee Workplan
2020-21

Item	Sep 10	Nov 19	Jan 21	Mar 11	May 20
Review of Terms of Reference	X				
Operating/Capital Budget • Review and recommend for approval of operating budget for the next fiscal year • Review any resource allocation implications • Identify and assess associated risks to organization of budget plans and assumptions. • Compare resources to those required to meet needs and achieve the strategic goals and objectives. • Review options if insufficient resources to meet strategic goals and objectives. • Consider any ethical, value, social costs and benefits and the potential impact on quality and safety. • Review consequences and impact of changing service levels. • Identify opportunities for improvement and monitor actions. • Review and recommend for approval the Capital Project Budgets			X		
Review and recommend for approval the HSAA, LSAA and MSAA for next fiscal year • Update on consultation with LHIN to confirm the organization's mandate and core services • Confirm LHIN mandated performance targets (financial, volume and other) • Clarification of shared decision-making with the government and funding authority				X	
Review interim financial statements	X	X	X	X	X
Review of financial domain of Strategic Plan Balanced Scorecard	X		X		X
Review insurance coverage	X				
Review of corporate Procurement Policy				X	
Report on Consultant contracts and sole source purchases		X			X
Review of effectiveness of risk management strategy for interest rate fluctuation. (Interest Rate Derivative Agreement)					X
Review and recommend on policy issues with respect to personnel,		X			

facility planning and information services, as necessary.					
Investment Performance Review • Review and recommend investment strategies for all investment portfolios	X		X	X	X
Report of activity of Fiscal Advisory Committee					X
Cyber Security (standing item per June 2017 Board Meeting)	X		X		
Review of Integrated Risk Management Tool		X	X	X	X
Review of Internal Controls			X		
Review of Multi Year Budget (as required)			X		
Review PET/MRI Concepts Standing item until completion	X				X
Legal Case – B. Clarke – Update Standing item until completion	X	X	X	X	X
Cyber risk tracking update (Quarterly)	X	X	X	X	X

ROYAL OTTAWA HEALTH CARE GROUP

Medical Advisory Committee Report

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

ROYAL OTTAWA HEALTH CARE GROUP
MINUTES
MEDICAL ADVISORY COMMITTEE MEETING HELD
February 18, 2021 – 9:00 to 10:30 a.m.
(Virtual Meeting Via Zoom)

MEMBERS		STAFF		GUESTS
Present	**Regrets**	**Present**	**Regrets**	
R. Bhatla, Chair S. Gulati D. Attwood T. Lau L. McMurray G. Beck B. Fortin-Langelier J. Gray S. Okigbo J-M. Ribeyre J. Shlik M. Tremblay M. Willows *Ex-officio Members:* J. Bezzubetz S. Farrell E. Millar K. Corace D. Simpson T. Burta	A. Khan J. Watts A. Winter	F. Dzierszinski C. Ripley D. Munroe	C. Crocker C. Gemmell	S. Sibbit K. Nikolitch P. Blier J. Phillips C. Slepanki L. Gregory P. Backman **SCRIBE** S. Holierhoek

	AGENDA ITEMS		ACTION REQUIRED
1.	**CALL TO ORDER**	The meeting was convened at 9:05 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 introduced the two presentations being given today and thanked the many team members that are working on both initiatives for their collaborative efforts and commitment to improving mental healthcare access and services in our	

		region.	
3.	**PRESENTATION**	a) The Esketamine Service at ROHCG: An Information Summary – K. Nikolitch Treatment Resistant Depression (TRD) was explained. It is a distinct illness that affects approximately 2.5M Canadians and over 5,000 people in the Champlain region. This illness is often refractory to treatment, profoundly impacting the lives of those affected. Esketamine is a novel treatment and is approved by Health Canada. Over the last decade, Dr P. Blier has been administering this treatment via his research with the first patient receiving the medication in 2010. Dr J. Phillips has also done much research in this area and has relatively recently joined Dr Blier's team. Results with Esketamine treatment have shown a significant reduction in suicidal thoughts and depression. The Royal's Esketamine service is planning to launch in April and will begin with outpatients who meet treatment criteria and have appropriate insurance coverage for the treatment. The service's vision and goals include integrating patient care and research and aligning an expertise based approach with decision-making and leadership. Research in this treatment may lead to broader acceptance and integration into our publically funded treatment modalities. A summary of the Esketamine Service at The Royal was included in the meeting package.	
		b) Regional Coordinated Access for Mental Health and Substance Use/Addictions Services in Champlain – K. Corace; M. Willows The current challenges in accessing outpatient mental health and substance use/addictions services in the region were reviewed. The goal of the AccessMHA initiative is to address these access challenges via a Regional Coordinated Access (RCA) system where one centralized point of access to services is established to assist with navigation of the system and matching of appropriate services to individuals equitably. The Royal is a partner in co-designing and collaborating with other community partners, primary care providers, stakeholders, clients and families in the Champlain region on this initiative. Existing access pathways for geriatric services, youth services and ACT teams will continue to operate.	

		AccessMHA is launching a digital pilot of RCA this week. Access is by self referral or by a primary care provider referral. Continuous monitoring of data will occur to identify service needs and gaps in the system. A copy of the presentation material was included in the meeting package.	
4.	**CONSENT AGENDA**	**BE IT RESOLVED THAT** the consent agenda, including the items outlined therein, be accepted as presented. **Moved: S. Gulati** **Seconded: S. Okigbo** **CARRIED** The following motions were included in the Consent Agenda: i. Acceptance of agenda of February 18, 2021 meeting ii. Approval of minutes of January 21, 2021 meeting iii. Delegated Medical Advisory Group (DMAG) Minutes of January 11, 2021 and January 25, 2021 (Approved) iv. UGME Update v. Corporate Patient Safety Quarterly Report vi. Quality Improvement Plan Quarterly Update vii. Briefing Note – Review of Program Evaluation Models in Academic Hospital Settings: Developing a Program Evaluation Model for The Royal	
	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. Reinstatement of Services Planning Update – D. Attwood /S. Farrell	
		No report.	
		b. Professional Practice Update – E. Millar	
		No report.	
7.	**STANDING REPORTS**	**ADVISORY COMMITTEE REPORTS**	
		a. Credentials Committee – R. Bhatla	
		C. Ripley reported for this Committee. A portion of the December 10, 2020 minutes were included in the meeting package	
		i. Appointments to the Medical Staff	
		BE IT RESOLVED THAT as recommended by the Credentials Committee, to recommend the approval of the following appointments to Medical Staff: - Dr. Laura Campbell, Probationary Full-Time Privileges, OSI, effective immediately	

		Moved: S. Gulati **Seconded: J. Shlik** **CARRIED**	
		b. Integrated Ethics Committee – D. Simpson, N. Lukich	
		D. Simpson reported for this Committee. - No report.	
		c. Medical Services Committee – A. Winter, B. Pryer	
		A. Winter reported for this Committee. - No report. The December 8, 2020 and January 12, 2021 minutes were included in the meeting package	
		d. Pharmacy & Therapeutics Committee – M. Tremblay, T. Burta	
		T. Burta reported for this Committee. - No report. The December 15, 2020 minutes were included in the meeting package.	
		e. Quality Committee – R. Bhatla, D. Simpson	
		D. Simpson reported for this Committee. - The Briefing Note on Quality at the Royal was reviewed. This briefing note outlines work on each QIP initiative, the organization wide quality committee work, and work done in the quality and patient safety portfolio. The second appendix highlights the newly approved quality framework which serves as an enabler of the strategic plan, rather than a stand alone framework. - The QIP Narrative Report and Indicators for 2020-2021 & 2021-2022 is the year end report on the QIP. Health Quality Ontario did not provide any guidance on the QIP indicators or reports for this fiscal year, so the organization has chosen to prepare the year end reports as we normally do. The headers in the report are standard from HQO. The indicators are the same as the current fiscal year, and will be carried forward in order to allow more time for the initiatives to achieve the targets. - Accreditation Canada will be rolling out an Accreditation Continuous Readiness model in the spring. The Royal had plans to roll one out in April, however, given the competing priorities of the organizational priorities, combined with COVID fatigue, we will pause on rolling out the model for a few months. We will gather more information from Accreditation Canada on what that model will look like, and circle back once we know more. It is important to note that a lot of our current work, including the indicators on our strategic plan, align already to Accreditation Canada standards.	

		The Briefing Note and QIP Narrative Report & Indicators documents were included in the meeting package.	
		INCIDENTS REPORTS	
		f. Critical and Severe Incidents Report – D. Simpson	
		The Critical and Severe Incidents Report was included in the meeting package.	
		OTHER REPORTS	
		g. Electronic Health Records (EHR) – B. Fortin-Langelier	
		No report.	
		POLICIES AND PROCEDURES	
		h. ROHCG Corporate Protocol – Any Esketamine Administration within the Mood & Anxiety Outpatient Program and Appendices 1, 2 & 4 (Rev Feb 11, 2021)	
		Appendix 3 was distributed to members the morning of February 18 in advance of the meeting. Minor amendments to wording in the protocol document was suggested and agreed.	
		BE IT RESOLVED THAT ROHCG Corporate Protocol – Any Esketamine Administration within the Mood & Anxiety Outpatient Program and Appendices 1, 2, 3 & 4 (Rev Feb 11, 2021) be approved as amended. **Moved: J. Shlik** **Seconded: G. Beck** **CARRIED**	
		i. CORP XIV – 100 As Low As Reasonably Achievable (ALARA) (Rev Jan 26, 2021)	
		BE IT RESOLVED THAT CORP XIV – 100 As Low As Reasonably Achievable (ALARA) (Rev Jan 26, 2021), be approved as presented. **Moved: T. Lau** **Seconded: J. Shlik** **CARRIED**	
		j. CORP XIV – 101 X-Ray Safety (Rev Feb 9, 2021)	
		BE IT RESOLVED THAT CORP XIV – 101 X-Ray Safety (Rev Feb 9, 2021), be approved as presented. **Moved: T. Lau** **Seconded: J. Shlik** **CARRIED**	
		k. CORP XIV – 110 Designation of Nuclear Energy Workers (NEWs) and X-Ray Workers (XRWs) (Rev Jan 26, 2021)	
		BE IT RESOLVED THAT CORP XIV – 110 Designation of Nuclear Energy Workers (NEWs) and X-Ray Workers (XRWs) (Rev Jan 26, 2021), be approved as presented. **Moved: T. Lau** **Seconded: J. Shlik** **CARRIED**	
		l. CORP XIV – 120 Training and Authorization (Rev Jan 13, 2021)	
		BE IT RESOLVED THAT CORP XIV – 120 Training and Authorization (Rev Jan 13, 2021), be approved as presented. **Moved: T. Lau** **Seconded: J. Shlik**	

		CARRIED	
		m. CORP XIV – 130 Declaration and Monitoring of Pregnant Workers (Rev Jan 13, 2021)	
		BE IT RESOLVED THAT CORP XIV – 130 Declaration and Monitoring of Pregnant Workers (Rev Jan 13, 2021), be approved as presented. **Moved: T. Lau** **Seconded: J. Shlik** **CARRIED**	
		n. CORP XIV – 140 Dosimetry (Rev Jan 13, 2021)	
		BE IT RESOLVED THAT CORP XIV – 140 Dosimetry (Rev Jan 13, 2021), be approved as presented. **Moved: T. Lau** **Seconded: J. Shlik** **CARRIED**	
		o. CORP XIV – 240 Incident Response and Reporting (Rev Jan 26, 2021)	
		BE IT RESOLVED THAT CORP XIV – 240 Incident Response and Reporting (Rev Jan 26, 2021), be approved as presented. **Moved: T. Lau** **Seconded: J. Shlik** **CARRIED**	
		p. CORP XIV – 270 Warning Signs & Notices (Rev Jan 26, 2021)	
		BE IT RESOLVED THAT CORP XIV – 270 Warning Signs & Notices (Rev Jan 26, 2021), be approved as presented. **Moved: T. Lau** **Seconded: J. Shlik** **CARRIED**	
		q. CORP VIII-i – 180 Buprenorphine Extended Release Injection (Sublocade) and Buprenorphine/Naloxone Sublingual Tablet (Suboxone) Guidelines: Prescribing, Dispensing and Administration (Rev Feb 3, 2021)	
		BE IT RESOLVED THAT CORP VIII-i – 180 Buprenorphine Extended Release Injection (Sublocade) and Buprenorphine/Naloxone Sublingual Tablet (Suboxone) Guidelines: Prescribing, Dispensing and Administration (Rev Feb 3, 2021), be approved as presented. **Moved: M. Willows** **Seconded: J-M. Ribeyre** **CARRIED**	
		r. CORP VIII-i – 140 Controlled Substances (Rev Jan 30, 2021)	
		BE IT RESOLVED THAT CORP VIII-i – 140 Controlled Substances (Rev Jan 30, 2021), be approved as presented. **Moved: M. Tremblay** **Seconded: M. Willows** **CARRIED**	
		s. CORP X-ii – 180 Point of Care Testing (Rev Feb 8, 2021)	
		BE IT RESOLVED THAT CORP X-ii – 180 Point of Care	

		Testing (Rev Feb 8, 2021), be approved as presented. **Moved: B. Fortin-Langelier** **Seconded: T. Lau** **CARRIED**	
		EXECUTIVE REPORTS	
		t. Psychiatrist-in-Chief and Chief of Staff – R. Bhatla	
		No report.	
		u. President and CEO – J. Bezzubetz	
		J. Bezzubetz expressed pleasure with today's meeting content and the level of engagement despite pandemic fatigue within the organization. The two initiatives presented on today, demonstrates The Royal's commitment to being a system partner and service provider leader in the community and region. To the extent possible, SMT is endeavouring to minimize the impact of strategic plan and quality improvement initiatives so as not to create "extra" work for staff during this pandemic era. Thank you to teams and SMT for their continued efforts, ongoing engagement with and participation in regional arenas.	
		v. President of Medical Staff – T. Lau	
		No report.	
		w. President, IMHR & Vice President of Research, ROHCG – F. Dzierszinski	
		No report.	
8.	**NEXT MEETING**	**March 18, 2021 at 9:00 – 10:30 a.m.** *(Virtual meeting via Zoom)*	
9.	**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. Both presentations were very informative and appreciated by members. Opportunities for questions and discussion were provided.	
10.	**ADJOURNMENT**	There being no further business, the meeting was adjourned at 10:32 a.m.	
11.	**IN-CAMERA SESSION**		
		_____ **R. Bhatla, Chairperson** _____ **S. Holierhoek, Secretary**	

The Le Royal
Mental Health - Care & Research
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ROYAL OTTAWA HEALTH CARE GROUP
MINUTES
MEDICAL ADVISORY COMMITTEE MEETING HELD
January 21, 2021 – 9:00 to 10:30 a.m.
(Virtual Meeting Via Zoom)

MEMBERS		STAFF		GUESTS
Present	**Regrets**	**Present**	**Regrets**	
R. Bhatla, Chair S. Gulati D. Attwood T. Lau L. McMurray G. Beck B. Fortin-Langelier S. Okigbo J-M. Ribeyre J. Shlik M. Willows *Ex-officio Members:* S. Farrell E. Millar K. Corace A. Winter D. Simpson T. Burta	A. Khan J. Gray M. Tremblay J. Watts J. Bezzubetz	F. Dzierszinski C. Ripley C. Gemmell D. Munroe	C. Crocker	S. Sibbit J. Walker M. Caulfield A. Middlebro **SCRIBE** S. Holierhoek

	AGENDA ITEMS		ACTION REQUIRED
1.	**CALL TO ORDER**	The meeting was convened at 9:04 a.m. T. Lau agreed to monitor the meeting discussion based on the Royal's Ethics Framework for Decision Making.	
2.	**OPENING REMARKS**	**OPENING REMARKS** • The Chair announced that an in-camera session will be held following today's regular meeting. The session will be attended by MAC Voting Members	

		only. • Implementation of the organization's new Strategic Plan continues and work on the organizational design piece is underway. • The Prompt Clinic is operational. MAC thanks CDs for supporting program physicians who have volunteered to provide services at the Prompt Clinic. • The annual physician reappointment process is set to launch and will be open from January 27 to February 28, 2021. An FAQ document on how to complete the process will be circulated to physicians. • In order to prepare for the future and to respond to current pandemic conditions, Ontario Health East Region is establishing an East Region Hospital IMS structure. Several patient transfers from the GTA have already taken place including Kingston. • TOH's General Campus has closed 14 mental health beds.	
3.	**PRESENTATION**	a) Ontario Health Quality Standards Implementation – M. Caulfield	
		M. Caulfield, Project Manager, Champlain Pathways Care Team, reviewed the purpose, scope, objectives, goals and outcomes with respect to the Ontario Health Quality Standards Implementation project. The importance of the organizational leadership's role to support and champion the project was highlighted. The Royal has selected executive sponsors for the project. Next steps include engaging with programs to determine feasibility of implementing quality standards/statements. Inpatient standards will likely be implemented first given the challenges for outpatient management during the pandemic. SUCD has begun the implementation process and Schizophrenia is ready to begin. A copy of the presentation material was included in the meeting package.	
		b) Expanse and CWS Update – B. Fortin-Langelier / A. Middlebro	
		<u>Meditech (MT) Expanse</u> The MT Expanse go live was January 14, a delay of two days due to technical MT difficulties.	

		Users being booted out of the system while active and the disappearance of notes are the two most prominent issues reported to date. The implementation team is actively working with Meditech to resolve these issues. It is important that users continue to log detailed tickets with IT each time an incident occurs, even if it is the same incident as previously reported. Each piece of information helps to identify the matter in the audit logs which in turn provides more insight to achieving resolution. <u>CWS</u> A physician from each of the Youth and Schizophrenia programs have begun piloting CWS. OSI is also live with prospective booking. Changes have been made to the implementation schedule to allow meeting unique needs of programs. It was noted that ECT will have unique needs given its interaction with several programs. The timing of CWS implementation with this service is important. The implementation of Web Ambulatory will be delayed though expected within the same fiscal year. A copy of the presentation material was included in the meeting package.	
		c) Royal Ottawa CWS Implementation Agreement Document – R. Bhatla	
		BE IT RESOLVED THAT The Royal Ottawa CWS Implementation Document, was approved as amended via electronic vote conducted on December 18, 2020. **Moved: D. Attwood** **Seconded: J. Gray** **CARRIED**	
4.	**CONSENT AGENDA**	**BE IT RESOLVED THAT the consent agenda, including the items outlined therein, be accepted as presented.** **Moved: B. Fortin-Langelier** **Seconded: T. Lau** **CARRIED** The following motions were included in the Consent Agenda: i. Acceptance of Agenda of January 21, 2021 meeting ii. Approval of Minutes of December 17, 2020 meeting iii. Delegated Medical Advisory Group (DMAG) Minutes of December 14, 2020 (Final) iv. UGME Update v. Policy Management Tool – Policies requiring MAC Approval – Q3 Update	

		vi. Policy Review for 2021 vii. Policy Review & Implementation Management Tool – Quarterly Update	
	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. Reinstatement of Services Planning Update – D. Attwood /S. Farrell	
		All resumption of services activities are on pause during the provincial pandemic lockdown. The IMS-Operations group continues to meet weekly and brief SMT. Inpatient visitors are currently prohibited. Work continues to ensure beds are filled with the patients we can best serve. Management is reviewing The Royal's representation at regional and provincial tables to ensure appropriate representation at each occurs. The province's planning for the COVID vaccination of patients in congregate settings is ongoing and is based on supply of vaccination.	
		b. Professional Practice Update – E. Millar	
		No report.	
		c. Code Blue Policy – R. Bhatla	
		Physicians and staff should be reminded periodically of the broad accountabilities contained within the Code Blue Policy (i.e. Switchboard, Security – responsible for directing and escorting EMS personnel to code area). This is important information and as such should always be top of mind.	
7.	**STANDING REPORTS**	**ADVISORY COMMITTEE REPORTS**	
		a. Credentials Committee – R. Bhatla	
		C. Ripley reported for this Committee. - No report.	
		b. Integrated Ethics Committee – D. Simpson, N. Lukich	
		D. Simpson reported for this Committee. - No report. The November 9, 2020 minutes were included in the meeting package.	
		c. Medical Services Committee – A. Winter, B. Pryer	
		A. Winter reported for this Committee. - Residents in Outpatients are using the MOH form to order blood work. They should be using form 1905	

		and should also provide the name of the attending MD. - There is a low level of influenza in the area. Vaccines are available until March/April. Persons should not get the COVID-19 vaccine within 2 weeks of receipt of another vaccine. - The new neurologist has started. She will only be seeing inpatients and will see consults as they come in. Outpatients should be referred to the neurology clinic at TOH. - A new part time x-ray technologist has been hired. She will be working on Mondays, Wednesdays and Thursdays. There is no x-ray available on Tuesdays and Fridays.	
		d. Pharmacy & Therapeutics Committee – M. Tremblay, T. Burta	
		T. Burta reported for this Committee. - Microlax enema is discontinued and no longer available for ordering. - Buprenorphine/Naloxone (Suboxone) ordering in expanse differs between inpatient and outpatient prescribing. Please refer to the emailed Physician Communication dated January 12, 2021. - Calcium and potassium medication ordering in Expanse has changed. Calcium is now ordered as the salt form and Potassium as mEq. - P & T Committee will be submitting a formulary addition request for testosterone cypionate 100mg/mL to February MAC. - Policies currently shared at P & T that will be coming to MAC in February or March for decision include CORP VIII-i-140: Controlled Substance Policy (new) and CORP VIII-i-180: Buprenorphine Extended Release Injection (Sublocade) and Buprenorphine/Naloxone Sublingual Tablet (Suboxone) Guidelines: Prescribing, Dispensing, and Administration. - Medication Safety Group is reviewing the reported CSIF's and generating audits to better understand why the near miss/incidents are occurring. Current audits include a review of medications administered to patients receiving ECT treatment, narcotic tracers, and a review of two scheduled orders of the same medication but different formulations. The November 17, 2020 minutes were included in the meeting package.	
		e. Quality Committee – R. Bhatla, D. Simpson	
		R. Bhatla reported for this Committee. - Given the scope of the pandemic response requirements, HQO has advised that current QIP	

		indicators are to be utilized for the next year. No new indicators are being sought for the time being.	
		INCIDENTS REPORTS	
		f. Critical and Severe Incidents Report – D. Simpson	
		The Critical and Severe Incidents Report was included in the meeting package. There were no critical incidents since the last MAC meeting.	
		OTHER REPORTS	
		g. Electronic Health Records (EHR) – B. Fortin-Langelier	
		See #3 Presentation b).	
		POLICIES AND PROCEDURES	
		h. Corporate Protocol – Code White Protected (Rev. Dec 2, 2020)	
		BE IT RESOLVED THAT Corporate Protocol – Code White Protected (Rev. Dec 2, 2020), be approved as presented. **Moved: D. Attwood** **Seconded: J. Shlik** **CARRIED**	
		EXECUTIVE REPORTS	
		i. Psychiatrist-in-Chief and Chief of Staff – R. Bhatla	
		See #2 Opening Remarks.	
		j. President and CEO – J. Bezzubetz	
		No report.	
		k. President of Medical Staff – T. Lau	
		No report.	
		l. President, IMHR & Vice President of Research, ROHCG – F. Dzierszinski	
		F. Dzierszinski provided an update to MAC on some of the initiatives that have been co-designed and launched in support of the new strategy, *co-creating access, hope and new possibilities*. • In the fall of 2020, the Terms of Reference of the Research Committee were redesigned and an Inter-Professional Research Committee (IPRC) was established at The Royal, with representation from all areas of expertise at ROHCG. The IRPC works closely with the Innovation Council. The physician representatives on the IPRC are Drs Beck, Zhand, Owoeye and Bhatla, who were thanked for their engagement. • Three working groups of the IPRC have been launched (co-designed framework for client and family oriented	

		research, academic, and data/AI governance); first meetings will occur in February. • Dr Shlik was thanked for his long time engagement with the PET/MRI users committee. • Other initiatives in support of the strategy include: - The relaunch of the TRIC (Translation of Research Into Care) grant competition in the fall of 2020 after a pause due to the pandemic; calling for interdisciplinary teams (clinicians, scientists, programs leader, clients and families) to propose projects that can be rapidly implemented and contribute to care. 24 Letters of Intent were received by the Jan 24th deadline and full applications are due Feb 08 - Once full TRIC applications have been submitted, we will be able to launch the redesigned UMRF competition, which was co-designed by the IMHR and the AIPs - Other initiatives will be reported on at future MAC meetings	
8.	**NEXT MEETING**	**February 18, 2021 at 9:00 – 10:30 a.m.** *(Virtual meeting via Zoom)*	
9.	**THE ROYAL'S ETHICS FRAMEWORK FOR DECISION MAKING**	T. Lau confirmed that the meeting discussions were in keeping with The Royal's Ethics Framework for Decision Making. Respectful discussions ensued and good time management was executed.	
10.	**ADJOURNMENT**	There being no further business, the regular meeting was adjourned at 10:17 a.m. and voting members moved to an in-camera session.	
11.	**IN-CAMERA SESSION**	Voting members conducted an in-camera session. The in-camera session adjourned at 10:27 a.m.	

R. Bhatla, Chairperson **S. Holierhoek, Secretary**

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2020-2021 – 37	**Priority:** Important

DATE:	March 25, 2020
COMMITTEE:	Medical Advisory Committee
PRESENTER:	Dr. R. Bhatla, Chair, Medical Advisory Committee
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 the following candidate(s) for Medical Staff Privileges:

- Dr. Laura Campbell, Probationary Full-Time privileges, OSI, effective immediately

Moved by:

Seconded by:

Motion approved:

OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2020-2021 – 38	**Priority:** Important

DATE: March 25, 2021

COMMITTEE: Finance and Quality Committees

PRESENTER: José Gallant, Chair Finance Committee

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.

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT as recommended by the Finance and Quality Committees, the Annual Integrated Risk Management Framework be approved as presented.

Moved by:

Seconded by:

Motion approved:

The Le Royal

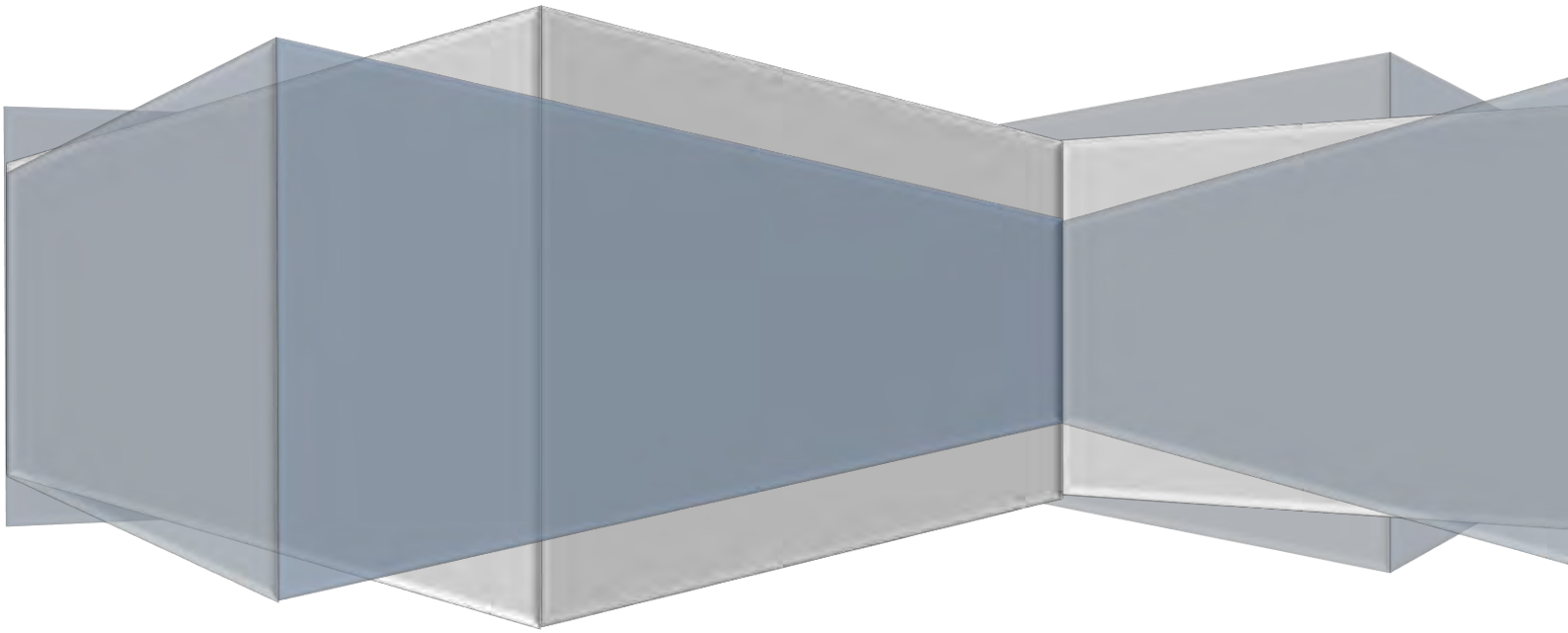
Mental Health - Care & Research
Santé mentale - Soins et recherche

Integrated Risk Management (IRM) Framework

Royal Ottawa Health Care Group

February 2021 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 contains input from the Senior Executive sponsors. The effects of the Covid-19 pandemic continue to provide challenges, opportunities and to evolve risks. For each very high or high risk, there is an associated action plan, updated quarterly. There are currently 18 risks monitored on the IRM.

Nine risks are in the very high or high category, with nine medium risks as part of the framework. The Requirement for Innovation risk moved from a status of high risk to medium, with this review. Mitigation strategies have helped to reduce the likelihood of this issue, therefore, lowering the overall risk.

Action plans for the very high and high risks are included in Appendix 3 of the report.

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 very high/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	• Minimal harm, no/minimal intervention or treatment • No time off work	• Minor harm or illness, minor intervention • Time off work for <3 days • Increase in LOS by 1-3 days	• Moderate harm, professional intervention • Time off work for 4-14 days • Increase in LOS by 4-15 days • Small number of patients	• 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	• Incident may lead to death • Multiple permanent instances of harm, irreversible health effects • Large number of patients
Disengaged staff/ physicians	• Low level of internal grievances	• Grievances occurring but not in large numbers	• Grievances show an increasing pattern • Low staff morale	• Grievances are increasing and more pervasive • Very low staff morale	• Grievances preoccupy the organization, arbitration and external review • Loss of several key staff
Financial loss	• Small loss	• 1% of budget	• 1-2% of budget	• 2-5% of budget	• >5% of budget
Reputation with stakeholders (including: community, donor, media, gov't, public, partners)	• Rumours • Potential stakeholder concern	• Local media coverage (short term) • Elements of stakeholder expectation not being met	• Local media coverage (sustained) • Short-term reduction in stakeholder confidence	• National media coverage (short-term) • Potential for political involvement • Longer-term reduction in stakeholder confidence	• National media coverage (sustained) • Political intervention • Sr. leader termination • Long-term reduction in stakeholder confidence
Service/ business interruption	• Interruption of >1 hour	• Interruption of >8 hours	• Interruption of >1 day	• Interruption of >1 week	• Permanent loss of service or facility
Compliance	• Minor non-compliance statutory duty	• Single failure to meet external standards or follow protocol • Recommendations to comply with external agency	• Repeated failures to meet external standards • Orders issued, report required by external agency	• Multiple statutory breeches /non-compliance with external standards • Prolonged inspection, significant findings • Prosecution initiated for non-compliance	• Gross failure to meet standards • Maximum fines • Criminal code violation • Impact on affiliation agreements
Business objectives/ projects	• Insignificant schedule delay	• Minor schedule delay • Small number of objectives not met	• Moderate schedule delay • Some objectives not met	• Significant schedule delay • Key objectives not met	• Initiative not implemented • Key objectives not met

Likelihood Scale

Category	Very low	Low	Medium	High	Very high
Broad descriptors	• Will probably never occur/recur	• Do not expect it to happen/recur but it is possible	• Might happen or recur occasionally	• Will probably happen/recur	• Will undoubtedly happen/recur, possibly frequently
Time-frame	• Not expected to occur for years	• Expected to occur at least annually	• Expected to occur at least monthly	• Expected to occur at least weekly	• Expect to occur at least daily
Probability	• <0.1%	• 0.1-1%	• 1-10%	• 10-50%	• >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, Raj	Simpson, Daneille	Care: Ensure a Safe Care Environment	High	Very High	Very High
2020-03	Community Health	Pandemic-Covid-19	Bezzubetz, Joanne	Millar, Esther, Farrell, Susan, Attwood, David	Care: Ensure a Safe Care Environment	Very High	High	Very High
2020-04	Care	Increased Medical Complexity and aging client population	Millar, Esther	Millar, Esther	Care: Ensure a Safe Care Environment	High	Medium	High
2019-18	Facilities	Infrastructure at the Brockville campus	Millar, Esther	Crocker, Cal	Care: Ensure a Safe Care Environment	High	High	High
2020-01	Regulatory	Regulatory and Ethical Compliance (human subjects research) (including Health Canada Regulated)	Dzierszinski, Florence	Dzierszinski, Florence	Discovery: Integrate Clinical Care and Research	High	Medium	High
2020-02	Financial	Royal Ottawa Foundation - Fundraising and Campaign Launch	Little, Cynthia	Little, Cynthia	Resources: Create New Funding Opportunities	High	Medium	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	Capelle, Guy	Resources: Leverage Technology for Best Outcomes	High	Medium	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.	Bhatla, Raj	Care: Ensure a Safe Care Environment	· Attempt to obtain comparable data from similar organizations · Monitor data related to suicide at The Royal · Continue The Royal's involvement with Suicide Prevention Ottawa · Implement a revised corporate critical incident review process at The Royal · Embed suicide prevention activities within strategic planning processes	Very High
2020-03	Pandemic-Covid-19	The Covid-19 Pandemic has created an unprecedented healthcare and economic environment across the globe. The breadth, scale, duration and speed of the event has made it difficult to adapt to the dynamic environment. Risk to the clinical operation, research enterprise and educational mandate will need to be mitigated.	Bezzubetz, Joanne	Care: Ensure a Safe Care Environment	· Staffing shortages continue to be the main concern on the second wave. Functional models have been developed by all programs to mitigate this risk. Recruitment efforts were heightened over the late summer and early fall, with additional orientation sessions being added. · PPE continues to be effective at curbing transmission and the supply is stable and sufficient. · Services re-opened have remained open and the provision of virtual delivery continues where appropriate. Visitation, screening, PPE and other protocols have continually been reviewed and updated to respond to the current state of transmission in the respective health units. Rapid antigen testing and vaccination plans are currently being implemented as guided by provincial and regional directions.	Very High

REF #	Risk name	Description	Senior Lead	Key strategy	Action plans in place	Risk level (current)
2019-6	Funding Shortfall	There are constant funding pressures created by: i. Inflation pressure around 2% and funding increase of 1% confirmed for 2020/21 ii. Demand for increased services in all areas of healthcare	Crocker, Cal	Resources: Support Best Practices in Sustainability and Efficiency	• Board approved balanced budget for fiscal 2020/21 and we are projecting there will be a small surplus at year-end as required to cover capital loans. (May 2021) • Additional revenue sources under review (ongoing) • Ensure we maintain benchmark of 70/30 re: Clinical to admin, as set out in the 2016 Auditor General report (ongoing) • 3 year budget projection completed for 2021/22 – 2023/24 (May2021) • All major contract expenditures publicly tendered (ongoing) • Member of HealthPro, a National group purchasing organization allowing us to take advantage of national purchasing power volume discounts (ongoing) • Ongoing review of staffing & operational efficiencies (Monthly) • Covid-19 related expenses being tracked in separate cost centres and submitted to LHIN on a monthly basis. Government has held up commitment to cover these new costs. (Monthly) • Positive Financial position at end of Q3	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 medical acuity in mental health. This creates a challenge and a risk for nursing staff, physicians and other providers that have mainly focused on the mental health care of clients.	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. The Nursing Professional Development committee was re-established and consulted on learning needs. The nursing education workplan will capture this feedback and will include acute care modules. The draft plan is due end of February. • Extensive training on IPAC principles and donning and doffing of PPE and physical assessments have been provided. Module provided on IV care • Survey nurses for topics to include in workplan-2021 • Detailed care plans completed for resident's co-existing physical health condition(s). • Investigate cost and utility of web based resource through Elsevier. This resource provides fundamental information on a comprehensive range of patient conditions & treatments, as well as nursing procedures and learning modules. • A prototype for a Rapid Response Team for medical emergencies is being formulated. The team would allow the Royal to maintain a higher level of medical surgical knowledge for a smaller team of practitioners. This team could be called to assist with the assessment, triage, care and transport of patients with changing status and to take a lead role after hours in Code Blues. This may be a more feasible solution to addressing the gap between medical complexity and the knowledge, skills and judgment of the psychiatric nurses.	High

REF #	Risk name	Description	Senior Lead	Key strategy	Action plans in place	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.	Millar, Esther	Care: Ensure a Safe Care Environment	• 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, Dr Gulati, Brian Merkley, DPCS, Nicole Loreto, Senior Advisor. • Committee continues to meet and develop actions to further the redevelopment of the site. • New Business case developed for Minister Clarke outlining need and requesting Capital-planning money. • Exploring obligation of landlord (Infrastructure Ontario), as outlined in lease, to provide premise sufficient to support operations. (Report to Board February 2021) • Creating video tour to support discussion with political leaders and bureaucrats. • Follow-up meeting with Minister Clarke advised that FTU was not part of the Brockville development announcement. • Meeting of the task group agreed to provide more information to Minister Clarke and connect with the Board on next steps.	High
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	Organization: • Previous Organizational and Partnership plans have been completed; internal infrastructure review also completed Partnership: • External cyber security consultant has completed their review for our EHR partnership (Royal, Ontario Shores, Waypoint) and the recommendations are under review • Insurance for cybersecurity has been purchased ($3M policy)	High

REF #	Risk name	Description	Senior Lead	Key strategy	Action plans in place	Risk level (current)
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.	Dzierszinski, Florence	Discovery: Integrate Clinical Care and Research	Direct Controls: The Research Ethics Board (REB) is dedicated to the ethical review of all clinical research conducted at the ROHCG Assessed via REB approval process and Quality Assurance for Research Excellence (QARE) program Joint Health and Safety Committee audits Monitoring by industry Sponsor(s) Inspection by Health Canada and/or FDA where applicable Action Plan: • Adherence to the 'Research and Ethical Review of Human Participant Studies' and 'Responsible Conduct of Research' policies - In place ; both policies have been reviewed (normal review cycle) and will be presented to the Boards in December 2020 (completed) • 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 - In place, continuous process; on track; on track • Research Ethics and Clinical Research Standard Operating Procedures (SOPs)- in place, reviewed periodically • Rigorous REB protocol review and approval process - In place; new REB Chair to be selected in December 2020 - completed (Ann-Marie O'Brien, appointment effective Feb 01, 2021; onboarding initiated) • REB incident reporting and follow-up - In place, continuous process -on track • Adherence to ICH Good Clinical Practices (ICH-GCP) and incident reporting to regulatory authorities- Process In place, continuous process -on track • Research and trainee training re: ICH-GCP, TCPS2 and regulatory guidelines; includes expected adherence to these guidelines - Process In place, continuous process -on track • Regular audits of Research Protocols through the QARE program based on institutional risk but may be for cause or as requested -Process In place, continuous process-on track • Adherence to relevant privacy legislation, including PHIPA -Process In place, continuous process -on track • Initiated partnership with TOH/OHRI Methods Center to establish a curriculum on research methods, including clinical trial designs, statistics, etc	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.	Little, Cynthia	Resources: Create New Funding Opportunities	• The quiet phase of the campaign continues. • An anonymous donation for $1.5 million to support research has been confirmed. • The draft public case documents are reviewed but at the same time, management of the ROHCG is reviewing the campaign priorities and may recommend changes. • The marketing plan is ready for review and will be presented to the Foundation leadership at their next meeting. • The tripartite capital campaign committee comprising of the Foundation, IMHR and ROHCG held their first meeting and will be meeting a second time in December. The committee is reviewing the campaign plans and evaluating progress.	High
2019-4	Human Resources	Occupational health, staff injury	Crocker, Cal	Care: Ensure a Safe Care Environment	Ongoing Initiatives such as: • Unit risk assessments • Mandatory training re: NCI and sharps • Orientation for new staff • Ongoing training on emergency codes • Workplace Violence Prevention Committee reviewing incidents and recommending change(s) • 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	High

Appendix 4: Integrated Risk Management Document (Medium and Low)

REF #	Risk category	Risk name	Senior Lead	Lead	Key strategy	Impact (current)	Likelihood (current)	Risk level (current)
2019-15	Leadership	Requirement for Innovation	Corace, Kim & Dzierszinski, Florence	Corace, Kim & Dzierszinski, Florence	Discovery: Integrate Clinical Care and Research	Medium	Medium	Medium
2019-16	Human Resources	Physician Recruitment & Retention	Bhatla, Raj	Gulati, Sanjiv	Resources: Support Best Practices in Sustainability and Efficiency	High	Low	Medium
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 & Little, Cynthia	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

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2020-2021 - 39	**Priority:** Important

DATE: March 25, 2021

COMMITTEE: Finance Committee

PRESENTER: José Gallant, Chair Finance Committee

SUBJECT: H-SAA, M-SAA and L-SAA Accountability Agreements

BACKGROUND INFORMATION:

Accountability Agreements:

- Hospital Service Accountability Agreement (H-SAA)
- Multi-Sector Accountability Agreement (M-SAA)
- Long Term Care Sector (L-SAA)

The H-SAA, M-SAA and L-SAA agreements were sent by the Champlain LHIN with a time sensitivity to have them signed and received by no later than end of day business March 31, 2021 to ensure that they are in effect for April 1, 2021. The purpose of the amending agreements is to extend current agreements by 12 months to March 31, 2022.

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT the Board of Trustees authorizes the Board Chair and President & CEO to sign the H-SAA amending agreement to extend current agreement by 12 months to March 31, 2022.

BE IT ALSO RESOLVED THAT the Board of Trustees authorizes the Board Chair and President & CEO to sign the M-SAA amending agreement to extend current agreement by 12 months to March 31, 2022.

BE IT ALSO RESOLVED THAT, the Board of Trustees authorizes the Board Chair and President & CEO to sign the L-SAA amending agreement to extend current agreement by 12 months to March 31, 2022.

Moved by:

Seconded by:

Motion approved:

4200 Labelle Street, Suite 100
Ottawa, ON K1J 1J8
Tel : 613.745.5525 • Fax : 613.745.1928
Toll Free: 1 800.538.0520
www.champlainlhin.on.ca

March 9, 2021

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

DELIVERED ELECTRONICALLY

Dear Dr. Bezzubetz:

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

The *Local Health System Integration Act, 2006* ("LHSIA") 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.

The LHIN hereby gives notice and advises the Royal Ottawa Health Care Group (the "HSP") of the LHIN's proposal to amend each and every hospital service accountability agreement (as described in the LHSIA) currently in effect between the LHIN and the HSP (each a "SAA").

Subject to the HSP's acceptance of this Extending Letter, the SAA will be amended with effect on March 31, 2021. All other terms and conditions of the SAA remain in full force and effect.

In accordance with section 16.2 of the SAA, 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, "March 31, 2021" is deleted and replaced by "March 31, 2022".
2) **Schedules** – The Schedules in effect on March 31, 2021 shall remain in effect until March 31, 2022, or until such other time as may be agreed to in writing by the LHIN and the HSP.

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

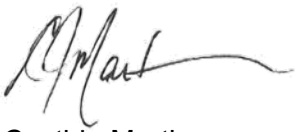
Please indicate the HSP's acceptance and agreement to the amendment of the SAA as described in this Extending Letter by signing below and returning one scanned copy of this letter by e-mail no later than the end of business day on March 31, 2021 to: ch.accountabilityteam@lhins.on.ca.

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 613-747-3231 or send an email to Paul.Caines@lhins.on.ca.

Sincerely,



Cynthia Martineau
Interim Chief Executive Officer of Central East, South East and Champlain LHINs;
Ontario Health (East)

c. Anne Graham, Chair of the Board, Royal Ottawa Health Care Group
c. James Fahey, Interim VP – Integration, Accountability, Communications & Engagement, Champlain LHIN

Signature page follows

AGREED TO AND ACCEPTED BY

Royal Ottawa Health Care Group

By:

_____ Date: _____
Joanne Bezzubetz, mm/dd/yyyy
President & Chief Executive Officer
I have authority to bind the health service provider.

And By:

_____ Date: _____
Anne Graham, mm/dd/yyyy
Chair of the Board
I have authority to bind the health service provider.

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Ottawa, ON K1J 1J8
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Toll Free: 1 800.538.0520
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March 9, 2021

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

DELIVERED ELECTRONICALLY

Dear Dr. Bezzubetz:

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

The *Local Health System Integration Act, 2006* ("LHSIA") 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.

The LHIN hereby gives notice and advises the Royal Ottawa Health Care Group (the "HSP") of the LHIN's proposal to amend each and every multi-sector service accountability agreement (as described in the LHSIA) currently in effect between the LHIN and the HSP (each a "SAA").

Subject to the HSP's acceptance of this Extending Letter, the SAA will be amended with effect on March 31, 2021. All other terms and conditions of the SAA remain in full force and effect.

In accordance with section 14.11 of the SAA, the terms and conditions in the SAA are amended such that the Schedules in effect on March 31, 2021 shall remain in effect until March 31, 2022, or until such other time as may be agreed to in writing by the LHIN and the HSP.

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 March 31, 2021 to: ch.accountabilityteam@lhins.on.ca.

Ontario

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 613-747-3231 or send an email to Paul.Caines@lhins.on.ca.

Sincerely,

Cynthia Martineau
Interim Chief Executive Officer of Central East, South East and Champlain LHINs;
Ontario Health (East)

c. Anne Graham, Chair of the Board, Royal Ottawa Health Care Group
c. James Fahey, Interim VP – Integration, Accountability, Communications & Engagement, Champlain LHIN

Signature page follows

AGREED TO AND ACCEPTED BY

Royal Ottawa Health Care Group

By:

_____ Date: _____
Joanne Bezzubetz, mm/dd/yyyy
President & Chief Executive Officer
I have authority to bind the health service provider.

And By:

_____ Date: _____
Anne Graham, mm/dd/yyyy
Chair of the Board
I have authority to bind the health service provider.

4200 Labelle Street, Suite 100
Ottawa, ON K1J 1J8
Tel : 613.745.5525 • Fax : 613.745.1928
Toll Free: 1 800.538.0520
www.champlainlhin.on.ca

March 10, 2021

Dr. Joanne Bezzubetz
President & Chief Executive Officer
Royal Ottawa Health Care Group in respect to Royal Ottawa Place
1145 Carling Avenue
Ottawa, ON K1Z 7K4
joanne.bezzubetz@theroyal.ca

DELIVERED ELECTRONICALLY

Dear Dr. Bezzubetz:

Re: LHSIA s. 20 Notice and Extension of Long-Term Care Home Service Accountability Agreement(s) ("Extending Letter")

The *Local Health System Integration Act, 2006* ("LHSIA") 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.

The LHIN hereby gives notice and advises the Royal Ottawa Health Care Group (the "HSP") of the LHIN's proposal to amend each and every long-term care home service accountability agreement (as described in the LHSIA) currently in effect between the LHIN and the HSP (each a "SAA").

Subject to the HSP's acceptance of this Extending Letter, the SAA will be amended with effect on March 31, 2021. All other terms and conditions of the SAA remain in full force and effect.

In accordance with section 15.12 of the SAA, the terms and conditions in the SAA are amended such that the Schedules in effect on March 31, 2021 shall remain in effect until March 31, 2022, or until such other time as may be agreed to in writing by the LHIN and the HSP.

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 March 31, 2021 to: ch.accountabilityteam@lhins.on.ca.

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 613-747-3231 or send an email to Paul.Caines@lhins.on.ca.

Sincerely,

Cynthia Martineau
Interim Chief Executive Officer of Central East, South East and Champlain LHINs;
Ontario Health (East)

c. Anne Graham, Chair of the Board, Royal Ottawa Health Care Group
c. James Fahey, Interim VP – Integration, Accountability, Communications & Engagement, Champlain LHIN

Signature page follows

AGREED TO AND ACCEPTED BY

Royal Ottawa Health Care Group in respect to Royal Ottawa Place

By:

_____ Date: _____
Joanne Bezzubetz, mm/dd/yyyy
President & Chief Executive Officer
I have authority to bind the health service provider.

And By:

_____ Date: _____
Anne Graham, mm/dd/yyyy
Chair of the Board
I have authority to bind the health service provider.

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2020-2021 - 40	**Priority:** Important

DATE: March 25, 2021

COMMITTEE: Finance Committee

PRESENTER: José Gallant, Chair Finance Committee

SUBJECT: Corporate Procurement Policy

BACKGROUND INFORMATION:

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT, as recommended by the Finance Committee, the Board of Trustees approves the Corporate Procurement Policy as presented.

Moved by:

Seconded by:

Motion approved:

PROCUREMENT			
SECTION: II-ii Administration – *Finance*		**NO: 130**	
Issued By:	Senior Management Team	**APPROVAL DATES :**	
Approved by:	Board of Trustees - ROHCG Board of Directors – IMHR	**Date Initially Issued:** 26/06/2002	
		Date Reviewed: 08/02/2006, 8/02/2008, 20/10/2010, 04/03/201103/25/15	
		Date Revised: 8/02/2008, 20/10/2010, 04/03/2011,25/03/2015, 25/01/2016, 17/03/2016, 27/01/2017, 21/03/2019	
		Date Implemented: 8/02/2008, 09/12/2010, 25/03/2015, 30/03/2017,	
Key Words:	Purchasing, contracts	**Cross Reference(s)**	CORP II-i 110 Regulatory Transparency, CORP II-ii 110 Signing Authority, CORP II-ii 111 Signing Authority–Revenue, CORP II-ii 190 Contract Administration, CORP III 110 Conflict of Interest, CORP III 111 Conflict of Interest; Board of Trustees, CORP IV-ii 120 Space Allocation

1. PURPOSE:

To provide the procurement and contracting processes, leading practices and procedures that are adhered to by the Royal Ottawa Health Care Group (ROHCG).

2. POLICY STATEMENT:

The ROHCG, the Royal Ottawa Foundation for Mental Health (ROFMH), the Royal Ottawa Volunteer Association (ROVA) and the University of Ottawa Institute of Mental Health Research (IMHR) prescribe to four key procurement principles: best value; accessibility and opportunity to compete; fairness and transparency; and prudence and probity. The ROHCG, ROFMH, ROVA and the IMHR support and comply with the *Ontario Management Board of Cabinet, Broader Public Sector (BPS) Directives (2011)* and the *Accessibility for Ontarians with Disabilities Act (AODA), Accessibility Standard for Customer Service (ASCS)* and the *Integrated Accessibility Standards Regulation (IASR)* requirements.

Since the ROHCG complies with AODA, it is expected that any quoting supplier will accommodate this requirement. The ROHCG has developed a plan which is continuously reviewed and revised in order to ensure adherence to the applicable standards from AODA, (2005) across the ROHCG. The aim of the plan is to identify and facilitate the removal of barriers to equal access among persons with disabilities, including patients, their families, visitors and staff of the ROHCG.

Supply Chain Management (SCM) is responsible to monitor, control and process all acquisition and procurement activities for goods, services and consulting on behalf of the ROHCG, ROFMH, ROVA and the IMHR except for specified decentralized areas of responsibility. The Presidents and Chief Executive Officers of the ROHCG and the IMHR, respectively, the Chief Financial Officer (CFO) of the ROHCG, the Director-SCM and the respective Purchasing personnel at all sites are the only individuals who can commit the ROHCG, ROFMH, ROVA and the IMHR to any acquisition or return of goods or services. All inventory, non-inventory and service requests shall be forwarded to SCM which is responsible for processing these requests. SCM will determine, in consultation with the requisitioner, the appropriate procurement process and the ultimate supplier. Managers of each department are responsible and accountable for ensuring that purchases authorized through their department conform to this policy.

In some circumstances, the supply of goods and services is decentralized and is carried out by decentralized buyers who acquire specific goods and services related to their respective departments operating in compliance with ROHCG policy. The decentralized areas are:

- The Pharmacists at the Royal Ottawa Mental Health Centre (ROMHC) and the Brockville Mental Health Centre (BMHC) are responsible for purchasing drugs and medications (as they have the required licenses).
- Royal Ottawa Place (ROP) staff is responsible for arranging for the purchase of some drugs and medications.
- The Ministry of Community Safety and Correctional Services is responsible for some purchasing for the Secure Treatment Unit (STU)

To ensure that all parties receive best value for purchases SCM solicits competitive bids based on the *CORP II-ii 130 Procurement*. ROHCG competitive solicitations are not considered “Public Tenders” which means that the bidders are not invited to the opening. SCM personnel concerned and one witness will authenticate the documents and process by initialing each submission, ensuring all documents have been electronically time stamped in the SCM department.

3. SCOPE:

This policy applies to all ROHCG, ROFMH, ROVA and IMHR staff and Board Members. For certain purchases, the IMHR follows the procurement policies of the University of Ottawa.

4. GUIDING PRINCIPLES:

No individual outlined above, may authorize a transaction and/or participate in a competitive acquisition process, from which they or a relative may personally benefit. Any conflict of interest must be declared as per the *CORP III 110 Conflict of Interest* and *CORP III 111 Conflict of Interest; Board of Trustees*.

5. DEFINITIONS:

***Accessibility and Opportunity to Compete*:** Accessibility means structuring the procurement process in a manner that will attract and allow the greatest possible number of interested parties to compete for a particular opportunity. The opportunity to compete

must be provided to individuals or firms who have the technical, financial and managerial skills and competence to discharge the contract.

Best Value: A key objective of the *ROHCG Procurement Policy* is to secure the best value for money in meeting the planned results and other program objectives as they are determined. Best value signifies achieving the optimal combination of quality, time, and total life-cycle costs, including the cost of capital, where applicable. Best value does not mean relying solely on initial or basic cost. Competitive bidding is the underlying principle to obtain the best value for the ROHCG and the IMHR. In order to facilitate this process, the requirements of the work must be defined in terms that accommodate the competitive process. There must be a reasonable and representative number of qualified individuals or firms who are invited to bid.

Consultant: A person or entity that under an agreement, other than an employment agreement, provides expert or strategic advice and related services for consideration and decision-making. .

Consulting Services: The provision of expertise or strategic advice that is presented for consideration and decision-making.

Contract: An obligation, such as an accepted offer, between competent parties upon a legal consideration, to do or abstain from doing some act. It is essential to the creation of a contract that the parties intend that their agreement shall have legal consequences and be legally enforceable. The essential elements of a contract are an offer and an acceptance of that offer; the capacity of the parties to contract; consideration to support the contract; a mutual identity of consent or consensus ad idem; legality of purpose; and sufficient certainty of terms.

Contract Amendment: A change made to the original contract, e.g. addition to, deletion from, correction of, or modification.

Contract Performance: The certification that the work has been performed, the goods supplied at the agreed price or the services rendered, or, in the case of other payments, the payee is entitled to or eligible for the payment.

Contracting Authority: The person who has the authority to sign the contract and subsequent amendments between the ROHCG, ROFMH, ROVA, IMHR and the supplier.

***Electronically Published RFQ/RFP*:** The Agreement on Internal Trade (AIT) affects the procurement of equipment, goods and services valued at $100,000 or more, including multi-year contracts with a cumulative value of $100,000 or more. SCM is responsible to ensure these purchases are in compliance with the terms of the ITA and the solicitations are advertised electronically for a period of fifteen calendar days.

Fairness and Transparency: The ROHCG Procurement Policy promotes fairness in the entire contracting process. This can be achieved by using a competitive process, advertising openly for a qualified contractor and demonstrating no favouritism to any supplier. Transparency also means making public all contracting rules.

Independent Contractor: An independent contractor is a natural person, business, or corporation that provides goods or services to another entity under terms specified in a contract or within a verbal agreement

Prudence and Probity: Prudence means managing public funds with care and integrity when carrying out the contracting function. It means engaging in a contracting process that maximizes accessibility and competition, and achieves best value for money. Probity means to follow the rules. Managers are expected to know and follow policy and best business practices, and use sound judgment in all situations.

Purchase Order (PO): means a written offer made by a purchaser to a supplier formally stating the terms and conditions of a proposed transaction.
Request for Information (RFI): A process used to solicit information from suppliers to confirm the availability of specific goods or services such as new technology, and also used to assist managers in the preparation of Specifications or Statements of Requirements for an eventual RFQ or RFP. An RFI is not considered a competitive process and does not result in the awarding of a contract.
Request for Proposal (RFP): A competitive process used to solicit bids from a reasonable and representative number of bidders (minimum of three bidders, where feasible) to provide goods or services where the supplier is to be chosen on the basis of the performance offered rather than on price alone.
Request for Quotation (RFQ): A competitive process used to request quotations from a minimum of three suppliers (where feasible) for very specific goods or well-defined services where the supplier is chosen on the basis of cost alone.
Services: Intangible products that do not have a physical presence. No transfer of possession or ownership takes place when services are sold, and they (1) cannot be stored or transported, (2) are instantly perishable, and (3) come into existence at the time they are bought and consumed.
Spending Authority: The person who is responsible for the budget that will pay for the product contracted.
Verbal Quotations: Prices solicited by telephone or in person and recorded on the requisition.
Written Quotations: Written quotations received that are attached to the requisition.

6. PROCEDURE:

6.1 Competitive Thresholds: The following dollar thresholds (before sales taxes) have been established for the competitive acquisition of goods and services excluding consulting contracts which are outlined separately. SCM may elect to follow a more formal competitive process for the purchase of goods or services below for these thresholds.

GOODS AND SERVICES	
PROCUREMENT VALUE (before sales taxes)	**PROCUREMENT METHOD**
< $2,000	**Non-competitive possible**
$2,000 to $5,000	**Invitational Competitive Minimum two verbal quotes**
$5,001 to $10,000	**Invitational Competitive Minimum three verbal quotes**
>$10,000	**Invitational Competitive Minimum three written RFQ/RFP**
$100,000 or more	**Open Competitive Electronically published RFQ/RFP**

CONSULTING SERVICES	
PROCUREMENT METHOD	**PROCUREMENT VALUE (before sales taxes)**
Invitational Competitive	**ROHCG: $0 up to but not including $100,000** **IMHR: $0 up to but not including $10,000**
Open Competitive	**ROHCG: Mandatory for a value of $100,000 or above. May be used for any value** **IMHR: Mandatory for a value of $10,000 or above. May be used for any value**

All non-competitive procurement for consulting services must be approved by the President and CEO of the ROHCG or the IMHR and all non-competitive procurement for consulting services for the ROHCG of $250,000 or above and for the IMHR of $50,000 or above must be approved by the Board of Trustees or Board of Directors, respectively.

6.2 Procurement Process: SCM is responsible for the co-ordination of all procurement activities plus ensuring the integrity of the procurement process and compliance with applicable policies, legal requirements and directives. The total dollar value of the requested goods or services on the requisition will determine which procurement process is utilized to obtain competitive quotes. Splitting of contracts to reduce value is prohibited. The process includes the following steps:

- ***Preparation:*** This is initiated by the submission of a correctly completed purchase requisition. The requisitioner, with assistance and guidance from SCM, will develop specifications and/or scope of work. SCM, in consultation with the requisitioner, will determine the procurement strategy, identify potential bidders, and prepare the appropriate documentation.
- ***Pre-qualification:*** This process is designed to select responsible and responsive bidders based on their qualifications, resources and capabilities.
- ***Bidding conference (when required):*** This is a meeting between bidders and ROHCG staff to provide additional information and address any concerns or questions regarding the solicitation during the competitive process.
- ***Bid opening:*** This includes opening of bids received by the stipulated deadline, checking submissions for completeness and rejection of incomplete submissions. Bids received after the deadlines are returned to the bidder unopened.
- ***Evaluation:*** The evaluation of proposals by SCM and the other members of an Evaluation Team, against predetermined criteria including quality, compatibility, performance, timing , delivery, service, installation, total costs and other relevant criteria. All evaluation information must be documented and retained by SCM to support the selection decision.
- ***Selection:*** Selecting the compliant submission that scored highest against the evaluation criteria established that meets the needs and requirements of the ROHCG, ROFMH, ROVA and the IMHR and which represents the best value.
- ***Award:*** Notification to all bidders of the outcome of the competitive process.

- ***Documentation:*** SCM will ensure that the competitive process documentation is properly retained on file within SCM, and that a purchase order is issued to the supplier or that a contract is properly executed, distributed and filed.

6.3 Spending Authority: All authorized Spending Authorities (requisitioners) have the budgetary responsibility and the mandate to request equipment, supplies and services for their respective cost centres. SCM will check signatures on requisitions against the signature cards for each cost centre. Any requisition for goods having a value of $2,000.00 or more per item (including taxes, transportation costs, installation and initial training) is "Capital" and must be forwarded to the Executive V.P. & CFO for approval and signature if it is not included in the approved "Capital Budget" before it can be ordered**.**

6.4 Contracting Authority: The Contracting Authority is the person who has the authority to sign contracts (buy) between the ROHCG, ROFMH, ROVA, IMHR and the supplier. Establishing risk-based contracting authorities follows leading practices that recognize higher performance, legal and reputation risks inherent in sole source and service contracts as compared to contracts for the supply of tangible goods. The following table minimizes contracting risks while streamlining the contract signature process. All contracts for $10,000 or greater for the IMHR must be co-signed by the IMHR President & CEO.

POSITION	GOODS		SERVICES	
	COMPETITIVE	NON COMPETITIVE	COMPETITIVE	NON COMPETITIVE
Director-SCM & Director Finance (2 Signatures)	$75K	$25K	$50K	$25K
Chief Operating Officer.& Chief Financial Officer	$250K	$150K	$150K	$100K
Chief Executive Officer (ROHCG)	$1,000K	$500K	$500K	$250K
President & CEO (IMHR)	$100K	$50K	$100K	$50K
Board of Trustees (ROHCG) Board of Directors (IMHR) *	>$1,000K >$100K	>$500K >$100K	>$500K >$100K	>$250K >$50K

* ***The ROHCG Board of Trustees approves contracts above the limits established for the ROHCG CEO and all construction contracts above $500K. The IMHR Board of Directors approves contracts above the limits established for the IMHR President & CEO and all capital contracts above $100K.***

6.5 Contract Amendments: From time to time some contracts may need to be amended when the scope or requirements change. In order to minimize risks and streamline the amendment process the Director-SCM and Director-Finance may sign agreement amendments up to a cumulative amount that is 25% of the original value of a contract up to the maximum of their contract signing limit. Any amendment that would exceed this threshold must be signed by the original Contracting Authority.

6.6 Purchasing Procedures: For multiple item contracts, capital equipment, capital projects and renovations and supplies/services, SCM solicits bids according to the established competitive thresholds. The RFP/RFQ documents contain standard terms and conditions and all clinical and/or technical specifications of the requisitioner as well as specific requirements such as approval labeling from the Canadian Standards Association and/or Ontario Hydro for the purchase of electrical and/or electronic equipment. Any bid received after the closing date is automatically rejected. Templates are updated periodically by SCM to ensure terms and conditions reflect appropriate insurance coverage, changes to taxes, government regulations and so on.

Any department requesting goods or services will complete a purchase requisition ensuring the cost centre, account number and the correct authorizing signature is on the requisition before forwarding it to SCM. SCM receives and dates the requisition and checks the authorizing signature against signature cards. It is then assigned to the appropriate Purchasing staff that is responsible for processing all required paperwork.

The requisitioner, with assistance and guidance from SCM, will develop specifications and/or scope of work. SCM, in consultation with the requisitioner, will determine the procurement strategy, identify potential bidders and prepare the appropriate documentation. A written procurement plan for all procurements estimated to be $20,000 or greater will be prepared and approved by the Evaluation Review Committee (*The Evaluation Review Committee is composed of senior representation from the client/user group and senior representation from Finance. It approves the procurement plan, carries out a management review function, performs quality assurance of documents before their release and reviews and approves the evaluation report and recommendation for the contract award*) before the release of an RFQ or RFP. The procurement plan for professional services or consultants will contain a business plan or justification as why the work cannot be done by existing ROHCG resources. All information technology related requests are forwarded to Information Technology (IT) for approval to confirm compatibility with IT infrastructure and standards. Equipment requirements are forwarded to plant operations for approval to confirm physical infrastructure requirements exist for the equipment. SCM will review terms and conditions, taxes, price and, in consultation with the requisitioner, will negotiate any discrepancies.

In some cases the value of purchases is not sufficient to generate the most aggressive pricing from bidders so where practical and beneficial to the ROHCG, ROFMH, ROVA and IMHR requirements are submitted to group purchasing initiatives. Group purchasing agreements will be considered “competitive” and be deemed compliant with this policy.

Products that are obtained as loaners or for evaluation also require a purchase requisition and a purchase order. All goods are to be received through SCM. Capital assets are entered in the Fixed Assets sub ledger for tracking purposes and tagged with an asset tag upon receipt prior to distribution to end users.

In no circumstances can hospitality, incidental or food expenses be considered allowable expenses for consultants and contractors or in any contract between an organization and a consultant or contractor. Contract administration procedures and considerations are contained in *CORP II-ii 190 Contract Administration*.

6.7 Exceptions: The exceptions to this Policy are:

- When only one source or acceptable source of supply exists;
- Where an unforeseen situation of urgency or emergency exists;
- When the required item(s) is covered by an existing contract, price agreement or is a continuation of an award from a competitive bid process;
- When the required item(s) must meet a predetermined standard or match existing equipment;
- When externally imposed restrictions around the timing for ordering or receipt of goods prohibit the Procurement Policy from being followed (ex: year-end funding announcements requiring receipt of goods prior to the end of the fiscal year).
- Contracts with a public body or a non-profit organization;
- The procurement of goods, services and construction that is financed primarily from donations that are subject to conditions that are inconsistent with the *Agreement on Internal Trade*;
- The procurement of services in Ontario that may, by legislation or regulation, be provided only by any of the following licensed professionals: medical doctors, dentists, nurses, pharmacists, veterinarians, engineers, land surveyors, architects, accountants, lawyers and notaries;
- The procurement of services of financial analysts or the management of investments by organizations who have such functions as a primary purpose;
- The procurement of financial services respecting the management of financial assets and liabilities (i.e. treasury operations), including ancillary advisory and information services, whether or not delivered by a financial institution; and
- Where an exemption, exception, or non-application clause exists under the *Agreement on Internal Trade* (AIT) or other trade agreement.

When there is an exception the reason will be clearly documented by the Spending Authority. Exceptions must be approved by the Director-SCM and by the CFO. If the Spending Authority is the CFO then the exception must be approved by the CEO. If the Spending Authority is the CEO then the exception must be approved by the Chair of the Finance Committee. In every case effort will be made to achieve competitive pricing and value for money.

6.8 Liability: Suppliers are given the address and location at the ROHCG where shipments are to be delivered and signed for. The ROHCG, ROFMH, ROVA and the IMHR do not assume responsibility or liability for any order not delivered to SCM's Receiving or

an order delivered directly to a department or individual without a purchase order or prior approval from SCM. All orders delivered and or invoiced without a purchase order will not be processed until the paperwork is complete.

6.9 Non Solicitation: The following clause will be incorporated in Requests for Proposals for services where there will be a significant and/or long standing relationship with the ROHCG, (i.e. security, facility management, capital projects, etc.):

> *"The supplier shall not solicit any existing staff member of the ROHCG, ROFMH, ROVA and the IMHR as a result of the contract during the currency of the contract and for one year following the term of the contract. In the event of such employment contrary to this term, the supplier shall be responsible for all losses and damages incurred by the ROHCG, ROFMH, ROVA and IMHR as a result of the loss of such staff."*

6.10 Return Of Equipment Or Goods: If goods have to be returned the requisitioner will contact SCM and give them the pertinent information. The Purchasing staff will contact the supplier to obtain a Returned Goods Authorization (RGA) and confirm whether re-stocking and shipping charges are applicable to the order. Any charges that would be applicable will be communicated to the requisitioner to ensure they want to proceed with the return as they are responsible for these charges. The item(s) being returned would be sent to SCM Shipping who will prepare and ship the package.

6.11 Reporting: Contracts awarded to consultants will be reported to the ROHCG Board of Trustees or the IMHR Board of Directors on a quarterly basis.

7. RELATED PRACTICES AND/OR LEGISLATION:

The Ontario Management Board of Cabinet, Broader Public Service (BPS) Procurement Directive
http://www.fin.gov.on.ca/en/bpssupplychain/documents/bps_procurement_directive.html

8. REFERENCES:

Agreement on Internal Trade (AIT) –Annex 502.4

9. APPENDICES:

Appendix 1- *The Ontario Management Board of Cabinet, Broader Public Service (BPS) Procurement Directive Mandatory Requirements*

Appendix 1 - *The Ontario Management Board of Cabinet, Broader Public Service (BPS) Procurement most recent Directive apply to the ROHCG for all competitive processes.*

Mandatory Requirement #1: Segregation of Duties
Organizations must segregate at least three of the five functional procurement roles: Requisition, Budgeting, Commitment, Receipt and Payment. Responsibilities for these roles must lie with different departments or, at a minimum, with different individuals.

Mandatory Requirement #2: Approval Authority
Organizations must establish an approval authority schedule (AAS) for procurement of goods, non-consulting and consulting services. The AAS must identify authorities that are allowed to approve procurements for different dollar thresholds. The AAS must be approved by the board of directors of the Organization or its equivalent.

Prior to commencement, any procurement of goods and non-consulting services must be approved by an appropriate authority in accordance with the AAS of the Organization.
Prior to commencement, any non-competitive procurement of goods or non-consulting services must be approved by an authority one level higher than the AAS requirements for competitive. Organizations must not reduce the overall value of procurement (e.g., dividing a single procurement into multiple procurements) in order to circumvent the approval requirements of the organizational AAS or the Procurement AAS for Consulting Services.

Mandatory Requirement #3: Competitive Procurement Thresholds
Organizations must conduct an open competitive procurement process where the estimated value of procurement of goods or services is $100,000 or more. The exemptions must be in accordance with the applicable trade agreements. Organizations must competitively procure consulting services irrespective of value. The exemptions must be in accordance with the applicable trade agreements.

Mandatory Requirement #4: Information Gathering
Where results of informal supplier or product research are insufficient, formal processes such as a Request for Information (RFI) or Request for Expression of Interest (RFEI) may be used if warranted, taking into consideration the time and effort required to conduct them. A response to RFI or RFEI must not be used to pre-qualify a potential supplier and must not influence the chances of the participating suppliers from becoming the successful proponent in any subsequent opportunity.

Mandatory Requirement #5: Supplier Pre-Qualification
The Request for Supplier Qualification (RFSQ) enables Organizations to gather information about supplier capabilities and qualifications in order to pre-qualify suppliers for an immediate product or service need or to identify qualified candidates in advance of expected future competitions. Terms and conditions of the RFSQ document must contain language that disclaims any obligation of the Organization to call on any supplier to provide goods or services as a result of pre-qualification.

Mandatory Requirement #6: Posting Competitive Procurement Documents
Calls for open competitive procurements must be made through an electronic tendering system that is readily accessible by all Canadian suppliers.

Mandatory Requirement #7: Timelines for Posting Competitive Procurements
Organizations must provide suppliers a minimum response time of 15 calendar days for procurement of goods and services valued at $100,000 or more. Organizations must consider

providing suppliers a minimum response time of 30 calendar days for procurements of high complexity, risk, and/or dollar value.

Mandatory Requirement #8: Bid Receipt
Bid submission date and closing time must be clearly stated in competitive procurement documents. Organizations must set the closing date of a competitive procurement process on a normal working day (Monday to Friday, excluding provincial and national holidays). Submissions that are delivered after the closing time must be returned unopened.

Mandatory Requirement #9: Evaluation Criteria
Evaluation criteria must be developed, reviewed and approved by an appropriate authority prior to commencement of the competitive procurement process. Competitive procurement documents must clearly outline mandatory, rated, and other criteria that will be used to evaluate submissions, including weight of each criterion. Mandatory criteria (e.g., technical standards) should be kept to a minimum to ensure that no bid is unnecessarily disqualified. Maximum justifiable weighting must be allocated to the price/cost component of the evaluation criteria. All criteria must comply with the Non-discrimination section of the Directive. The evaluation criteria are to be altered only by means of addendum to the competitive procurement documents. Organizations may request suppliers to provide alternative strategies or solutions as a part of their submission. Organizations must establish criteria to evaluate alternative strategies or solutions prior to commencement of the competitive procurement process. Alternative strategies or solutions must not be considered unless they are explicitly requested in the competitive procurement documents.

Mandatory Requirement #10: Evaluation Process Disclosure
Competitive procurement documents must fully disclose the evaluation methodology and process to be used in assessing submissions, including the method of resolving tie scores. Competitive procurement documents must state that submissions that do not meet the mandatory criteria will be disqualified.

Mandatory Requirement #11: Evaluation Team
Competitive procurement processes require an evaluation team responsible for reviewing and rating the compliant bids. Evaluation team members must be made aware of the restrictions related to utilization and distribution of confidential and commercially sensitive information collected through the competitive procurement process and refrain from engaging in activities that may create or appear to create a conflict of interest. Evaluation team members must sign a conflict-of-interest declaration and non-disclosure of confidential information agreement.

Mandatory Requirement #12: Evaluation Matrix
Each evaluation team member must complete an evaluation matrix, rating each of the submissions. Records of evaluation scores must be retained for audit purposes.
Evaluators must ensure that everything they say or write about submissions is fair, factual, and fully defensible.

Mandatory Requirement #13: Winning Bid
The submission that receives the highest evaluation score and meets all mandatory requirements set out in the competitive procurement document must be declared the winning bid.

Mandatory Requirement #14: Non-Discrimination
Organizations must not discriminate or exercise preferential treatment in awarding a contract to a supplier as a result of a competitive procurement process.

Mandatory Requirement #15: Executing the Contract
The agreement between the Organization and the successful supplier must be formally defined in a signed written contract before the provision of supplying goods or services commences. Where an immediate need exists for goods or services, and the Organization and the supplier are unable to finalize the contract as described above, an interim purchase order may be used. The justification of such decision must be documented and approved by the appropriate authority.

Mandatory Requirement #16: Establishing the Contract
The contract must be finalized using the form of agreement that was released with the procurement documents. In circumstances where an alternative procurement strategy has been used (i.e., a form of agreement was not released with the procurement document), the agreement between the Organization and the successful supplier must be defined formally in a signed written contract before the provision of supplying goods or services commences.

Mandatory Requirement #17: Termination Clauses
All contracts must include appropriate cancellation or termination clauses. Organizations should seek legal advice on the development of such clauses. When conducting complex procurements, organizations should consider, as appropriate, the use of contract clauses that permit cancellation or termination at critical project life-cycle stages.

Mandatory Requirement #18: Term of Agreement Modifications
The term of the agreement and any options to extend the agreement must be set out in the competitive procurement documents. An approval by an appropriate authority must be obtained before executing any modifications to the term of agreement.

Extending the term of agreement beyond that set out in the competitive procurement document amounts to non-competitive procurement where the extension affects the value and/or stated deliverables of procurement.

Mandatory Requirement #19: Contract Award Notification
For procurements valued at $100,000 or more, Organizations must post, in the same manner as the procurement documents were posted, contract award notification. The notification must be posted after the agreement between the successful supplier and the Organization was executed. Contract award notification must list the name of the successful supplier, agreement start and end dates, and any extension options.

Mandatory Requirement #20: Supplier Debriefing
For procurements valued at $100,000 or more, Organizations must inform all unsuccessful suppliers about their entitlement to a debriefing. Organizations must allow unsuccessful suppliers 60 calendar days following the date of the contract award notification to request a debriefing.

Mandatory Requirement #21: Non-Competitive Procurement
Organizations should employ a competitive procurement process to achieve optimum value for money. It is recognized, however, that special circumstances may require Organizations to use non-competitive procurement. Organization may utilize non-competitive procurement only in situations outlined in the exemption, exception, or non-application clauses of the AIT or other trade agreements.
Prior to commencement of non-competitive procurement, supporting documentation must be completed and approved by an appropriate authority within the Organization.

Mandatory Requirement #22: Contract Management
Procurements and the resulting contracts must be managed responsibly and effectively.

Payments must be made in accordance with provisions of the contract. All invoices must contain detailed information sufficient to warrant payment. Any overpayments must be recovered in a timely manner. Assignments must be properly documented. Supplier performance must be managed and documented, and any performance issues must be addressed. To manage disputes with suppliers throughout the life of the contract, Organizations should include a dispute resolution process in their contracts.

For services, organizations must:

- Establish clear terms of reference for the assignment. The terms should include objectives, background, scope, constraints, staff responsibilities, tangible deliverables, timing, progress reporting, approval requirements, and knowledge transfer requirements.
- Establish expense claim and reimbursement rules compliant with the Broader Public Sector Expenses Directive1 and ensure all expenses are claimed and reimbursed in accordance with these rules.
- Ensure that expenses are claimed and reimbursed only where the contract explicitly provides for reimbursement of expenses.

Mandatory Requirement #23: Procurement Records Retention

For reporting and auditing purposes, all procurement documentation, as well as any other pertinent information must be retained in a recoverable form for a period of seven years. Organizations must have a written policy for handling, storing and maintaining the suppliers' confidential and commercially sensitive information.

Mandatory Requirement #24: Conflict of Interest

Organizations must monitor any conflict of interest that may arise as a result of the Members' of the Organization, advisors', external consultants', or suppliers' involvement with the Supply Chain Activities. Individuals involved with the Supply Chain Activities must declare actual or as set out in the *Broader Public Sector Accountability Act, 2010* (s.10) potential conflicts of interest. Where a conflict of interest arises, it must be evaluated and an appropriate mitigating action must be taken.

Mandatory Requirement #25: Bid Dispute Resolution

Competitive procurement documents must outline bid dispute resolution procedures to ensure that any dispute is handled in an ethical, fair, reasonable, and timely fashion. Bid dispute resolution procedures must comply with bid protest or dispute resolution procedures set out in the applicable trade agreements.

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2020-2021 - 41	**Priority:** Important

DATE: March 25, 2021

COMMITTEE: Finance Committee

PRESENTER: José Gallant, Chair Finance Committee

SUBJECT: Sinking Fund Investment

BACKGROUND INFORMATION:

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT, as recommended by the Finance Committee, the Board of Trustees approves the transfer of $402,349 from the Sinking Fund Account to the General Fund Investment Account.

Moved by:

Seconded by:

Motion approved:

ROHCG
P3 Sinking Fund
March 2021

- The “Sinking Fund” was set up as part of the P3 contract as a Ministry requirement to ensure The Royal had sufficient funds to cover the “local share” of the ongoing mortgage payments.

- The account was initially funded from

o Land lease payment from the Ministry	$1.3m
o Transfer from Capital Campaign	$1.8m
o Transfer from ROHCG funds	$3.3m
o Interest	$0.2m
	$6.6m

- Contribution to local share of annual payment of $1.2m.

o Land Lease payments (Government funded)	$852
o Parking	
o Retail (0)	$348
o Cafeteria (deficit)	
o 7th Floor lease of space	

- To date we have transferred $5,172,599 to bring the account into balance with the schedule and advised that we would do this annually in the future

The transfer for 2021 will be $402,349

Balance in Account (Oct 31, 2020)	$3,202,349
Required balance per P3 schedule (Year 14)	2,800,000
Transfer	$ 402,349

- We will work with CIBC to ensure a smooth transfer of funds from “Sinking Fund Investment Account” to the “General Fund Investment Account”

  The investment policy allocation is the same for both these investments.

- The only impact will be positive impact on current ratio as the Sinking Fund Investment is in long term assets and General Fund Investment in current.

- Letter attached from Perley Robertson confirming our ability to withdraw funds from the “Sinking Fund Investment Account.

PERLEY-ROBERTSON, HILL & McDOUGALL LLP/s.r.l.

Lawyers / Patent & Trade-Mark Agents
Avocats / Agents de brevets et de marques de commerce

Reply to/Communiquez avec:
Gregory J. Sim
613.566.2803 gsim@perlaw.ca

BY EMAIL

September 9, 2014

Royal Ottawa Health Care Group
1145 Carling Avenue
Ottawa, ON
K1Z 7K4
Email: Cal.Crocker@rohcg.on.ca

Attention: Mr. Cal Crocker, VP Corporate Services and Chief Financial Officer

Dear Cal:

Re: P3 - Sinking Fund
Our Reference: RYLO066

Further to your letter of April 9, 2010, please be advised that we have reviewed the particular sections of the Funding Agreement that you provided to us. In addition, we reviewed a lengthy series of emails, letters, numerous discussions with the Ministry of Health and Long Term Care representatives, their lawyers and notes of our own internal discussions with ROHCG's executives at the time and its financial advisors and project management team.

As a result of this extensive review we can confirm that ROHCG can withdraw the funds as set out in your April 9, 2010 letter.

We wish to point out the following:

(a) the Funding Agreement dated August 12, 2003 was amended by a document entitled "Amending Agreement No. 1 to Funding Agreement" which amendment itself was dated December 15, 2004. Enclosed is a copy of that signed Amending Agreement for your files.

(b) The Funding Agreement contemplates that ROHCG may need to "top-up" the Sinking Fund if it becomes aware of a shortfall in the balances set out in Schedule 11.4. Schedule 11.4 is a projection based on a number of things including the Commitment Schedule attached as Schedule 6.5. So, for example, if ROHCG becomes aware that the ancillary revenues (for parking, retail, net cafeteria, 7th floor lease) will not meet the projections,

then the balances in the Sinking Fund may be insufficient and the ROHCG may have to "top-up" the Sinking Fund as required under Section 11.4 of the Funding Agreement.

If you have any questions, please do not hesitate to contact me.

Yours very truly,

Gregory J. Sim
150:jc
Encl.

Schedule 11.4 – Post Financial Close VFMP -- ROHCG Sept 8th 2006 Final VFMC

Royal Ottawa Health Care Group Local Share Costs

Total All-in Costs	($ Millions)		
Construction Costs			
	Design-build contract		121.77
	Pre-operating costs		10.09
	Working Capital		
	MMEX reserve account		
	Senior debt interest		13.17
	Senior debt commitment fee		
	Land (Ground) Lease Cost		12.01
Total Capital Project Costs			156.63
Lifecycle Costs (also referred to as Capital Reserve Rent)			26.40
Financing Costs			126.02
Total Project Costs (including IMHR)			321.02
less IMHR Capital Portion			12.03
less IMHR Interest Portion			10.71
less IMHR Land (Ground) Lease Cost			1.50
less IMHR Portion of Capital Reserve Rent			2.42
less non-shareable IT Capital Portion			-
less non-shareable IT Interest Portion			-
less non-shareable F & E Capital Portion			-
less non-shareable F & E Interest Portion			-
Revised Project Costs			201.26
Local Share not including IMHR Capital & Financing Costs, IT and F & E		5%	14.01
Local Share of IMHR costs		100%	27.57
Local Share of non-shareable IT Capital & Financing Costs			-
Local Share of non-shareable F & E Capital & Financing Costs			-
Total Local Share			42.39
Value Adjustment Credit @ 0%			3.90
nd Lease Credit (ROHCG receives mkt. rate for ground lease)			-
Recipient Hospital's Local Share			38.49
ilable Financing Credit - Maximum			13.15
Minimum Local Share Contribution			$ 25.33

References to Financial Model Final 17-Dec 2014 New June 12

Figure 0.10 Financial Model (FM) cell G14
Summary Sheet Cell G8

Figure 0.10 FM Cell D30

Financial Old Template Cell G29

Financial Old Template Cell H68
Debt and Equity Amortization cells I124 to R130 + F40 to F200

MOH Formula
Figure 0.10 cell G10 plus MOH formula for share of fixed costs that are financed
MOH Formula - IMHR Interest = (Fin. Costs/Financed Capital Project Costs) * IMHR (Capi
MOH Formula IMHR Grnd Lease = (Fin. Costs/Financed Capital Project Costs) * IMHR (C
MOH Formula Figure 0.10 FM used to pro-rate share of Capital Reserve Rent

MOH Formula

MOH Formula
MOH Formula

	VFMC	$ 272.59	Number provided
Mch Formula	THCC Cost	$ 268.49	Number provided
05% of savings over form		$ 4.10	$ 3.90

MOH Formula
MOH Formula
MOH Formula for Unrelated Cap Costs x 5% + Lev Stu of (IMHR, IT and F & E) - Fin.Cost

Sinking Fund Cash Flow

Year	Capital Contributions from Foundation	Contributions to Sinking Fund from Revenues	[redacted]	Opening Cash Balance	Interest @ 6% pa	Fund Payment	Fund Balance	ROHCG payment to cover costs of Sinking Fund		ROHCG yearly Financing Credit	Potential Financing Credit
-3		1.30		1.3	0.08	-	1.38	-		-	-
-2		-		1.4	0.08	-	1.47	-		-	-
-1		-		1.5	0.09	-	1.55	-		0.83	[redacted]
1	5.12	1.14		7.6	0.47	(1.63)	6.44	-		0.83	
2	-	1.15		7.0	0.40	(1.63)	0.21	-		0.83	
3	-	1.15		7.4	0.44	(1.63)	0.07	-		0.83	
4	-	1.16		7.1	0.43	(1.63)	5.72	-		0.83	
5	-	1.17		6.0	0.41	(1.63)	5.47	-		0.83	
6	-	1.17		6.6	0.40	(1.63)	5.21	-		0.83	
7	-	1.18		6.4	0.38	(1.63)	4.94	-		0.83	
8	-	1.19		6.1	0.37	(1.63)	4.66	-		0.83	
9	-	1.19		5.8	0.35	(1.63)	4.37	-		0.83	
10	-	1.20		5.5	0.33	(1.63)	4.07	-		0.83	
11	-	1.21		5.3	0.32	(1.63)	3.77	-		0.83	
12	-	1.22		5.0	0.30	(1.63)	3.46	-		0.83	
13	-	1.23		4.7	0.28	(1.63)	3.13	-		0.83	
14	-	1.24		4.4	0.26	(1.63)	2.80	-		0.83	
15	-	1.25		4.0	0.24	(1.63)	2.45	-		0.83	
16	-	1.26		3.7	0.22	(1.63)	2.10	-		0.83	
17	-	1.27		3.4	0.20	(1.63)	1.73	-		0.83	
18	-	1.28		3.0	0.18	(1.63)	1.33	-		0.83	
19	-	1.29		2.6	0.16	(1.63)	0.97	-		0.83	
20	-	1.30		2.3	0.14	(1.63)	0.66	-		0.83	
21	-	1.15		1.7	0.10	(1.63)	0.00	-		0.83	

Jan 1 2015

ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2020-2021 - 42	**Priority:** Important

DATE: March 25, 2021

COMMITTEE: Finance Committee

PRESENTER: José Gallant, Chair Finance Committee

SUBJECT: Capital and Operating Budget

BACKGROUND INFORMATION:

Oversight of financial conditions and resources is one of the Board's responsibilities. This involves ensuring the ongoing viability and sustainability of the corporation including the provision of funds and resources needed to carry out its mission and protecting its assets from risks.

The Finance Committee recommends that the Board approve both the capital and operating budget for 2021-2022 as outlined in the attached documents.

LEGAL REVIEW AND/OR APPROVAL:

MOTION FOR APPROVAL:

BE IT RESOLVED THAT as recommended by the Finance Committee, the 2021-2022 Capital and Operating Budget be approved, as presented.

Moved by:

Seconded by:

Motion approved:


DRAFT
The Royal
2021/2022
Budget
CONFIDENTIAL
The Royal Ottawa Mental Health Centre
University of Ottawa Institute of Mental Health Research
The Royal Ottawa Foundation for Mental Health
Brockville Mental Health Centre
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Context - Provincial

Context - Provincial

- There has been no funding announcement from the government to date for fiscal 2021/22
- Government has committed to covering COVID expenses for fiscal 20/21 and to date, have lived up to that commitment
- They have also verbally advised that COVID expenses will continue to be covered for a period in 2021/22, but have not confirmed this in writing


Context - Royal
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Context – The Royal

- The Royal, as are all hospitals in Ontario, is required by legislation to provide a balanced budget annually (balanced to margin)
- The Royal's budget increase since 2010/11

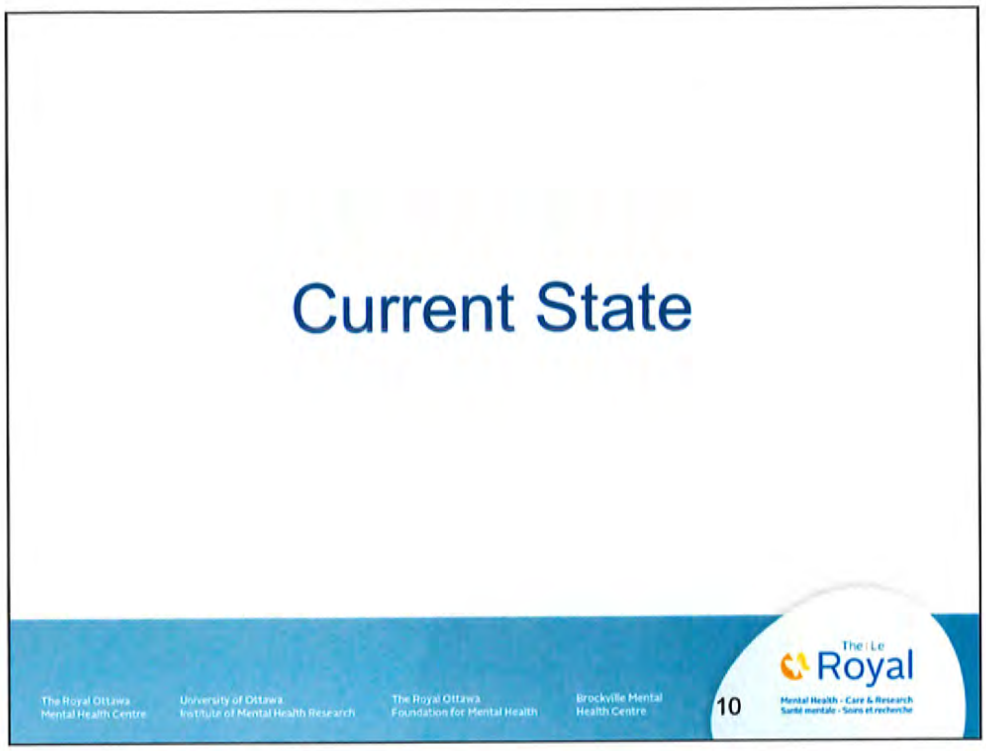
2010/11	1.33%	2015/16	0%
2011/12	1.25%	2016/17	2%
2012/13	0%	2017/16	2%
2013/14	0%	2018/19	2%
2014/15	0%	2019/20	1%
2020/21	1%	2021/22	(%TBD)

Context – The Royal

- Based on the Auditor General review in 2016, we continue to meet the benchmark for administration/support to clinical services at a 30/70 split
- We submitted an application to the Ministry of Health for specialty bed designation for Royal Ottawa Place which if successful will eliminate / reduce the deficit of $1.6M. We received one time funding of $997,700 in 20/21. No word on increased funding for 21/22

Context – The Royal

- We have met all LHIN H-SAA, M-SAA and L-SAA commitments since 2010/11. We may not meet all volume commitments for 2021 due to reduction in services due to COVID. This is consistent with other healthcare organizations in Ontario
- We have been successful in remaining in a breakeven/small surplus position since 2010/11.
- We, as are other health care organizations, are dependent on government funding (92%) and operate in a union environment (approximately 95% of all employees)


Current State
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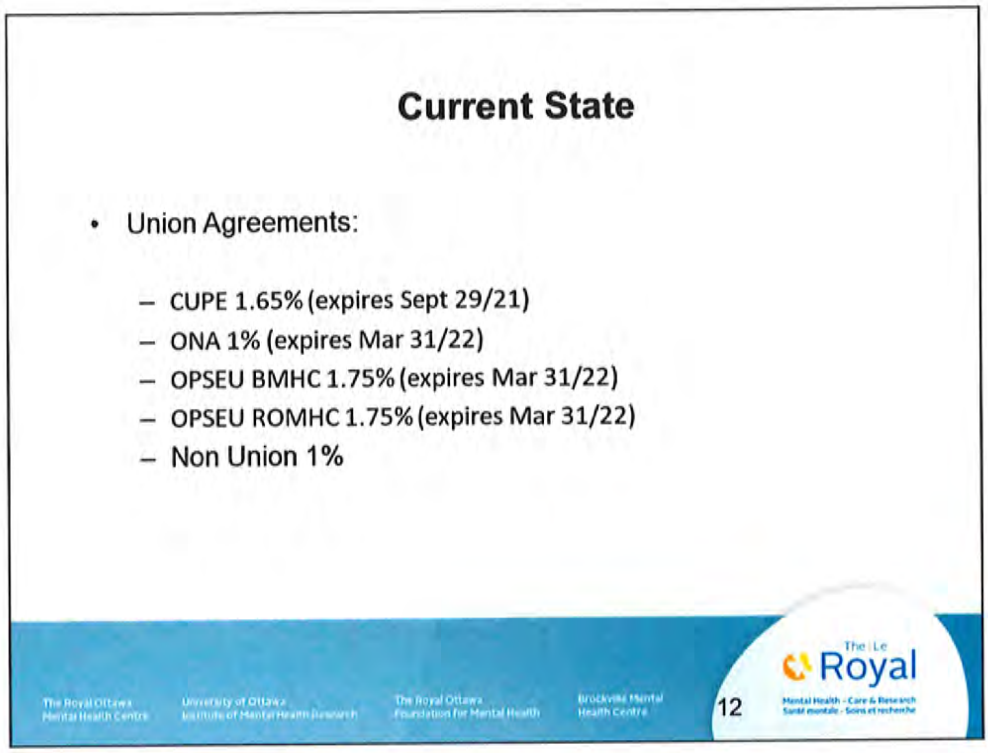
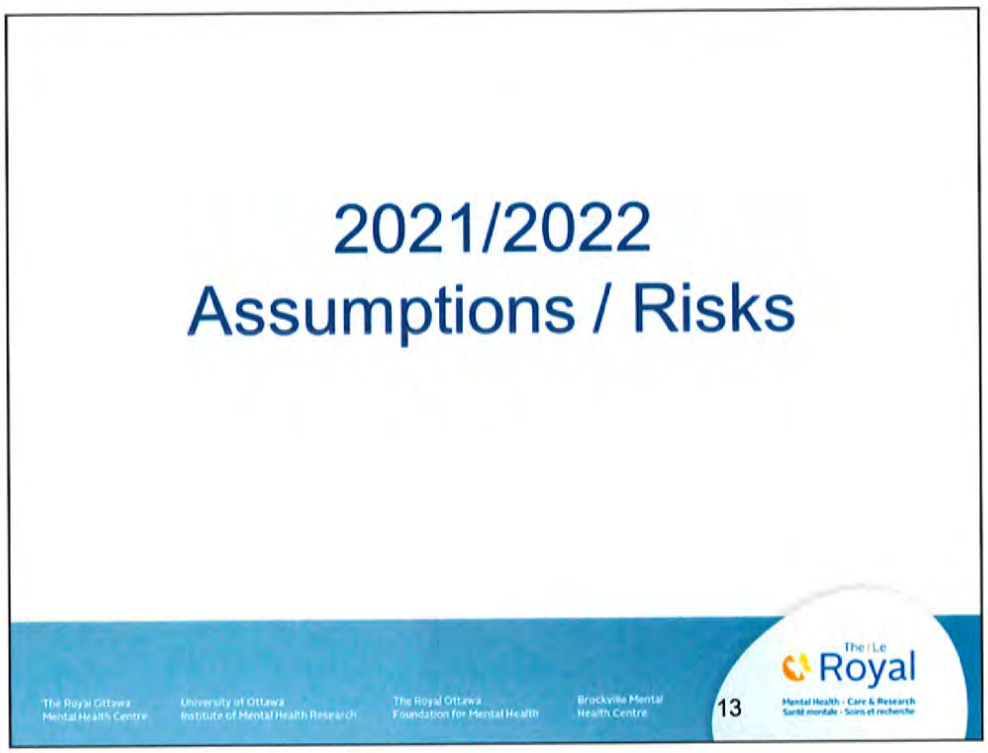
Current State

- We are projecting a $1M surplus for fiscal year ending March 31, 2021
- Successes in receiving new funding in 2020/21
  - Concurrent Disorders Day Treatment $327,326
  - RAMMIC $174,500
  - Forensic Transitional Housing $164,400
  - Psychogeriatric Resource Consultants $82,000
  - CBT Francophone $528,000 (one time for 3 yrs)
  - ROP Enhanced Funding $997,700 (one time)
  - Regional Coordinated Access $309,900 (one time)
  - Prompt Clinic $300,553 (one time)



Salary increase of 1% for three years for all union groups once current contracts expire, as per Bill 124, Protecting a Sustainable Public Sector for Future Generations Act, 2019


2021/2022
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Assumptions / Risks

Assumption	Risk
Global funding based on 1% increase	Low
Community funding based on 0% increase	Low
Nunavut and Yukon contracts remain at current level $1.9M	Medium
Includes $1M one time HFS revenue related to sale	Low
Cost of Living Allowance based on current collective agreements	
CUPE 1.65% (expires Sept 29/21)	Low
ONA 1% (expires Mar 31/22)	Low
OPSEU BMHC 1.75% (expires Mar 31/22)	Low
OPSEU ROMHC 1.75% (expires Mar 31/22)	Low
Non Union 1%	Low

Non-Union budgeted at 1% as a result of bill 124 Protecting A Sustainable Public Sector For Future Generations ACT.

Assumptions / Risks cont'd

Assumption	Risk
Slow hire savings of $1.6M	Low
Benefits 2%	Low
Med/Surg Supplies 2% over forecasted actual	Low
Drugs 2% over forecasted actual	Low
Royal Ottawa Place will require more than $1.6M from global budget	Low
IMHR will require more than $1.8M from global budget	Low
PET/MRI will require more than $449k from global budget	Low

PET/MRI risk low – large clinical trail and partnership with The Ottawa Hospital expected to offset COVID related revenue loss

Assumptions / Risks cont'd

Assumption	Risk
$997.7k of one time funding in 20/21 for ROP will not be moved to base funding in 21/22	Low
COVID related costs will continue to be covered by the Ministry of Health and netted to zero	Low
Will not impact our H-SAA, M-SAA and L-SAA accountabilities	Low

Continuing discussions with Ministry of Long Term Care re: ROP funding

COVID expenses incurred December 2020 year to date $2.84 million

Our understanding to date is that the normal LHIN budget planning processes will not be followed for fiscal 2021/22


2021/2022
Strategic Planning Initiatives
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Strategic Planning 2021-2025
Organization Wide Initiatives 2021/22

Initiative	Total	One Time /New	Redistribution	?
Org Design	$100K		$100K	
Royal Service Promise				
Client/Family Engagement & Peer Support Research Hub	$398K		$100K	$298K
Prompt Clinic	$1.463M	$1.029M	$434K	
Coordinated Access	$490K	$490K		
Brain Imaging Centre (BIC)	$449K		$449K	
Digital Health Strategy	$100K	$100K		
Advancing Education/Research and Care	$480K		$150K	$330K
TOTAL	$3.480M	$1.619M	$1.233M	$628K


2021/2022
Budget Summary
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Mental Health Centre
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Institute of Mental Health Research
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Budget Summary

	20/21 Budget	21/22 Budget	$ Variance	% Variance
Funding	**$195,535,201**	**$198,482,769**	**$2,947,568**	**1.51%**
Compensation	$137,874,077	$143,182,616	$5,308,539	3.85%
Supplies & Services	$46,578,999	$46,420,532	($158,467)	-0.34%
Depreciation	$10,032,125	$9,527,866	($504,259)	-5.03%
	$194,485,201	$199,131,014	$4,645,813	2.39%
Covid Revenue		$3,700,000	$3,700,000	
Covid Expenses		$3,700,000	$3,700,000	
Net Surplus / (Deficit)	**$1,050,000**	**($648,245)**	**($1,698,245)**	
Margin	**0.92%**	**0.00%**		

*Based on known revenue sources and contract/inflationary increases

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0% margin meets the Royal's Hospital Services Accountability Agreement with the LHIN


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Funding

	20/21 Budget	21/22 Budget	$ Variance	% Variance
Provincial Plan	$157,863,271	$165,424,258	$7,560,987	4.79%
Patient Revenue	$13,302,214	$13,364,673	$62,459	0.47%
Room Accommodation	$137,496	$137,496	$0	0.00%
Other Revenue	$16,305,719	$12,328,301	($3,977,418)	-24.39%
Grant Revenue	$7,926,501	$7,228,041	($698,460)	-8.81%
Total	**$195,535,201**	**$198,482,769**	**$2,947,568**	**1.51%**

Changes to Provincial Plan Funding

Ontario Structured Psychotherapy	$4,925,000
CBT – Francophone	$539,044
Secure Treatment Unit	$320,703
Substance Use & Concurrent Disorders	$501,826
Co-ordinated Access	$489,980
Transitional Housing	$164,400
Global Funding Increase (1%)	1,127,273
Capital Lease Interest	($618,153)
Other	$110,914
Total	**$7,560,987**

Ontario Structured Psychotherapy now funded directly from the Ministry of Health. Was previously funded through Centre for Addictions and Mental Health

Secure Treatment Unit contractual increases

Substance Use and Concurrent Disorders – New Concurrent Disorders Day Treatment program ($327,326) and Opioid Funding ($174,500)

Coordinated Access – new LHIN funding anticipated

Transitional Housing – new base funding beginning in 2020/21

Global funding increase – No funding announcement made to date. We are assuming a 1% increased based on prior two years funding increases

Changes to Other Revenue

Ontario Structured Psychotherapy (moved to Provincial Plan)	($5,086,170)
HFS Sale (one time)	($1,045,000)
OSI Rent (one time)	$1,565,865
Prompt (one time Foundation)	$1,029,000
IMHR	($72,248)
Digital Health (one time Foundation)	$100,000
Parking	($100,000)
PET/MRI (Foundation campaign funds)	($547,870)
Other	$179,005
Total	**($3,977,418)**

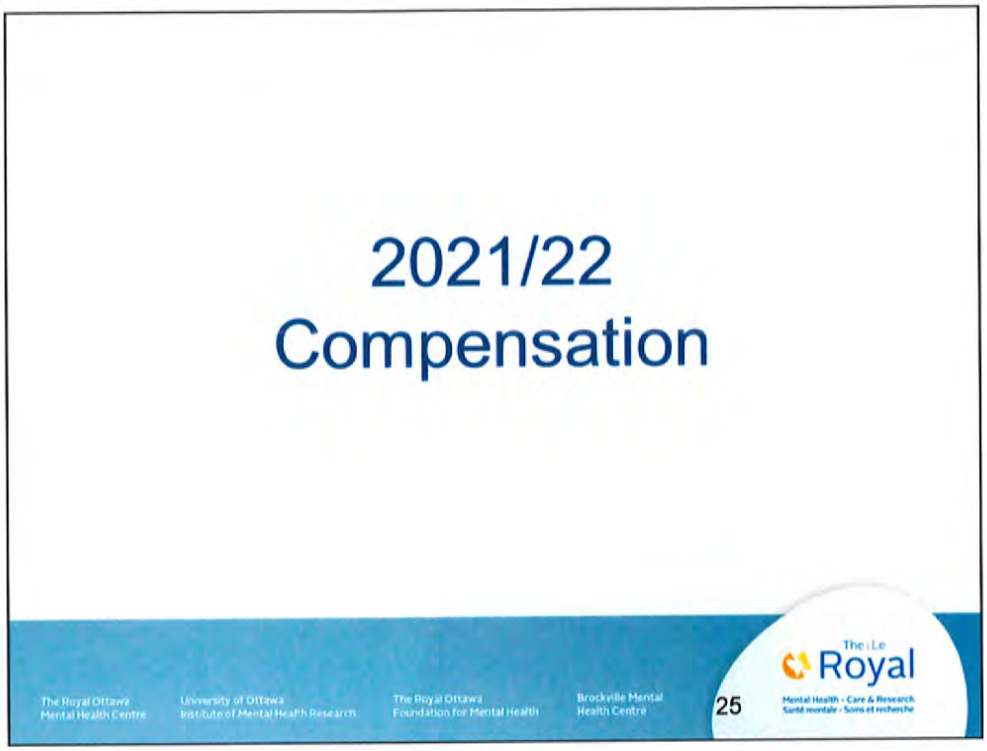
Ontario Structured Psychotherapy was funded through Centre for Addictions and Mental Health and is now funded directly from the Ministry of Health

HFS – funds remaining with the Foundation related to the sale of HFS in 2019/20.

Prompt and Digital Health – One time funds from the Foundation to offset initial costs of strategic planning initiatives

Parking – decrease in revenue as a result of staff working from home

PET/MRI – decrease in Foundation funds available to offset PET/MRI costs


2021/22
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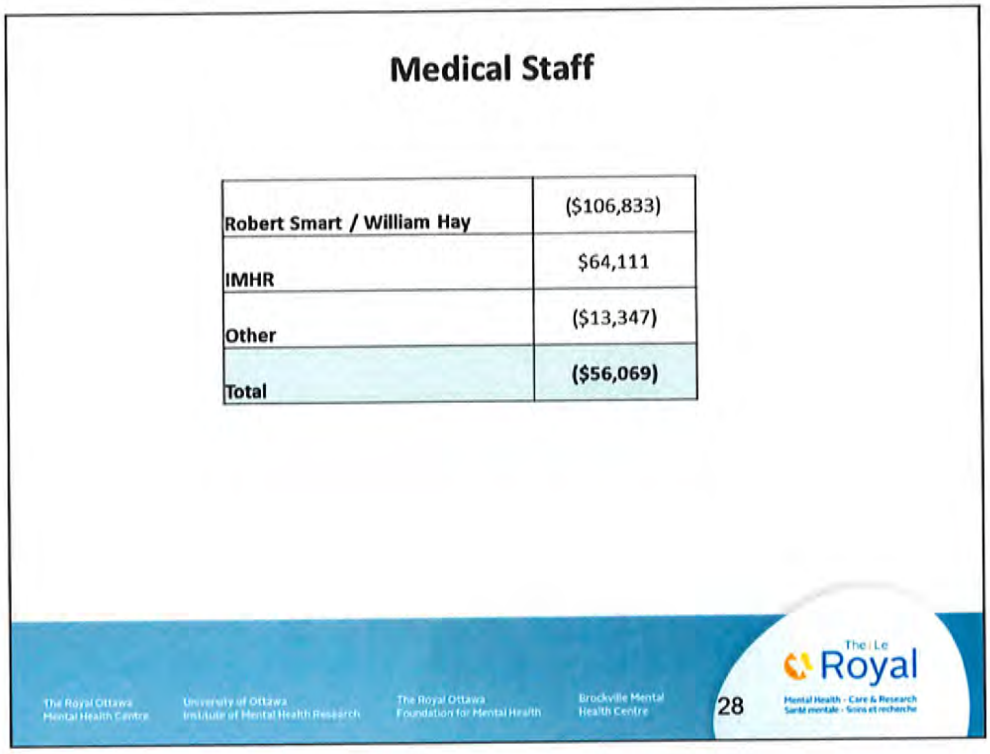
Compensation

	20/21 Budget	21/22 Budget	$ Variance	% Variance
Management & Operations	$19,350,221	$20,141,341	$791,120	4.09%
Unit Producing	$105,763,101	$110,336,589	$4,573,488	4.32%
Total MO & UP	$125,113,322	$130,477,930	$5,364,608	4.29%
Medical Staff	$12,760,755	$12,704,686	($56,069)	-0.44%
Total Compensation	**$137,874,077**	**$143,182,616**	**$5,308,539**	**3.85%**

Management and Operational/Unit Producing

COLA	1,912,783
CBT Francophone	103,509
Client/Family Peer Support	100,000
Regional Coordinated Access	380,630
FTU Psychology Correction	60,000
Geriatric Outreach Correction	96,267
Network Analyst	131,994
RAMMIC	120,785
Pharmacy Technicians (Med Rec)	167,750
Prompt Clinic	919,725
Reverse Manulife Benefit	300,000
CDU Day Treatment	327,326
VP Innovation	39,166
Women's Mental Health	119,965
Other	584,708
Total	**5,364,608**



Medical Staff

Robert Smart / William Hay	($106,833)
IMHR	$64,111
Other	($13,347)
Total	**($56,069)**

Robert Smart / William Hay – Clinical Director Services outsourced. Offset by decrease inrevenue


2021/2022
Supplies & Services
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Supplies & Services

	20/21 Budget	21/22 Budget	$ Variance	% Variance
Med/Surg Supplies	$533,652	$514,109	($19,543)	-3.66%
MRI Supplies	$169,154	$88,286	($80,868)	-47.81%
Drugs	$1,875,194	$1,773,437	($101,757)	-5.43%
Utilities	$237,297	$236,850	($447)	-0.19%
Food/Hskping/Laundry	$1,183,555	$1,180,606	($2,949)	-0.25%
Maintenance of Building & Equipment	$3,076,592	$3,100,468	$23,876	0.78%
Insurance	$723,292	$785,586	$62,294	8.61%
Leases	$876,401	$849,207	($27,194)	-3.10%
Property Rental	$3,139,697	$3,453,320	$313,623	9.99%
Subtotal	$11,814,834	$11,981,869	$167,035	1.41%

Med/Surg Supplies – 2% above forecasted actual

Drugs – 2% above forecasted actual

Maintenance of Buildings and Equipment – Waste Collection $22,000

Property Rental:

Prompt Clinic	$120,000
BMHC Property Rental Increase	$193,623
Total	$313,623

Supplies & Services (con't)

Subtotal from previous page	$11,814,834	$11,981,869	$167,035	1.41%
Contracted Out	$15,918,510	$16,746,292	$827,782	5.20%
Travel & Education	$1,613,258	$1,505,023	($108,235)	-6.71%
Professional Fees	$4,936,771	$4,943,048	$6,277	0.13%
Stationary/Photocopying/Printing	$675,013	$683,599	$8,586	1.27%
Software Licenses/Data Communication	$2,648,094	$2,971,234	$323,140	12.20%
Interest on Capital Lease	$5,318,759	$4,690,460	($628,299)	-11.81%
Other	$3,653,760	$2,899,007	($754,753)	-20.66%
Total	**$46,578,999**	**$46,420,532**	**($158,467)**	**-0.34%**

Contracted Out:

Ontario Structured Psychotherapy	$254,102
Psychogeriatric Resource Consulting	82,000
Facility Services	309,161
Transitional Housing	164,400
Other	18,119
Total	827,782

Professional Fees

Digital Health	100,000
Shared Data Centre	71,250
Other	-9,878
Total	161,372

Software Licenses / Data Communication:

Co-ordinated Access	90,000
Shared BI	67,018

Health Records	91,241
Prompt	15,000
Telus	21,552
Partnership	35,500
Other	13,329
Total	323,140

Breakdown of Other Expense Budget

	20/21 Budget	21/22 Budget	$ Variance	% Variance
Association / Subscription Fees	$477,413	$509,007	$31,594	6.62%
Bank Charges/Interest	$53,038	$46,521	($6,517)	-12.29%
Board Funds	$14,200	$14,200	$0	0.00%
Communtiy	$24,553	$24,553	$0	0.00%
Contingency	$757,213	$0	($757,213)	-100.00%
Educational Supplies	$64,620	$55,164	($9,456)	-14.63%
French Language Training	$9,500	$9,500	$0	0.00%
Advertising / Communications	$181,042	$193,977	$12,935	7.14%
Minor Assets	$225,112	$174,807	($50,305)	-22.35%
Miscellaneous	$982,788	$1,013,562	$30,774	3.13%
Off Site Storage	$69,690	$69,908	$218	0.31%
Patient Supplies	$178,391	$170,882	($7,509)	-4.21%
Postage/Delivery	$56,370	$56,913	$543	0.96%
Taxes	$559,830	$560,013	$183	0.03%
Total	**$3,653,760**	**$2,899,007**	**($754,753)**	**-20.66%**

Association/ Subscription Fees – Supply Chain

Miscellaneous – Shared Data Centre


2021/2022
Depreciation
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Depreciation

	20/21 Budget	21/22 Budget	$ Variance	% Variance
Depreciation - Major Equipment	$4,211,128	$3,723,288	($487,840)	-11.58%
Depreciation - Buildings	$5,820,997	$5,804,578	($16,419)	-0.28%
Total	**$10,032,125**	**$9,527,866**	**($504,259)**	**-5.03%**

PET/MRI	-$647,596
IT Software	$175,079
Other	$ 15,323
Total	-$487,840


2021/2022
H-SAA, M-SAA & L-SAA Targets
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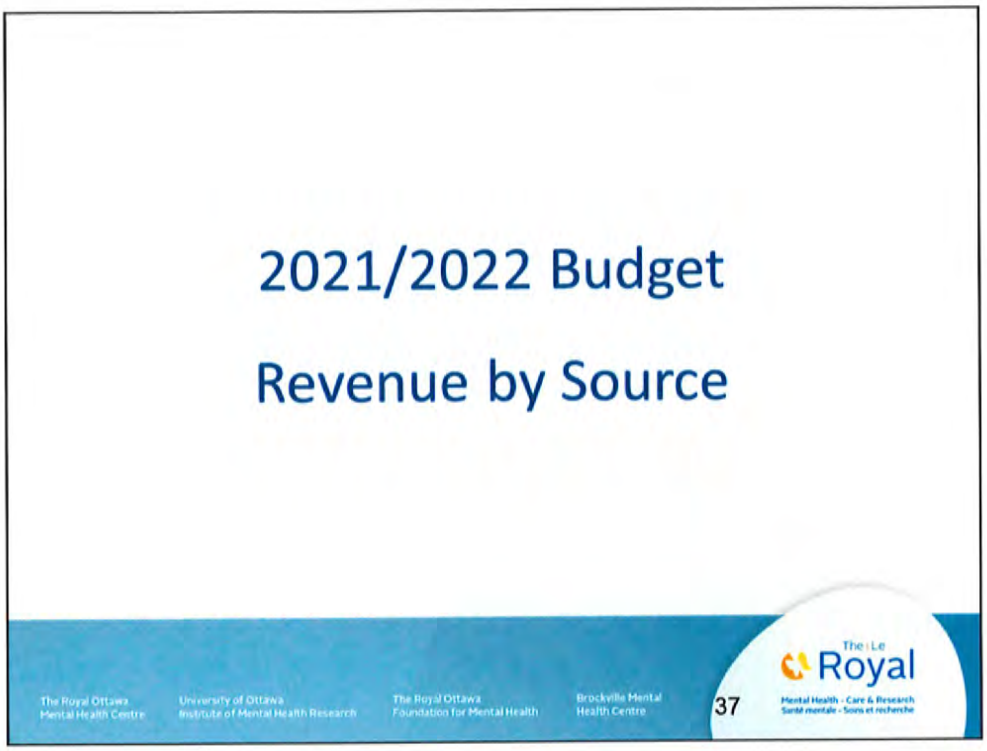
H-SAA, M-SAA & L-SAA Targets

	2020/21	2021/22 Estimate	Variance
H-SAA			
Current ratio	0.88	0.88	0
Margin	0.45%	0	0
Patient Days	88,628	88,628	0
Weighted Patient Days	107,788	107,788	0
Outpatient Volumes	27,950	27,950	0
Community Volumes	38,735	38,735	0
M-SAA			
Visits	36,538	37,238	700
Not Uniquely Identified	6,250	6,250	0
Resident Days	3,000	3,000	0
Individuals Served	3,699	3,809	110
Group Sessions	589	589	0
Group Participants	3,100	3,100	0
Mental Health Sessionals	1,060	1,060	0
L-SAA			
Occupancy	>97%	>97%	0

M-SAA targets adjusted for new funding received in 2020/21 only.


2021/2022 Budget
Revenue by Source
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Revenue by Source

Provincial Plan		
Ministry of Health		
Global Budget		118,334,760
Other Votes (unspent funds returned)		
Community Mental Health & Addictions	13,171,742	
Psychogeriatric Resource Consultants (Nurses)	511,268	
Ontario Structured Psychotherapy	4,925,000	
CBT – Francophone Telemedicine	539,044	
Clinical Teaching	531,936	
Psychiatric Stipend	245,353	
Municipal Taxes	28,425	
Youth Program	1,814,310	
Total Other Votes		21,767,078
Ministry of Long Term Care		
Royal Ottawa Place	3,597,093	
Behavioural Support Ontario	2,247,624	
Total Long Term Care		5,844,717

Revenue by Source (Cont'd)

Provincial Plan (Cont'd) Subtotal from previous page		145,946,555
Provincial Ministry of Children and Youth Services		
Family Court Clinic (unspent funds returned)	361,594	
Early Intervention (unspent funds returned)	85,761	
Provincial Ministry of Children and Youth Services (Total)		447,355
Provincial Ministry of Children and Youth Services – Justice Branch		
Family Court Clinic Young Offenders Assessments (unspent funds returned)		313,740
Provincial Ministry of Community Safety and Correctional Services		
Secure Treatment Unit (unspent funds returned)	17,710,687	
Psychiatric Sessionals (unspent funds returned)	269,718	
Telemedicine (unspent funds returns)	159,647	
Provincial Ministry of Community Safety and Correctional Services (Total)		18,140,052
Provincial Ministry of Community and Social Services		
FACT (unspent funds returned)		576,556
Provincial Plan (Total)		**165,424,258**

Revenue by Source (Cont'd)

Patient Revenue		
Federal Ministry of Veteran Affairs		
Operational Stress Injury Clinic (unspent funds returned)		9,516,315
Patient		
Yukon	1,000,000	
Quebec	512,534	
Nunavut	900,000	
OHIP (Diagnostic Services)	383,953	
ROP Residents	1,051,872	
Patient (Total)		3,848,359
Patient Revenue (Total)		**13,364,673**
Room Accommodation		
ROP		137,436
Room Accommodation (Total)		**137,436**

Other Revenue

Other Revenue	
Overhead	3,523,022
HFS (one time)	1,000,000
Veteran's Rent (one time)	1,565,865
PET/MRI (offset expenses incurred)	820,325
Investment Income	1,178,996
Parking	734,000
Foundation (Prompt)	1,029,000
Miscellaneous Recoveries	2,477,093
Other Revenue (Total)	**12,328,301**

Revenue by Source (Cont'd)

Grant Amortization	
ROMHC/BMHC (Building and Equipment)	7,063,669
ROP (Building and Equipment)	164,372
Grant Amortization (Total)	**7,228,041**
Total Revenue	**198,482,769**


2021/2022 Budget
% Summary
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2020/21 Budget % Summary

	20/21 Budget	20/21%	21/22 Budget	21/22%
Provincial/Federal Government	$180,329,798	92.22%	$182,168,614	91.70%
Non-Government	$15,205,403	7.78%	$16,495,084	8.30%
Total Revenue	$195,535,201	100.00%	$198,663,698	100.00%

Salaries & Benefits	$125,113,322	64.33%	$130,477,930	65.46%
Medical Staff	$12,760,755	6.56%	$12,720,575	6.38%
Medical & Surgical	$702,806	0.36%	$602,395	0.30%
Drugs	$1,875,194	0.96%	$1,773,437	0.89%
Utilities	$237,297	0.12%	$236,850	0.12%
Food Service / Housekeeping & Laundry	$1,183,555	0.61%	$1,180,606	0.59%
Maintenance of Building & Equipment	$3,076,592	1.58%	$3,100,468	1.56%
Insurance	$723,292	0.37%	$785,586	0.39%
Leases	$876,401	0.45%	$849,207	0.43%
Property Rental	$3,139,697	1.61%	$3,453,320	1.73%

2020/21 Budget % Summary cont'd

	20/21 Budget	20/21%	21/22 Budget	21/22%
Contracted Out	$15,918,510	8.18%	$16,746,292	8.40%
Travel & Education	$1,613,258	0.83%	$1,505,023	0.76%
Professional & Management Fees	$4,936,771	2.54%	$5,098,143	2.56%
Stationary/Photo/Printing	$675,013	0.35%	$683,599	0.34%
Software Lic/Data Comm/Long Distance	$2,648,094	1.36%	$2,971,234	1.49%
Interest on Capital Lease	$5,318,759	2.73%	$4,690,460	2.35%
Other	$3,653,760	1.88%	$2,908,952	1.46%
Depreciation	$10,032,125	5.16%	$9,527,866	4.78%
	$194,485,201	100.00%	$199,311,943	100.00%
Net Surplus / (Deficit)	**$1,050,000**		**($648,245)**	


2021/2022
Capital Budget
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Site Overview

Royal Ottawa Mental Health Centre (ROMHC)

- P3 contract and building renovations and major equipment such as elevator, mechanical & electrical covered by a Life Cycle Fund.
- Current Balance (Jan 2021) in Life Cycle Fund is $12.9 Million

Royal Ottawa Place – ROP

- On site at ROMHC but was not part of the P3 contract
- The centre was built with borrowed funds & all capital renovations & building operations are the responsibility of ROHCG
- Current (Jan 2021) outstanding loan balance is $3.1 Million

Site Overview (Continued)

Brockville Mental Health Centre (BMHC)

- Buildings on this site are leased from Infrastructure Ontario

Secure Treatment Unit (STU)

- Owned by Infrastructure Ontario and leased to Corrections
- We provide clinical care only under contract with the Ministry of the Solicitor General

Forensic Treatment Unit Building, Government Services Building, Centennial Hall, and Maintenance Building

- Under lease from Infrastructure Ontario

Site Overview (Continued)

Carlingwood Shopping Centre (Community Teams)

- This space is leased

Other locations (Kingston, Arnprior)

- These spaces are leased

Capital Budget Summary

	FY 2021-22
Requests:	
Capital Projects	2,651,630
Technology Projects	1,223,920
Equipment	587,146
Total	4,462,696
Funding:	
Net Depreciation	2,299,825
Facility Reserve	196,630
Life Cycle	260,000
Other – One time	1,706,241
Total	4,462,696
Working Capital Impact (excluding EHR)	-
EHR and Joint Projects	2,095,904
EHR Funding	706,014
Working Capital Impact - EHR	(1,389,890)
Working Capital Impact (including EHR)	(1,389,890)

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$7,273,131 of Depreciation funded through Grant revenue

$2,299,825 of Depreciation funded through Global funding

Application made to Federal Government to fund ROP HVAC $1.5M

Capital Projects

Project Name - Capital Equipment Projects	Location	Estimated Total Budget	Justification
Speaker strobes for 5th floor washroom & Finance Office	Occupational Health & Safety	25,630	Safeguard employee with hearing loss and meet CSA City of Ottawa Regulation requirements
Designated room that meets OCP NAPRA guidelines for non-sterile compounding	Pharmacy	6,000	OCP will expect changes to be in place by Jan 2022
Designated room that meets OCP NAPRA guidelines for non-sterile compounding	Pharmacy	15,000	OCP will expect changes to be in place by Jan 2022
Wheelchair accessible bathroom	Crisis	40,000	Issue of accessible washrooms identified in Feb 19 safety walkabout
Replacement of kitchen floor	BMHC Dietary	10,000	Tears in current flooring creating a tripping hazard
Subtotal		96,630	

Capital Projects

Project Name - Capital Equipment Projects	Location	Estimated Total Budget	Justification
Subtotal from previous page		96,630	
Replace 52 resident washroom counters	LTC	80,000	Counters are stained and cracked
Fall System to be added to call system project	LTC	25,000	Bed alarm was not included in prior year call system upgrade
Nurse Call System	Facility Services	260,000	Analyze corporate solution for nurse call systems
Air Handling Unit	LTC	1,500,000	Negative air pressure in the building, air is dry, concern heat exchanger may crack and cause a carbon monoxide leak
Swipe door locks	Schizophrenia	25,000	Safety and security of staff and patients. Doors with key locks are currently remaining open increasing risk of patient elopement
Leasehold Improvement	Prompt	500,000	Renovation of leased space
Subtotal		2,486,630	

The Royal has applied for $1.5 million from the Federal Government to cover the cost of the Air Handling Unit

Capital Projects

Project Name - Capital Equipment Projects	Location	Estimated Total Budget	Justification
Subtotal from previous page		2,486,630	
Upgrade patient bathroom on Schizophrenia North to make it more accessible for patients with disabilities and senior friendly needs	Schizophrenia	30,000	Current bathroom a risk to patient and staff safety in regards to safe patient handling
Improve outdoor lighting in Schizophrenia courtyard	Schizophrenia	10,000	Improve ability to monitor patient activity in the courtyard when unaccompanied. Potential human resource savings as staff are currently required to monitor the courtyard.in person.
Expansion and renovation of Schizophrenia North Medication Room	Schizophrenia	125,000	Room is small and congested. Patients are unable to come for medication, workflow is poor due to design and expansion required to ensure proper medication practices. Creates an unsafe work environment for a high risk activity of medication distribution.
Total		2,651,630	

Technology Projects

Project Name - Technology	Location	Estimated Total Budget	Justification
IT Projects - Infrastructure Support (servers / network equipment)		100,000	
Storage Attach Network (SAN) Storage		50,000	
Break Fix (computers, laptops, mice , keyboards) Float stock		150,000	
IOS Device Management		50,000	
OCAN Tool (The Royal)		18,750	
Windows/Server Refresh		400,000	
Autofax		100,000	
Wireless LAN		40,000	
Finance Project		315,170	
Total		**1,223,920**	

Equipment

Equipment	Location	Estimated Total Budget	Justification
Document Scanners	Clinical Records	27,500	Scanners at end of life
Security Cameras	Forensic Rehab	4,725	Improve field of vision and visibility.
EEG Acquisition System	Diagnostic Services	40,000	Current EEG system running on Windows 7 no longer supported by vendor
EEG Acquisition System	Diagnostic Services	40,000	Current EEG system running on Windows 7 no longer supported by vendor
Sleep Lab Acquisition System	Sleep Lab	60,000	Current system running on Windows 7 no longer supported by vendor.
ACR Phantom Cradle	BIC	4,300	Required for accurate and reproducible positioning of the phantom
80TB space hard drives in RAIDS contained within a Network Accessible Storage	IMHR	6,500	Neuroimaging requires access to large amounts of storage space.
Dishwasher	BMHC Dietary	17,240	Increased maintenance issues with current dishwasher resulting in increased labour costs while waiting for parts
Subtotal		200,265	

Equipment (Continued)

Equipment	Location	Estimated Total Budget	Justification
Subtotal from previous page		200,265	
Industrial sized refrigerators	ROP Dietary	9,980	Current refrigerators are 16 years old and starting to require repairs
Videoconferencing system	STU	36,901	Current equipment not compatible with new laptops
Permanent basketball hoop	Recreation	10,000	Require a hoop that lowers and rises over the glass block wall to make a full court
Fitness Equipment	BMHC FTU	30,000	Allows patients to have access to gym within confines of unit
Equipment	Prompt	300,000	Start up equipment for new clinic
Total		587,146	

EHR and Joint Projects

Project Name - Technology	Location	Estimated Total Budget	Justification
Web Ambulatory		1,504,203	
Disaster Recovery		30,313	
Point of Care Expansion		14,188	
Community Wide Scheduling		225,000	
Historical EHR Data		280,200	
ECG Interface		21,000	
HSL Clozapine Interface		21,000	
Total		2,095,904	


2021/2022
iSecurity Road Map
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iSecurity Maturity Evolution Road Map

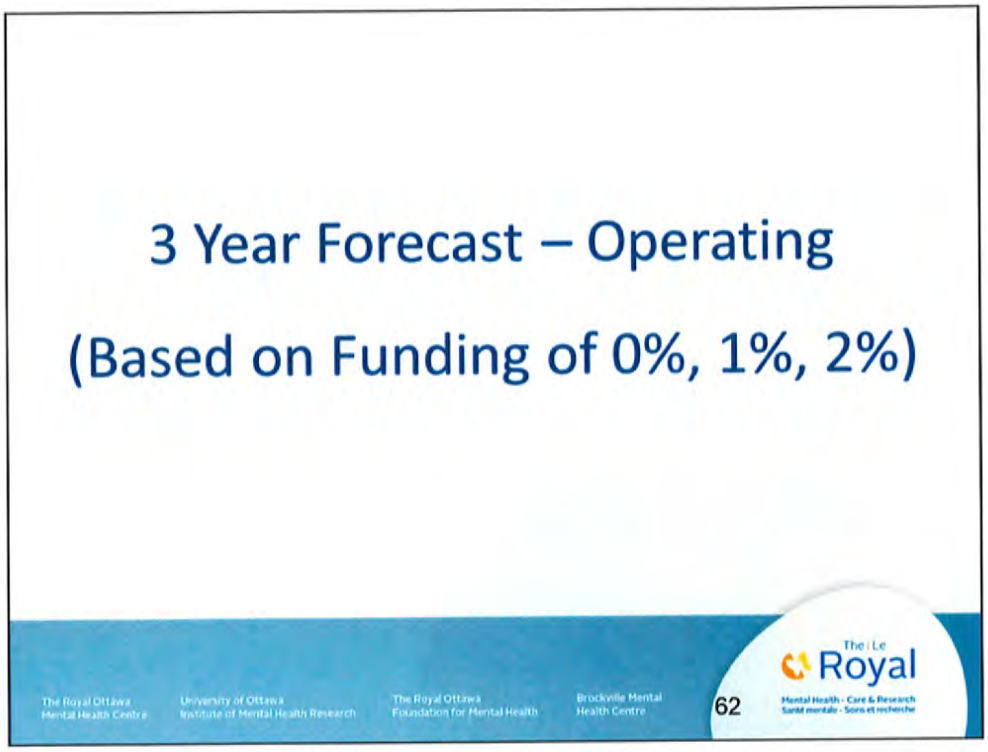
Road Map Item	Suggested Start Date	Activity	2020/21		2021/22		Comments
			Operating	Capital	Operating	Capital	
Retaine Cybersecurity Services to execute on key Roadmap, RACI Matrix along with Internal dedicated Role for Sec/Ops	Q3 2020/21	Cyber security services			55,000		Part of CISO as a service (The Royal) specific
Identify & Secure ROMHC Critical Assets	Q4 2020/21	Pulse Secure		98,241			VPN device Upgrade (Part of infrastructure upgrade and iSecurity recommendation)
Security Gating for new projects	Q4 2020/21						Part of CISO as a service (The Royal) specific
Endpoint Security & Hardening	Q3 2021/22						Part of CISO as a service (The Royal) specific
External/Internal IDS/IPS	Q3 2021/22	Tenable Nessus	4,000		4,000		Proactive internal scan software
	Q4 2020/21	Wildfire	7,500		7,500		Additional Security software (Part of iSecurity recommendation)
Integrate 24 x 7 Security Operation Centre	Q3 2020/21	Security SIEM support	107,880		107,880		Task completed / Live monitoring active
Vulnerability & Patch Management - Program and Re-testing	Q1 2021/22	additional taks and part of Server Refresh				300,000	

iSecurity Maturity Evolution Road Map cont'd

Road Map Item	Suggested Start Date	Activity	2020/21		2021/22		Comments
			Operating	Capital	Operating	Capital	
Privileged Account Management	Q2 2021/22						Ongoing initiative realted to existing projects and future projects
Design & Complete Network Segmentation	Q4 2020/21						Part of CISO as a service (The Royal) specific. Project will take 24 to 36 months
Incident Response Plan & Retainer	Q4 2020/21	Build Incident Response/Exhance Existing Plan					CISO as a service will help with the plan
Create Centralized Risk Registry	Q3 2020/21	PEN Test			25,000		
Alignment on Security Policy Framework / Condult re-tesing / FW & VPN Audit & Purple Team Exercise, enable a Vulnerability Management Program	Q3 2020/21	Consults re: policy development	45,000				This will carry over into 21/22

iSecurity Maturity Evolution Road Map cont'd

Road Map Item	Suggested Start Date	Activity	2020/21		2021/22		Comments
			Operating	Capital	Operating	Capital	
Define KPIs / KRIs	Q2 2021/22						Part of Security Program and Operational Plan
Security Awareness & Training program	Q4 2020/21						Part of Security Program and Operational Plan
Security Projects	Q3 2021/22	Wireless LAN			$173,000	$40,000	Infrastructure refresh
IT Projects	Q4 2020/21	Server Refresh/ Infrastructure refresh					Part of this section is linked to line #14/ Additional Resources and funding required in the future
Total			$164,380	$98,241	$372,380	$340,000	


3 Year Forecast – Operating
(Based on Funding of 0%, 1%, 2%)
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3 Year Forecast

$ in 000's	2020/21	2021/22			2022/23			2023/24		
	Budget	0%	1%	2%	0%	1%	2%	0%	1%	2%
Provincial Revenue - Global	109.86	109.82	110.93	112.05	109.82	112.06	114.33	109.82	113.20	116.62
Provincial Revenue - Non Global	42.24	48.65	48.65	48.65	48.03	48.03	48.03	47.38	47.38	47.38
Other Revenue	33.56	30.19	30.19	30.19	26.92	26.92	26.92	26.87	26.87	26.87
Total Revenue	**185.66**	**188.66**	**189.77**	**190.89**	**184.77**	**187.01**	**189.27**	**184.07**	**187.45**	**190.87**
Compensation	128.76	133.76	133.76	133.76	135.03	135.03	135.03	136.31	136.31	136.31
Other Expenses	52.47	52.64	52.64	52.64	52.21	52.21	52.21	51.87	51.87	51.87
Total Expenses	**181.23**	**186.40**	**186.40**	**186.40**	**187.24**	**187.24**	**187.24**	**188.18**	**188.18**	**188.18**
Surplus / (Deficit) from operations excl ROP, IMHR & BIC	**4.43**	**2.26**	**3.37**	**4.49**	**(2.48)**	**(0.23)**	**2.03**	**(4.11)**	**(0.73)**	**2.69**
ROP Projected Deficit	(1.56)	(1.76)	(1.76)	(1.76)	(1.81)	(1.81)	(1.81)	(1.90)	(1.90)	(1.90)
IMHR Contribution	(1.82)	(1.82)	(1.82)	(1.82)	(1.82)	(1.82)	(1.82)	(1.82)	(1.82)	(1.82)
Surplus / (Deficit) from Operations	1.05	(1.33)	(0.21)	0.91	(6.11)	(3.86)	(1.60)	(7.83)	(4.45)	(1.03)
BIC Contribution (projected deficit)	0.00	(0.45)	(0.45)	(0.45)	(0.65)	(0.65)	(0.65)	(0.66)	(0.66)	(0.66)
Surplus / (Deficit) from Operations	**1.05**	**(1.78)**	**(0.66)**	**0.46**	**(6.76)**	**(4.51)**	**(2.25)**	**(8.49)**	**(5.11)**	**(1.69)**
Capital Contribution	1.05	0.94	0.94	0.94	0.82	0.82	0.82	0.85	0.85	0.85
Total Shortfall	**0.00**	**(2.72)**	**(1.60)**	**(0.48)**	**(7.58)**	**(5.33)**	**(3.07)**	**(9.34)**	**(5.96)**	**(2.54)**

The Royal

Assumptions:

- Salary increase of 1% reflected in 2022/23 onward for all union groups as per Bill 124, Protecting a Sustainable Public Sector for Future Generations Act, 2019
- Benefit increase 2% per year
- Med/Surg & Drugs expense 2% per year
- Other Operating Expense 1% per year
- Other Fund Types and Ministry of Health Other Votes excluding Long Term Care and Youth break even

Reversal of One-Time Funding in 2022/23

- HFS sale residual $997,000
- Veterans Rent $1,086,241
- Royal Ottawa Foundation for Mental Health Funding for Prompt $1,029,000
- PET/MRI Foundation Funding $187,500

Potential Revenue Sources 2022/23 Not Included in Forecast

- Discussions with LHIN re: funding of C-Prompt $1 million
- OHA in discussions with Ministry of Health to fund lost revenue for 2020/21 and 2021/22.

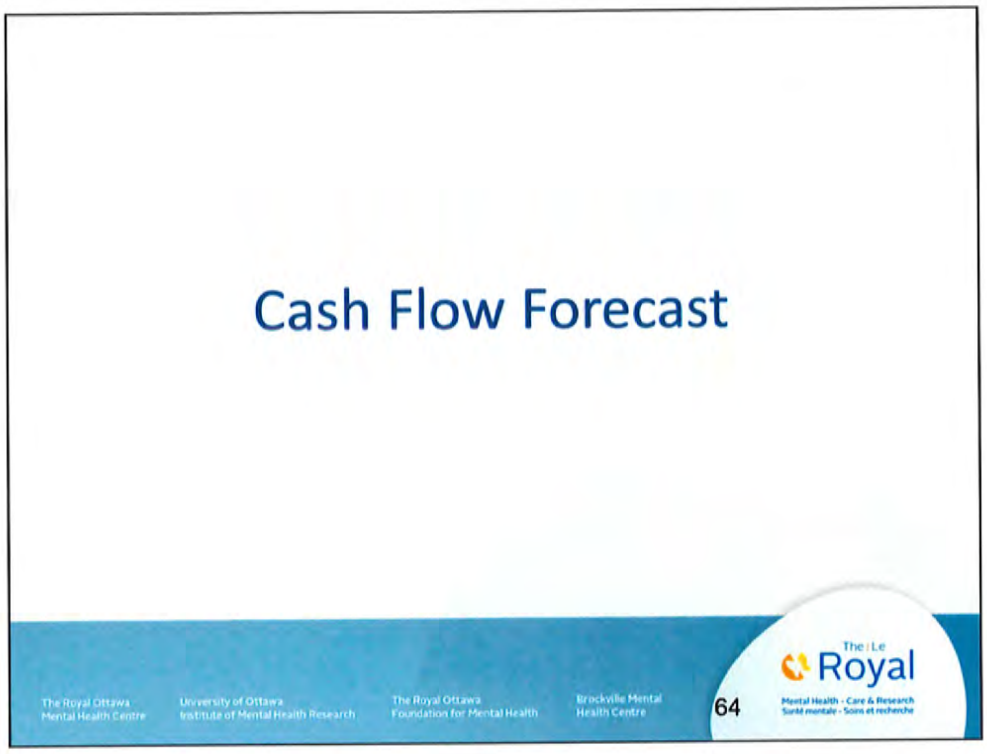
  This would be approximately $1.5M for the Royal.
- Royal Ottawa Foundation for Mental Health

Risks

- Unknown re: future government funding
- Long Term Care $1.6 million deficit
- PET/MRI deficits beginning in 21/22
- Vacancy factor of $1.5 million
- Nunavut and Yukon revenue of $1.9 million

Major Contracts

- Secure Treatment Unit - November 2018 to October 2023
- Operational Stress Injury Clinic - current agreement expires March 31, 2022


Cash Flow Forecast
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ROHCG Projected Cash Flow	2020/21	2021/22	
Operating activities			
Excess of revenue over expenses	1,050,000	-648,245	
Items not affecting cash:			
Amortization of deferred capital asset contributions	-8,004,325	-7,228,041	Note 2
Amortization of capital assets	10,408,133	9,527,866	Note 2
Loss (gain) on disposal of capital assets	-	-	Note 1
Decrease in due to external parties – vested benefits	-8,459	-8,500	
Increase in employee future benefits	295,000	274,776	
Change in non-cash working capital items	966,422	-800,000	Note 8
Change in operating activities	4,706,771	1,117,856	
Increase in deferred capital asset contributions	9,081,926	12,297,756	Note 3
Purchase of capital assets	-2,500,000	-6,558,600	Note 2
Proceeds on sale of capital assets	-	-	Note 1
Change in capital activities	6,581,926	5,739,156	
Increase in long term debt	-	-	Note 4
Increase in deferred revenue	1,237,000	381,727	Note 7
Principle repayments on long term debt	-9,909,101	-10,240,011	
Change in financing activities	-8,672,101	-9,858,284	
Net change in short term investments	-1,500,000	-775,000	Note 5
Net change in long term investments	-434,000	596,004	Note 6
Change in investing activities	-1,934,000	-178,996	
Increase (decrease) in cash	682,596	-3,180,268	

1. No capital assets of significant value to be disposed of.
2. Agrees to capital budget summary
3. Includes deferred contributions to offset capital purchases as well as Ministry of Health contributions for the ROMHC and ROP buildings
4. Assumes no additional long term debt required
5. Assumes interest income will be reinvested, assumes investments will be sold to cover cash shortfalls
6. Assumes interest income will be reinvested offset by life cycle spending
7. Equivalent to MOHLTC funding for deferred portion of life cycle reserve offset by life cycle spending
8. 21/21 based on January balance sheet


DRAFT
Royal Ottawa Foundation for Mental Health
2021/2022 Budget
The Royal Ottawa Mental Health Centre
University of Ottawa Institute of Mental Health Research
The Royal Ottawa Foundation for Mental Health
Brockville Mental Health Centre
1
The Royal
Mental Health · Care & Research
Santé mentale · Soins et recherche


2021/2022
Budget Summary
The Royal Ottawa Mental Health Centre
University of Ottawa Institute of Mental Health Research
The Royal Ottawa Foundation for Mental Health
Brockville Mental Health Centre
2
The Royal
Mental Health · Care & Research
Santé mentale · Soins et recherche

	2021/22 Budget			2020/21 Budget
	Revenue	Expenses	Net Income	Net Income
Direct Response & Special Events	1,186,920	362,010	824,910	657,200
Major Gifts	2107450	190190	1,917,260	1,515,990
Campaign for Access	1,264,300	140,155	1,124,145	673,097
Other Fundraising	343,000	8,700	334,300	519,900
Fundraising Salaries & Benefits		1,327,579	-1,327,579	
Total Fundraising	4,901,670	2,028,634	2,873,036	3,366,187
Total Investment & Other Income	525,000		525,000	600,000
Admin Salaries, Benefits & Other Expenses		745,676	-745,676	-729,211
Total Non Fundraising	525,000	745,676	-220,676	-129,211
Consolidated Total	5,426,670	2,774,310	2,652,360	3,236,976
FTE's			15.65	15.06
Cost per Dollar Raised			0.41	0.49

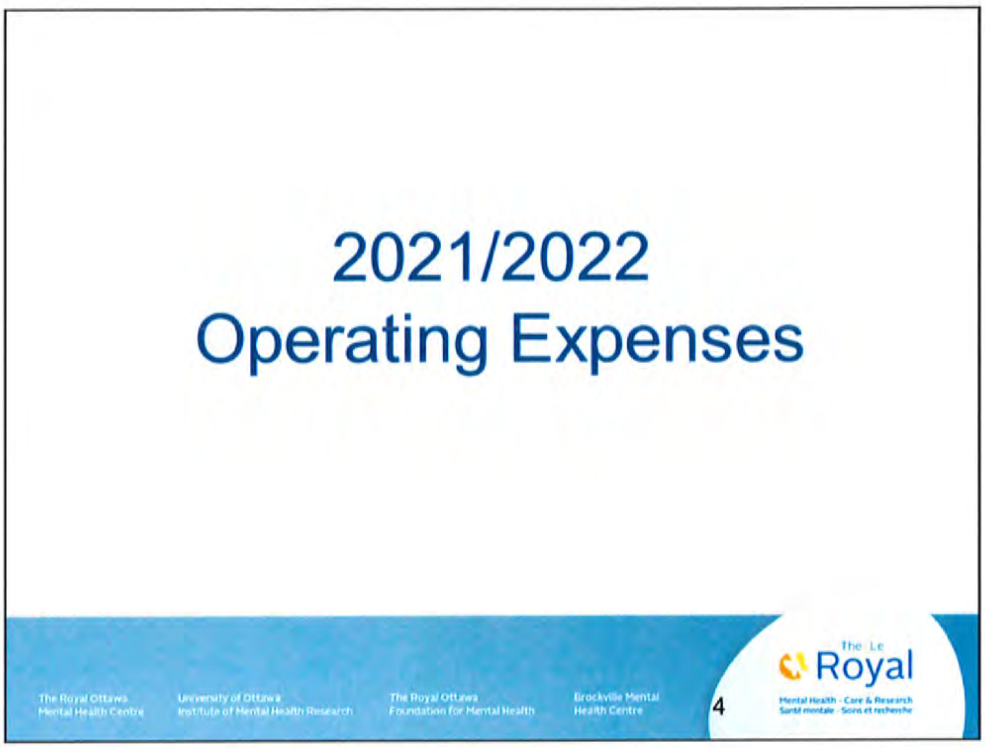
3

Special Events includes Golf Tournament, Gala and third party events

Major gifts include Leaders for Mental Health Breakfast, Shoppers Run for Women and remaining Campaign for Mental Health pledges

Projected revenue for the Campaign for Access of $1.26m includes new donations estimated at $800k, $350k in pledges due FY 22, as well as new revenue from Women for Mental Health, and proceeds from a third party event.

Decrease in Other is the result of the sale of Hospital Food Services which was completed in 2021/22


2021/2022
Operating Expenses
The Royal Ottawa Mental Health Centre
University of Ottawa Institute of Mental Health Research
The Royal Ottawa Foundation for Mental Health
Brockville Mental Health Centre
4
The Royal
Mental Health - Care & Research
Santé mentale - Soins et recherche

Fundraising	
Direct Response	86,750
Special Events	
Hunt Club Golf Tournament	85,400
Gala	172,860
Third Party Events	7,200
3rd Party Events Do It For Daron (DIFD)	9,800
Total Special Events	275,260
Total Direct Response & Special Events	362,010
Major Gifts	
Major Gifts - Annual Fund	190,190
Campaign for Access	140,155
Other Fundraising	
Planned Giving	8,000
Honour / Memorium / Royal Angel	700
Total Other Fundraising	8,700
Salaries & Benefits	1,327,579
Total Fundraising	2,028,634

Administrative	
Advertising & Marketing	23,700
Bank Charges	65,000
Board Expenses	8,000
Depreciation	38,782
Memberships	6,000
Other	38,000
Office Supplies	24,900
Professioanl Fees	69,300
Software	76,000
Staff Development	9,500
Travel	9,000
Salaries & Benefits	377,493
Total Administrative	745,676
Total Expenses	2,774,310


IMHR
2021/22 Budget
Confidential
The Royal's
Institute of Mental Health Research
affiliated with the University of Ottawa
Institut de recherche en santé mentale
du Royal
affilié avec l'Université d'Ottawa

IMHR Context

- The U of O IMHR has two operating components: the IMHR legal entity and $1.8 million from the ROHCG's global budget that the IMHR administers.
- IMHR research funded by governments, non-government entities, pharmaceutical companies, and the ROFMH not included in the IMHR's operating budget due to unpredictability of timing of research activity. This is consistent with other research institutes

2021/22 Budget Summary

Legal Entity - Non Research Expenses	$504 thousand
ROHCG Budget managed by the IMHR (included in the ROHCG 21/22budget)	$1.928 million

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Excludes grant revenue and expenses as per process approved by IMHR Board due to unpredictability of timing of research activity. Recognized research revenue is approximately $5 million per year. At January 31, 2021 recognized revenue was $3.57 million.

Legal Entity Board Restricted Funds Budget

	Annual (in Thousands)
Sources of Funding	
Administration - Interest Income	$281
Administration -Other Income	223
Total Sources of Funding	**$ 504**
Expenses	
Operating Expenses	$419
Depreciation	85
Sub total Non-Research Expenses	**$ 504**
Net Surplus (Deficit)	**$0**

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Notes:

1 Variable Costs

Strategy Matching Funds	$361
Other operating expenses	17
Total	$378

Fixed Costs

Support to Chair in Culture and Gender	$21
Junior Research Chair	20
Depreciation	85
	$126

Strategic Matching Funds will be used to mitigate any variability in overhead and interest income, as well as any unforeseeable expenses

2 Excludes grant revenue and expenses as per process approved by IMHR Board due to unpredictability of

timing of research activity. Recognized research revenue is approximately $5 million per year.

3 Excludes foreign exchange gains/losses

4 Budget balanced - consistent with sustainability work

IMHR Operating Expenses
(in thousands)

Strategy Matching Funds	$361
Support to Chair in Culture and Gender	21
Junior Research Chair	20
Other operating expenses	17
Total	$419

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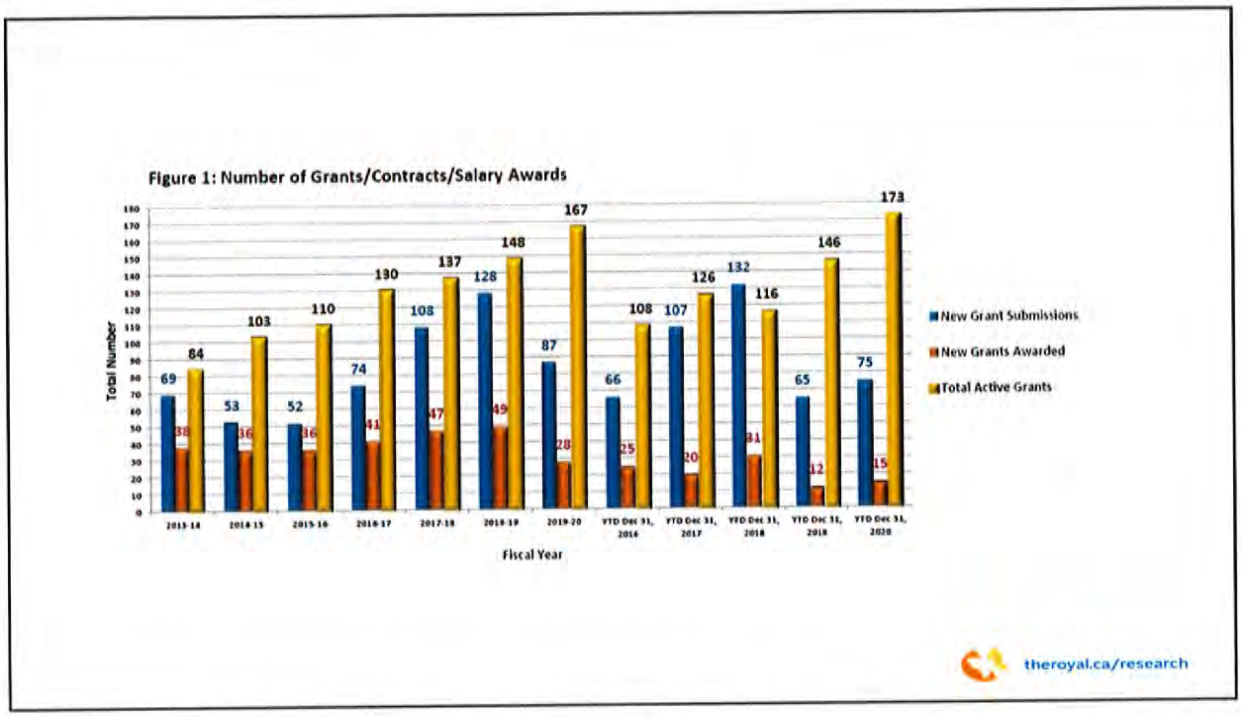
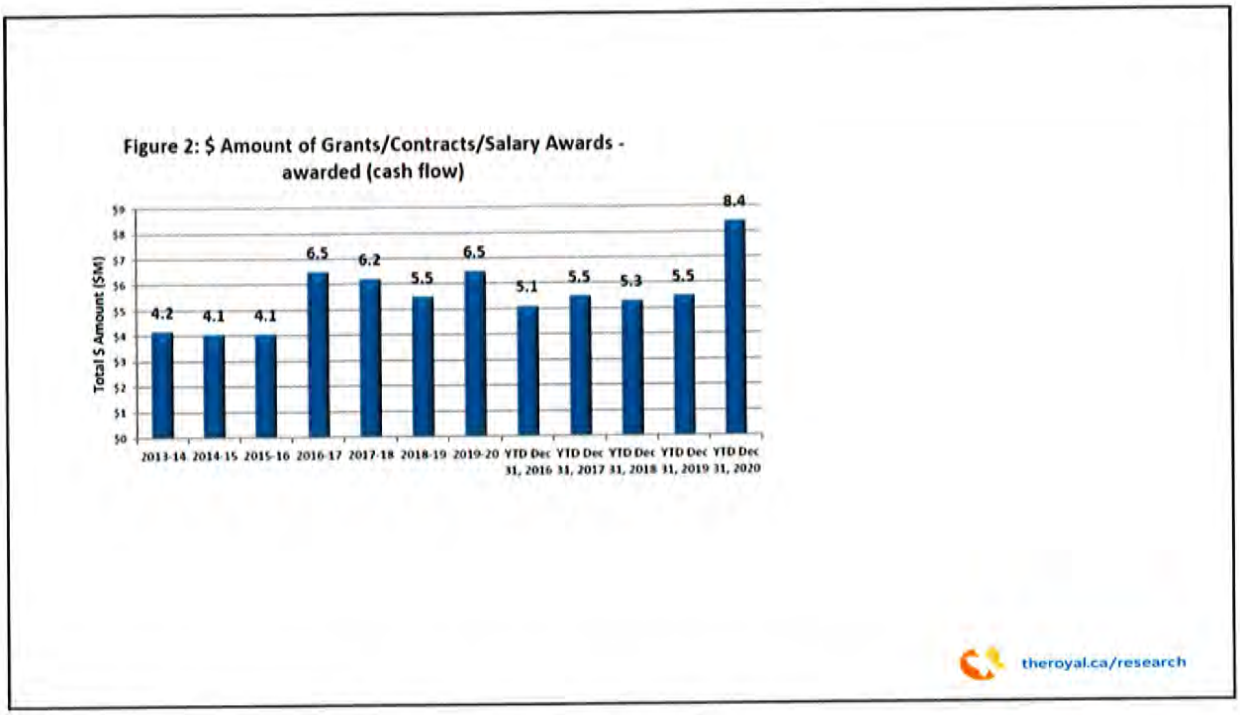


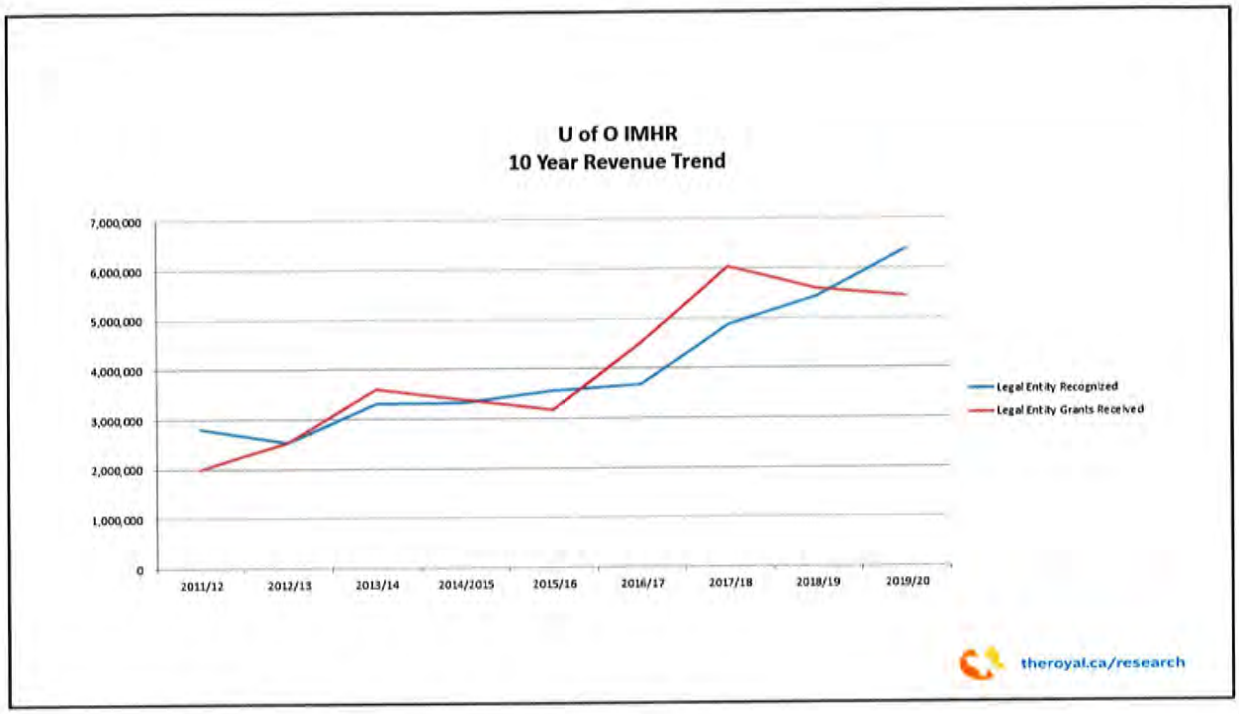
Q3 FY21: - 15.6% increase in the number of active grants (i.e. awarded and REB approved) compared to Q3 FY20 (including some pivoting due to the COVID-19 pandemic) - 13.3 % increase in grant submissions to external agencies compared to Q3 FY20 - Gap in grant submissions compared to Q3 FY18 and FY19 due to delays in internal grant competitions (UMRF) - Altogether, reflecting higher success rates past three years (i.e. increase in quality of the submissions)

Decrease in # of senior scientists in FY19 and FY20 [3], and increase in # of early career scientists since FY18 [10]; 18 scientists to date.



Fiscal YearQ3 FY21: new $300,000 received since Q2 FY21 (comparable to the Q2-Q3 period in FY20)

Spike noted in FY17 and FY18 corresponds to CFI, NCE, and Movember grants; note that the total $ amounts did not go back to pre-FY17 in FY19, due to growth in other parts of the portfolio - Q3 FY21 includes $2.9M from Health Canada and NCE to Frayme received in Q1 of



Legal Entity Recognized as per audited income statement

Legal Entity Grants Received as per audited statements note 6 Advanced payments for designated research projects

ROHCG Budget Managed by U of O IMHR

	2020/21 Budget (in Thousands)	2021/22 Budget (in Thousands)	Variance (in Thousands)
Sources of Funding			
ROHCF	0	0	0
Gov't. Fed. CIHR	0	0	0
Gov't. Fed. Other (CRC)	0	0	0
Gov't Prov	0	0	0
UMRF & UofO Chair in Mood	0	0	0
Non-Gov't Organizations	0	0	0
International - peer reviewed	0	0	0
Other (Fed.Ind O/H Program)	108	36	-72
ROHCG Support	1,820	1,820	0
Photocopy recovery/Salary Recovery	0	0	0
Loss on disposal of assets	0	0	0
Amortization of Deferred Revenue	0	0	0
Total Sources of Funding	1,928	1,856	-72

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ROHCG Budget Managed by U of O IMHR cont'd

	2020/21 Budget (in Thousands)	2021/22 Budget (in Thousands)	Variance (in Thousands)
Expenses			
Research Expenses			
Salary & Benefits	873	821	-52
Operating Expenses	17	6	-11
Sub Total - Research Expenses	890	827	-63
Non-Research Expenses			
Salary & Benefits	894	975	81
Operating Expenses	144	54	-90
Sub total operating expenses	1,038	1,029	-9
Total Operating Expenses	1,928	1,856	-72
Surplus (Deficit) before depreciation	0	0	0
Depreciation Expense	0	0	0
Net Surplus (Deficit)	0	0	0

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1 ROHCG Global Funding to IMHR will remain at $1.8 million

2 Cost of Living Allowance (COLA) increase 1.0%

3 $36K from Legal Entity (Federal Indirect Overheads) to balance

4 April 1st start date for Research Development Specialist and Youth Research Unit Director

5 Increase in non research salary for a Director of Inter Professioanl Research and Knowledge Translation

6 Decrease in research salary is for a Scientist transferred to the IMHR legal entity grant funding

ROHCG Budget Managed by U of O
Salaries & Benefits

Position	FTE	Cost Centre	2020/2021	2021/2022
President, IMHR and VP Research & Academics ROHCG	1.00	A1109100	300,001	218,622
Administrative Assistant	0.20	A1109100	18,101	18,418
Executive Assistant II	1.00	A1109100	98,601	100,656
Research Lab Manager	1.00	A1109100	115,708	118,120
		A1109100	7,500	10,000
Director, Inter-Professional Research and Knowledge Translation	0.50			74,665
Research Development Specialist	1.00	A1109100	161,719	120,008
		A1109100 Total	**$ 701,630**	**$ 660,489**
Secretary III	0.80	A3069000	60,326	61,354
REB Coordinator/Clinical Research Facilitator	1.00	A3069000		84,999
Clinical Research Support Manager	1.00	A3069000	132,386	
REB Chair				20,000
Director Clinical Research Administration	1.00	A3069000		147,988
		A3069000 Total	**192,712**	**314,341**
Youth - Research Unit Director	1.00	A3069050	257,005	257,065
		A3069050 Total	**$ 257,005**	**$ 257,065**
Mood- Secretary VII	0.34	A4759002	26,296	26,743
		A4759002 Total	**$ 26,296**	**$ 26,743**
Forensics - RAA	1.00	A4759028		
Forensics - Research Unit Director			120,000	120,000
		A4759028 Total	**120,000**	**120,000**

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ROHCG Budget Managed by U of O
Salaries & Benefits

Position	FTE	Cost Centre	2020/2021	2021/2022
Acedemic Liason IMHR/UoO School of Psychology		A7109000		25,000
Neuromodulation Research Clinic Scientist		A7109000		19,111
Research - Secretary VII	0.33	A7109000	25,523	25,957
Scientist	0.20	A7109000	123,300	25,175
		A7109000 Total	**$ 148,823**	**$ 95,242**
Research Unit Director		A7109100	75,000	75,000
		A7109100 Total	**75,000**	**75,000**
Research Unit Director	1.00	A7109500	220,636	220,638
Research - Secretary VII	0.33	A7109500	25,523	25,957
			246,159	**246,595**
	11.70	**Total**	**$ 1,767,626**	**$ 1,795,476**

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ROHCG Budget Managed by U of O
Operating Expenses

Cost Centre	Description	2020/21 Budget	2021/22 Budget
A1109100	Department Supplies - General	$8,000	$1,000
A1109100	Printing, stationery, off sup	$4,500	$1,000
A1109100	Off Site Record Storage	$750	$968
A1109100	Delivery/Courier	$1,000	$0
A1109100	Software Licensing Fees		$2,400
A1109100	Staff Development	$5,900	$1,500
A1109100	Travel & Business expenses	$15,117	$500
A1109100	Legal Fees	$15,000	$6,800
A1109100	Professional Fees - other	$20,000	$3,150
A1109100	Professional Fees - honorariums		$3,000
A1109100	Advertising	$500	$3,425
A1109100	Catering	$6,000	$0
A1109100	Telephone Service & equipment	$2,500	$1,500
A1109100	Cell Phones	$2,500	$2,500
A1109100	Minor Assets		$7,572
A1109100	Equipment Leases	$22,000	$12,000
A1109100 Total		**$103,767**	**$47,315**
A1109002	Printing, stationery, off sup	$2,500	$1,000
A1109002	Long distance and telegrams	$2,500	$2,500
A1109002	Professional fees - Research Infosource		$850
A1109002	Professional fees - Valberg Imaging	$35,000	$2,500
A1109002 Total		**$40,000**	**$6,850**
A7109003	Department Supplies - General	$1,206	$1,410
A7109003 Total		**$1,206**	**$1,410**
A3069050	Department Supplies - General	$1,000	$1,000
A3069050 Total		**$1,000**	**$1,000**

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ROHCG Budget Managed by U of O
Operating Expenses cont'd

Cost Centre	Description	2020/21 Budget	2021/22 Budget
A4759002	Department Supplies - General	$200	$200
A4759002	Medical and Surgical supplies	$500	$500
A4759002	Delivery/Courier	$200	$200
A4759002	Administrative Forms	$100	$100
A4759002 Total		**$1,000**	**$1,000**
A4759028	Department Supplies - General	$1,000	$1,000
A4759028 Total		**$1,000**	**$1,000**
A7109000	lab inspection fees	$2,500	$0
A7109000	Professional Fees	$7,200	$0
A7109000	General operating & supplies	$1,000	
A7109000 Total		**$10,700**	**$0**
A7109100	Data communication charges	$1,000	$1,000
A7109100 Total		**$1,000**	**$1,000**
A7109400	Department Supplies - General	$1,000	$1,000
A7109400 Total		**$1,000**	**$1,000**
Grand Total		**$160,673**	**$60,676**

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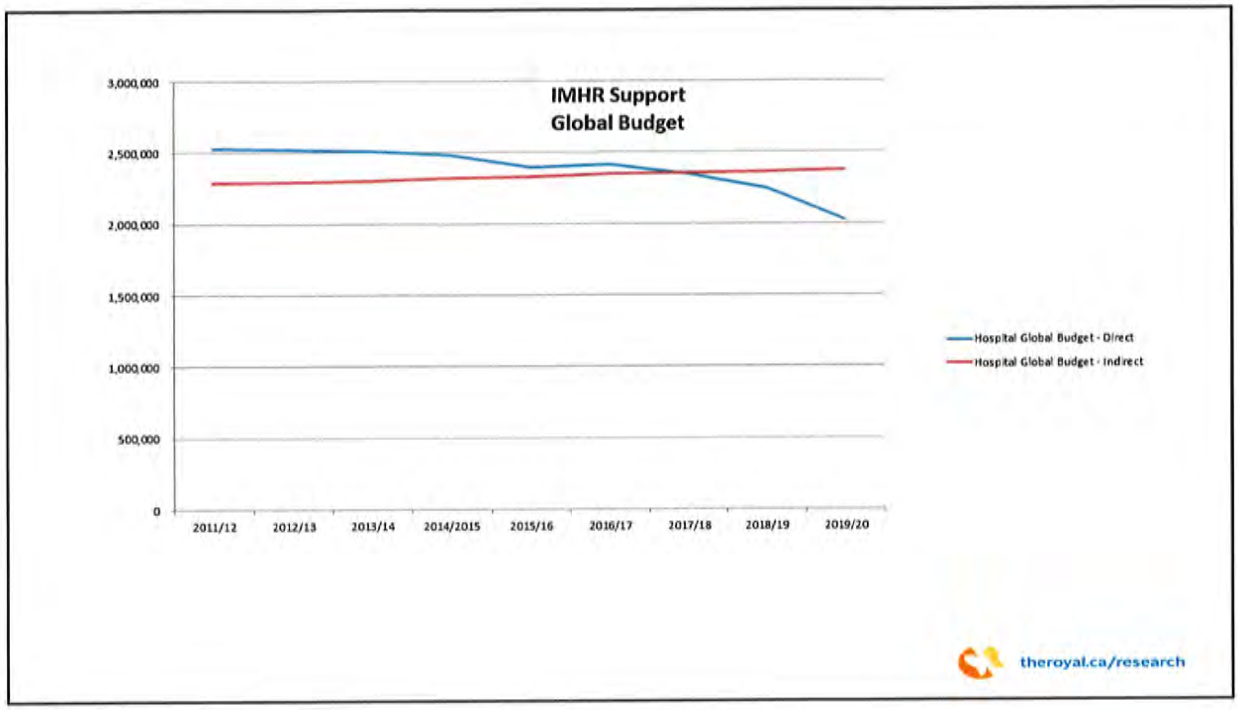
IMHR Support
Global Budget
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
500,000
0
2011/12
2012/13
2013/14
2014/2015
2015/16
2016/17
2017/18
2018/19
2019/20
Hospital Global Budget - Direct
Hospital Global Budget - Indirect
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Royal Ottawa Health Care Group
Contribution towards Supporting Research
2020/21

Indirect Contribution	
Proportion of Lease	1,200,000
Base Building Services	558,582
IT	270,493
Materials Management	105,648
Finance	124,227
Audit Fees	9,500
Human Resources	60,832
Admin Overhead	48,359
Total Indirect Contirbution	**2,377,641**

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ROYAL OTTAWA HEALTH CARE GROUP

BOARD APPROVAL REQUEST

Motion Number: 2020-2021 – 43	**Priority:** Routine

DATE:	March 25, 2021
COMMITTEE:	
PRESENTER:	Anne Graham, Chair, Board of Trustees
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:

The Le Royal
Mental Health - Care & Research
Santé mentale - Soins et recherche

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President & CEO
REPORT TO THE BOARD OF TRUSTEES
March 25, 2021

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.

PROMPT CARE CLINIC

The Prompt Care Clinic (as established with one-time funding from the LHIN until March 31, 2021) continues to operate in a completely virtual format. Building on the evaluated success of C-Prompt, the Prompt Care Clinic offers psychiatric assessment, medication recommendations and short-term psychotherapy for residents of the region, referred by their Primary Care Provider (Family Physician or Nurse Practitioner). This allows the opportunity to provide mental health knowledge (capacity building) to Primary Care Providers.

Prompt Care Clinic has been developed in partnership with The Ottawa Hospital, community partners and client and family engagement. A pilot is being developed to integrate peer support into the Prompt Care Clinic model, co-created with the Client and Family Advisory Councils of The Royal.

The Prompt Care Clinic has had immediate community uptake and very positive initial reviews. As of March 12, 2021 (8 weeks open), Prompt Care Clinic has received 330 referrals. Thanks to one-time funding from the Foundation, and with some internal resource reallocation, Prompt Care Clinic will operate for a full year starting April 1, 2021. The model will start completely virtually with community-based physical space for a hybrid model under review. Presentations have been made to the Ministry of Health, the Associate Minister of Health and the Centre of Excellence for Mental Health and Addiction. The Royal's Foundation has also committed to ongoing fundraising for the Prompt Care Clinic.

Leads: S. Farrell and C. Crocker

PHASE 1 IMPLEMENTATION OF ACCESSMHA FOR MENTAL HEALTH AND ADDICTIONS: CONNECTING CARE FOR A MORE ACCESSIBLE SYSTEM THROUGH INNOVATION AND PARTNERSHIPS

The Royal, in partnership with Cornwall Community Hospital, Hawkesbury General Hospital, Pembroke Regional Hospital, Montfort Renaissance, and Youth Services Bureau, received one-time MH&A COVID funding from the Champlain LHIN (total across agencies = $582,000, including $212,000 for The Royal) until March 31, 2021 to implement a digital pilot, **AccessMHA** (www.accessmha.ca) (formerly Regional Coordinated Access). Co-created with stakeholders, including regional partners and those with lived and living expertise, AccessMHA successfully launched in February 2021. Initially, referrals were received from primary care and subsequently AccessMHA was fully launched and now includes a self-referral option. More than 25 organizations throughout the region have agreed to partner in AccessMHA as service match options, with more partners joining each week.

AccessMHA staff include information specialists, clinicians and peer support workers. All staff have received extensive standardized training, including on the use of shared digital solutions (i.e., Caredove & Greenspace), stress, distress and crisis interventions, empathic motivational interviewing, screening/assessment procedures and documentation, as well as training on client-centered and personalized service matching, navigation and stepped-care. Operational and clinical consultation to team members is provided on a weekly basis by clinical leads and the project support team based at The Royal.

Primary care providers can refer their patients to AccessMHA through the OCEAN platform by completing a standardized referral form. Members of the community wishing to benefit from AccessMHA services are invited to complete a standardized referral form and self-book a screening call through www.accessmha.ca. Referrals are distributed among community partner sites based on availability of appointment and client preference, not geographic region, allowing for equity and best utilization of system resources. AccessMHA staff review the referral form and conduct a standardized screening interview to determine client needs. The process also includes digital administration of evidence-based measures to assist with determining level of care needed and matching eligibility. AccessMHA clients with more complex needs or those deemed eligible for the Ontario Structured Psychotherapy (OSP) program continue on from screening to an in-depth assessment. **AccessMHA espouses a stepped/phased-care approach.** In recognition of the significant challenge of wait times for mental health services coupled with increasing demand due to the impact of the COVID-19 pandemic, www.accessmha.ca includes access to resources and services that are available immediately to those in need. Furthermore, AccessMHA offers peer support to those who might benefit as part of a phased-care solution.

Quality assurance and program improvement is fully integrated in AccessMHA. Digital solutions are integral to AccessMHA operations and allow for standardized data to be collected at referral, screening, and assessment. Routine data collected include the number of clients served, clients' mental health and substance use needs and presenting concerns, symptom severity, service match success, as well as client satisfaction. Service match outcomes are tracked via feedback loops following each client through their access journey. Therefore, we expect to be able to examine service match decision characteristics and relate these to match outcomes. These are key indicators of AccessMHA's success and will help with data-driven iterative improvements. Data will also be used to identify emerging population health trends and critical mental health and addiction service gaps in the Champlain region.

Success of AccessMHA to Date and Next Steps

AccessMHA is fulfilling a key goal of Ontario's *Roadmap to Wellness* by implementing efficient regional coordinated access for mental health and addiction services. Initial data from AccessMHA indicate that the majority of clients seeking a match were experiencing multiple mental health and substance use problems with the most commonly reported symptoms being anxiety and depression (mean PHQ-9 and GAD-7 scores were in the moderate range) followed by substance use problems.

Together with our partners, we are committed to the sustainability and expansion of AccessMHA to make it a permanent solution to those in need of mental health and substance use services. We have secured the technology solutions to continue the digital access for the next fiscal year. Partners are using existing resources to continue service provision while we actively work together to secure funding. Provincial and regional funders have identified AccessMHA as a priority with potential for provincial scalability.

Leads: K. Corace, M. Willows, A. Eaton, T. Dobson, C. Kogan, C. Dandurand on behalf of our AccessMHA partners

Foundation President and CEO Report for The Royal's Board of Trustees – March 2021

Campaign

The Offord Group has begun their work related to the campaign readiness assessment. The process is currently in the information gathering stage and interviews are being scheduled with senior leaders of The Royal, Chairs of each of the boards, as well as donors. The review will include an examination of the organizational leadership, structure and accountabilities, volunteer leadership readiness for a campaign, perspectives on the readiness of the community to give, and the overall strategy, case for support, marketing and communications capacities. The final report will include the findings and recommendations along with actionable items to move forward.

Communications

External audience – further developing our brand and illustrating outcomes

Media

- City News interview with Steve Walsh (community mental health nurse) end of year campaign
- Ottawa Citizen – Inspiration Awards recipient promotion
- CTV Ottawa Morning Live – Women's mental health + community support
- Ottawa Business Journal – mental health advocate + Inspiration Awards recipient promotion
- Ottawa business Journal - Inspiration Awards event night coverage
- CBC Ottawa Morning - Inspiration Awards recipient promotion
- Launched a 12-month, in-kind radio PSA series with Vista Radio

Community Engagement & Donor Recognition

- Assuming responsibility of "Conversations at The Royal – presented by TD" public education series with the delivery of January, February and March programming.
- Produced five corporate sponsor videos for Inspiration Awards recognition
- Produced new corporate video "We are The Royal"
- Produced Inspiration Awards program, messaging, and brand engagement – pre/present/post event

Digital Strategy

- Successfully concluded launch of new youth video engagement platform which resulted in worldwide reach

- New dedicated fundraising role commences in March 2021. Metric examples include:
    a. Conversion of one-type donors to monthly donors
    b. Improved digital stewardship
    c. Increased engagement with social media/warm audience
- Creating the 2021 dedicated Run for Women and Women for Mental Health digital engagement strategy campaigns

Internal audience – building a culture of philanthropy

- Monthly enews letter disseminated to all staff
- Inspiration Awards – internal promotion and results reporting
- Improved main lobby signage and opportunity to donate mechanism
- Stories submitted to quarterly, internal publication

Royal Ottawa Foundation Social Media Growth

	Facebook		**Twitter**	**Instagram**	**YouTube**	**LinkedIn**
	Likes	*Followers*	*Followers*	*Followers*	*Subscribers*	*Followers*
March 2020	769	960	863	762	1,970	266
March 10, 2021	950	1,337	1,077	1,192	3,142	674

<u>Fundraising</u>

Direct Response 2020-21 Program

- Total raised from all fiscal mailings to date this year is $143,818 (includes online gifts).
- Our last direct mail appeal of the fiscal year mailed February 19, 2021, and includes an impact report to illustrate how donors made a difference this past year, as well as a letter signed by Cynthia Little, urging donors to renew their support for patient and families at The Royal in 2021. As of March 17, this mailing has raised gross revenue of $18,310 on a goal of $18K.

Women for Mental Health (W4MH)

Our first exclusive quarterly email update was sent in January 2021, which included details about this year's funding priority – The Royal's new Prompt Care Clinic.

W4MH were invited to our March 3rd Conversations at The Royal, and one of the keynote speakers was Claudette Cain Coulas, former Gloucester mayor and a W4MH. In addition, partial proceeds from Claudette's book sales will be designated to W4MH at The Royal.

We continue to work on recruitment of new W4MH and renewal of lapsing/lapsed members.

Royal Ottawa Young Professionals Network (ROYPN)

After a slow start in 2020 due to the pandemic, ROYPN has started 2021 inspired and engaged! Our original group of 10 has just recently grown to 11 with the addition of Nick Paul, a player with the Ottawa Senators. In February 2021, ROYPN hosted 'Cooking 4 Mental Health', a virtual event that raised $1,350 for priority needs at The Royal. The group also helped promote our Inspiration Awards Gala including 50/50 ticket sales. ROYPN will be supporting the Foundation in various ways over the next few months including:

- Organizing and promoting a virtual garage sale utilizing our new fundraising platform, GiveShop (an online marketplace for in-kind giving). Proceeds from sales will be directed to The Royal and the donor receives a tax receipt for any item that sells for more than $25.
- Supporting The Open Golf Tournament by identifying sponsorship opportunities as well as items for the silent auction.
- Supporting the Run for Women by creating/joining a team and encouraging their networks to participate.
- ROYPN member Kale Wild will be hosting an independent charity golf tournament with 50% of the proceeds going to support DIFD at The Royal.

Events

Signature Core Events

Inspiration Awards – Thursday, March 4, 2021

- Five deserving individuals received Inspiration Awards on March 4.
- Over $420,000 was raised for patient care and research at The Royal.
- Of the funds raised, $16,625 was raised through The Royal's 50/50.
- 415 guests attended the first-ever virtual Inspiration Awards event.

The Royal Open Golf Tournament – June 14, 2021 at the Ottawa Hunt & Golf Club

- The Royal's 30th annual golf tournament will take place on June 14 at the Ottawa Hunt & Golf Club.
- Thus far, $78,000 has been raised through sponsorship.
- An online 50/50 will be part of this event, launching in mid-April.
- An online auction will also be part of this event, launching on June 7.
- If you would like to partake in The Royal Open, please email Kelly (kelly.meincke@theoroyal.ca).

Leaders for Mental Health Breakfast – October 6, 2021

- The 14th Annual Leaders for Mental Health Breakfast is tentatively scheduled for October 6, 2021.
- Foundation staff are planning for a virtual event this fall.

Community Led Events

Fiscal Year to Date – (Apr. 1, 2020 – Mar 15, 2021) 21 events completed; 3 upcoming in FY21 (FY20 = 58 events)

Upcoming

March 20 – The Silver Lining Anniversary Concert – The Silver Lining Concert Series was created by local musicians as a way to bring joy to those during COVID. On Saturday, March 20, they will be hosting their one-year anniversary with all proceeds to benefit The Royal.

July 11 – The 9th Annual (Virtual) Walk/Run for Women Ottawa
Participants can complete their 5 or 10km **between July 4 and 11** wherever, whenever, at whatever pace they choose.

2021 RFW Goals and Actuals (as of March 15*):

- Ottawa remains City #1 across Canada – so far so good!
- 6,000 participants – 2304 registered*
- Royal commitment = 4200 – 1095 registered to Royal recruited teams*
- 250 Royal recruited teams - 121 teams registered*
- $500,000 + raised ($2.2M total raised in 9 years)
- 30,000 Canadians participation in 18 cities across Canada

Get involved:

- **Become a Captain** and create your team at **runforwomen.ca** then recruit 5-100 people on your team N.B. $40 registration until April 15, then $45. $35/registration is directed to WMH at The Royal
- **Recruit a Captain** – Do you know someone or an organization who is passionate about women's mental health and could rally 5-100 friends to join? Please connect her/him with tracey.welsh@theroyal.ca.
- **Connect us to public service contacts** - Do you know a couple public servants who are interested in mental health? Our goal is to double the number of teammates on public service led teams to 2,200 teammates by renewing 39 teams from 2020 and recruiting 10 new teams. Please connect us tracey.welsh@theroyal.ca.

Highlights

- **Make Feb Suck Less** – In an effort to make February suck less, Brennan and Jessica Loh started an initiative to skate 100km on the Rideau Canal by the end of the month! Friends and family of Brennan and his wife joined in and donated $10/km, raising a total of $2,025 for The Royal.
- **SOSR Coffeehouse Fundraiser** – Students of Ottawa SOSR hosted a virtual coffeehouse in partnership with the uOttawa Science Students Association and uO TalkMusic. A total of $503 raised through ticket sales was donated to The Royal.
- **Cooking for Mental Health** – This was a virtual chef-led cooking class organized by the Royal Ottawa Young Professionals Network. For their inaugural event, the ROYPN was able to raise a total of $1,355.

DIFD

Fiscal Year to Date – (Apr 1, 2020 – Mar 15, 2021) 20 events completed, 0 upcoming in FY21 (FY20 = 72 events)

Highlights

- **DIFD Valentine's Day Fundraiser –** A young woman decided to sell charcuterie boards for Valentine's Day in support of DIFD. Over $3,000 was raised for DIFD through this initiative.
- **Do It For You –** This was a virtual workout and yoga session hosted by George Brown post-grad students on March 10th. We are awaiting the total raised through this online event.

Event Start Date	Event Day	DIFD	Royal	ROYPN	Awareness	Cancelled	Event Name	# of Yrs
April 2020	Apr - Dec		1				Maggie Bag Sales	1st
1-May-2020	Virtual Auction		1				Mental Health Gala	4th
1-May-2020	Virtual Auction	1					Mental Health Gala	4th
1-May 2020	CANCELLED					1	Black and MacDonald Hockey Tournament	2nd
2-May-2020	Saturday		1				Brianna's Birthday Fundraiser	1st
15-May-2020	CANCELLED					1	CanGames	2nd
19-May-2020	CANCELLED					1	Knights of Columbus Golf Tournament	13th
22-May-2020	CANCELLED					1	Kanata Ribfest	1st
23-May-2019	Ends in Sept.		1				Virtual Tamarack Ottawa Race Weekend	6th
23-May-2020	CANCELLED					1	Pour My Mind	1st
27-May-2020	Wednesday				1		Is It Just US	1st
29-May-2020	Online	1					Shawville 3 Pitch Tournament	10th
4-Jul-2020	Virtual	1					J5L Golf Tournament	6th
6-Jul-2020	Monday		1				Elevated Conversations with Colleen O'Connell-Campbell	1st
17-Jul-2020	Friday	1					CIBC Miracle Day	2nd
10-Aug-2020	CANCELLED					1	100 Holes Of Hope	4th
15-Aug-2020	CANCELLED					1	Epic Ride for Mental Health	1st
22-Aug-2020	CANCELLED					1	End 2 End 4 Women's Mental Health	1st
30-Aug-2020	Sunday		1				Movement & Moves presented by The Lotus Movement	1st
Fall 2020	CANCELLED					1	Funny. You Should Ask	1st
Fall 2020	Aug-Nov		1				Cars for Charity	2nd
Fall 2020	Sept-Dec		1				Masks for Mental Health	1st
12-Sept-2020	Saturday	1					Hockey Event in memory of Adam Comrie	1st
14-Sept-2020	Monday		1				Inspirational Golf Classic	3rd
18-Sep-2020	CANCELLED					1	CMHC Golf Tournament	5th
19-Sep-2020	CANCELLED					1	Canada Post Colonnade Depot Family Fundraiser Walk for DIFD	3rd
21-Sept-2020	Week Long		1				Peace, Love and Understanding	1st
25-Sep-2020	Friday	1					4th Annual Special Hockey Golf Classic	1st
27-Sept-2020	Sunday		1				Shoppers LOVE. YOU. Run for Women	8th
15-Oct-2020	Wednesday		1				Conkuer Apparel	2nd
4-Oct-2020	CANCELLED					1	Cars and Coffee Season Closer	1st

Event Start Date	Event Day	DIFD	Royal	ROYPN	Awareness	Cancelled	Event Name	# of Yrs
12-Oct-2020	Two Months	1					McDonald's Merivale Mental Health Mondays	1st
15-Oct-2020	Oct 15 - 23	1					Chalk One Up for DIFD Online Auction	9th
22-Oct-2020	Series Long	1					Battle of the Blades	2nd
31-Oct-2020	Saturday	1					The Fitness Lab DIFD Day	1st
1-Nov-2020	Month Long		1				Jennifer James Epicure Fundraiser	2nd
4-Nov-2020	Month Long	1					Jackbox Virtual Fundraiser	1st
15-Nov-2020	Month Long		1				Run/Walk for Men's Mental Health	1st
25-Nov-2020	Month Long	1					Retreat Candle Co - Ottawa Candle Promo	1st
1-Dec-2020	Previous Fiscal		1				Maids of Athena (MOA) Ottawa Fundraiser	1st
1-Dec-2020	Year-Long	1					Innovation Realty supports DIFD	1st
15-Dec-2020	Two Weeks	1					Thr33's Co Snack Bar DIFD Promotion	1st
17-Dec-2020	Thursday	1					DIFD Online Auction & Cupcake Sale	10th
20-Dec-2020	Sunday	1					Lady Sens 9th Annual DIFD Day	9th
18-Jan-2021	Monday				1		The World Isn't Ending	1st
18-Jan-2021	Week Long		1				Dancing for Mental Health	1st
29-Jan-2021	Friday		1				SOSR - Coffeehouse fundraiser	1st
1-Feb-2021	Month Long		1				Make Feb Suck Less	1st
1-Feb-2021	Month Long	1					Retreat Candle Co - Ottawa Candle Promo	1st
8-Feb-2021	Monday		1				Elevated Conversations with Colleen O'Connell-Campbell	2nd
12-Feb-2021	Three Days Long	1					DIFD Valentine's Day Meat & Cheese Box Fundraiser	1st
12-Feb-2021	Week Long		1				Pampered Chef supports The Royal	1st
13-Feb-2021	Month Long		1				Upon Your Elbow - Worry Warrior Tees	1st
13-Feb-2021	CANCELLED					1	Curling for a Cause	2nd
19-Feb-2021	DIFD	1					Rocanville School Fundraiser	1st
21-Feb-2021	Sunday			1			Cooking for Mental Health	1st
1-Mar-2021	Month Long		1				Adult Fun Superstore Double The Love Promotion	2nd
1-Mar-2021	Month Long		1				Birling Skate Shop Raffle	1st
10-Mar-2021	Wednesday	1					Do It For You Virtual Event	1st
20-Mar-2021	Saturday		1				The Silver Lining Anniversary Concert	1st
TOTALS		**20**	**24**	**1**	**2**	**13**		

The Royal's
Institute of Mental Health Research
affiliated with the University of Ottawa

The Royal Ottawa Health Care Group
Research Ethics Board Quarterly Report
Q3 – October 1, 2020 to December 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.

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.

QUARTERLY ACTIVITY

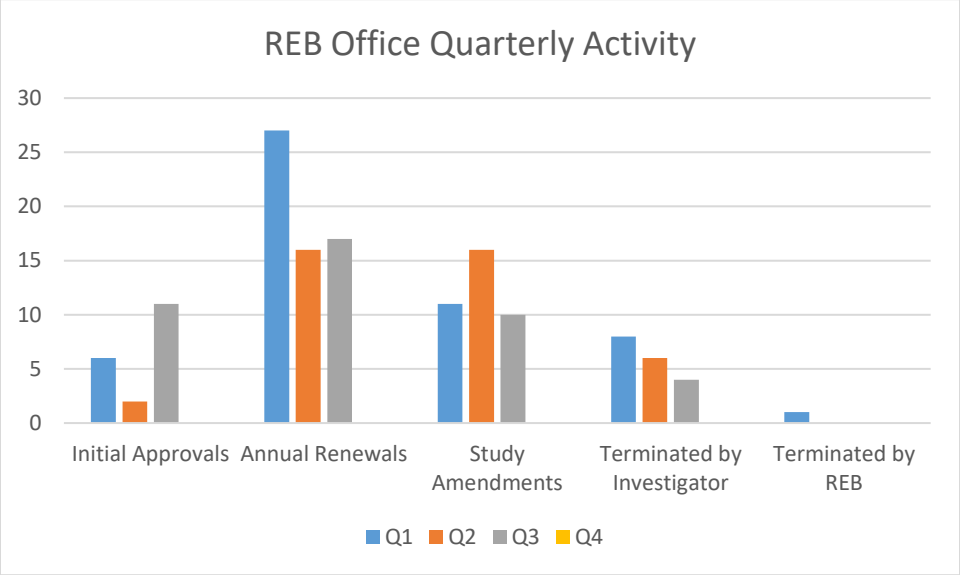
The REB received 8 new study applications in Q3. Due to the ongoing pandemic all REB meetings and reviews are conducted virtually via Zoom and electronically via Email.

REB #	Date Submitted	Study Title	Investigator	Program
2020019	21-10-20	A dynamic examination of the role of acetylcholine at different stages of memory using short latency afferent inhibition (SAI), a transcranial magnetic stimulation (TMS) protocol.	Sara Tremblay, PhD	Neuromodulation
2020020	9-11-20	Hearing our Clients' Voices through a Participatory Action Approach in the Examination of Different Cognitive Behavioural Therapies for Psychosis	Dr. Nicola Wright	Schizophrenia Recovery Program
2020021	16-11-20	A case report of FDG-PET in the treatment of Dementia with Lewy Bodies (DLB)	Dr. Tim Lau	Geriatrics
2020022	27-11-20	Imaging Abnormalities in Early Psychosis	Dr. Lauri Tuominen	Molecular Imaging/ Schizophrenia
2020023	24-11-20	Paraphilic interests and paraphilic behaviour: The role of sexual excitation and inhibition	Sara Watts	Forensic Research Unit
2020024	3-12-20	Effect of Mask-Wearing on Face Expression Recognition and Associations with Wellbeing	Natalia Jaworska, PhD	Clinical Electrophysiology & Neuroimaging
2020025	7-12-20	Moral Distress and Moral Injury in Emergency and Protective Services	Sara Rodrigues	Centre of Excellence
2020026	8-12-20	Motivational influences and trajectories to violence in the context of major mental illness	Dr. Michael Seto	Forensics

Other REB Activity

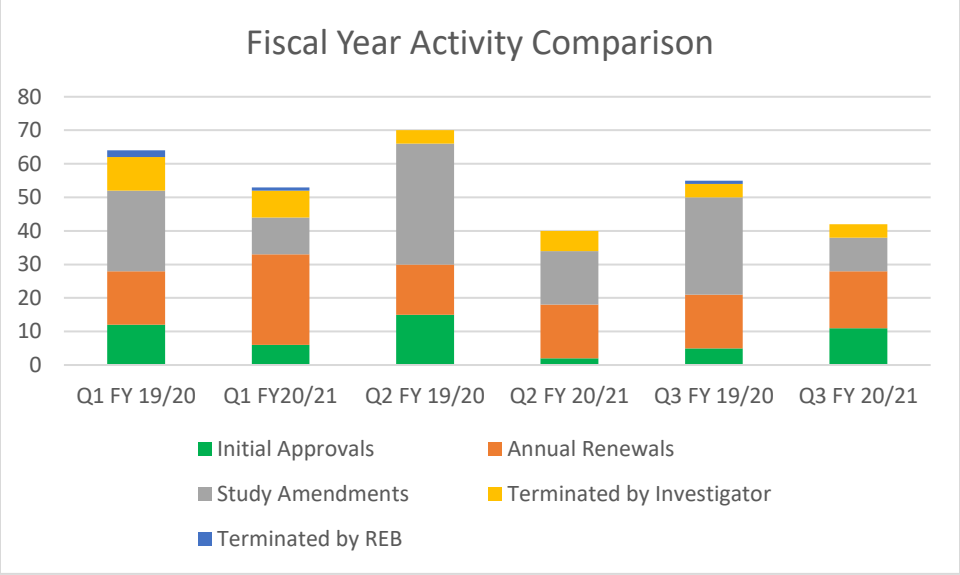
The chart below (Graph 1.0) illustrates the REB Office quarterly review activities. Compared to Q1 and Q2, there is a significant increase in the number of new studies being approved by the REB. Researchers are becoming more comfortable with virtual research and are designing new studies that align with ongoing pandemic restrictions.

Graph 1.0



The chart below (Graph 1.1) illustrates the comparison of REB activity during fiscal year 2019/2020 and fiscal year 2020/2021. It is clear that the ongoing pandemic has impacted research activities in each quarter compared to the research activities carried out in FY 2019/2020. In Q3 of this year, it is evident that the research activity is beginning to increase. This may be attributed to the normalization of working remotely and conducting research activities remotely as well as the stage 1, phase 2 resumption of research activities.

Graph 1.1



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 2 Program Evaluations submitted to the REB office for review in Q3.

Date	Program Evaluation Title/Program	Lead Person
15-Oct-20	Flu Vaccine Efforts at The Royal/Quality and Patient Safety	Danielle Simpson
10-Nov-20	One-Time Telemedicine Psychiatric Clinics for Peer Support Members of the Ottawa Paramedic Service/Patient Services & Community Mental Health	Susan Farrell & Meghan Perkins

TOTAL ACTIVE RESEARCH STUDIES AT END OF Q3 AND CUMULATIVE RECRUITMENT TO DECEMBER 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 December 31, 2020.

Active Studies and Recruitment Metrics – December 31, 2020

Approved Active Studies	Total ROHCG Patients Enrolled (N=82)	Total Non-Patients Enrolled (N=82)
131	2623	8583

**28 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. 31 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 2020.

IMPORTANT HIGHLIGHTS

- Following the call for REB Chair that was circulated in September, applications were reviewed by the Executive Committee and a recommendation was made to the Board of Trustees Quality Committee. This was presented and reviewed at the December 17th Board of Trustees meeting, at which time it was announced that Ann-Marie O'Brien has been appointed to the position of REB Chair. Ann-Marie will assume this position effective February 1, 2021. Dr. Bourget will continue her role as Acting Chair until February.
- A Research Ethics Board Coordinator was selected in December and has joined the IMHR Administration Team. Kristi Wilde holds a Masters in Ethics and comes to The Royal from the Bruyère Research Institute. Kristi will assume the day to day REB office activities and facilitation of clinical research.
- As a new Chair has been appointed, and research is integrated into all pillars of the new strategic plan, the REB will be seeking new members. This will ensure regulatory compliance as well as sufficient expertise to conduct ethical reviews of proposed studies. Additional information will be communicated in the coming weeks.

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

Tammy Beaudoin
Director, Clinical Research Administration

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
FY 2020-21 Q3

The Le Royal
Mental Health - Care & Research
Santé mentale - Soins et recherche

TO: **ROHCG Board of Trustees Board Members**

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

DATE: **March 16th, 2021**

SUBJECT: **2015-2020 Strategic Plan Update**

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

2020-21 Performance Scorecard:

As requested, quarterly performance updates on the 2015-20 Strategic Plan are submitted, pending the development of reports specific to the new 2020-25 Strategy.

Q3 Highlights:

Information contained herein is the same as per the update provided to the Quality Committee of the Board. Note that results have just recently been received from the employee and physician experience survey (administered in November 2020, i.e., delayed from its biennial deployment usually administered in the month of May). Results are currently being distributed to senior management and program leadership for review and development of associated action plans. Highlights will be communicated in the Q4/YE report.

Due to the ongoing Covid-19 pandemic, a number of indicator results remain impacted.

Within the *Care* domain:

- Acute control medication showed elevated usage in Q3 due to modified admission protocols during pandemic and high patient acuity admitted during this quarter. Units confirmed the elevated use of the control interventions was intentional to keep both the patient and staff safe. Units also expressed the significant challenge to have these patients confined to their rooms in isolation following COVID protocols.
- The medication reconciliation for inpatients showed continued high performance, and the reconciliation practices for outpatients (where medication is a large component of treatment), showed improving performance.

No indicators for the *Discovery* domain are scheduled for Q3 performance reporting.

Indicators in the *Partnership* domain showed:

- The ALC rate is above the March 2020 target, though it is stable from previous quarter and lower than the Champlain area hospital average. With an increased number of empty LTC beds in the Champlain area, this metric is expected to recover slowly even post-pandemic, where extended wait times are forecasted for moving patients to their destination.

Staff-related indicators in the *Engagement* domain showed:

- Performance was within target for the two workplace incidents related indicators.
- Performance appraisal cycles for 2019-20 (for management and union staff) had been extended until the end of calendar year 2020, and readily available results show lower completion rates as compared to their respective targets. Physician appraisal completion for calendar year 2020 is again at 100%. As for non-union employees, the 2020-21 reviews were launched in July 2020 as per the biennial schedule, though the time period has been extended til end of calendar year 2021 and results will be reported accordingly.

Staff-related indicators in the Resources domain, showed:

- Absenteeism registered performance within target.
- Productivity remains below target and still likely an under-estimate of actual productivity. However, improvement from previous quarter should be noted. The quarterly improvement can be attributed to strategies to prioritize workload capture at the Operations level, clear and consistent messaging from the Workload Measurement Committee, and in-service sessions to support programs to have a deeper understanding of the data and information related to workload. It is expected that these strategies will help continue improvement in future quarters, diminishing compliance issues and hence providing more accurate values of productivity.

We look forward to your review of our Q3 2020-21 Performance Scorecard and welcome your feedback.

Joanne Bezzubetz,
President & CEO

The Royal's 2015 – 2020 Strategic Plan

Board of Trustees
Performance Dashboard
FY 2020-21 Q3 Reporting

Domain	Indicator	Reporting Frequency	March 2020 Target	Result and Status (for 2020-21 Q3, unless specified)	Performance Trend (2015-16 YE to 2019-20 YE and 2020-21 Q1 to Q3 where appropriate)
CARE	Medication Reconciliation: INPATIENT % completed at admission	Quarterly	100%	**100%**	
	Medication Reconciliation: INPATIENT % completed at discharge	Quarterly	92%	**94%**	
	Medication Reconciliation: OUTPATIENT % BPMH completed by pharmacy	Quarterly	90%	**95%**	Trend not available; newly defined indicator
	Medication Reconciliation: OUTPATIENT % BPMH confirmed by physician	Quarterly	90%	**63%**	Trend not available; newly defined indicator
	Acute Control Intervention: % use of acute control medication at admission	Quarterly	6%	**13%**	
	Acute Control Intervention: % use of physical/mechanical procedures at admission	Quarterly	3%	**4%**	
PARTNER-SHIPS	LOCUS Scores: % inpatients with a LOCUS score at admission of 5 or above.	Quarterly	95%	**94%**	
	Wait Times: OUTPATIENT Mood and Anxiety Program, average number of days between referral and date seen by clinician	Quarterly	90 days	**34 days**	
	ALC Rate: % of ALC days from MH patient days	Quarterly	7%	**12%**	
	30 Day Readmissions: % of patients readmitted to any facility for MH treatment	Quarterly	9.9%	**< 5 occurrences**	
ENGAGE-MENT	Workplace Incidents: ratio of serious incidents to total workplace incidents reported by staff	Quarterly	4.5%	**3.3%**	
	Lost Time Frequency Index	Quarterly	2.50	**1.97**	
	Performance Appraisals: % completed for eligible MANAGEMENT employees	Annual	95%	**81%** (til end of year 2020)	
	Performance Appraisals: % completed for eligible UNION employees	Annual	75%	**70%** (til end of year 2020)	
	Performance Appraisals: % completed for eligible NON-UNION employees	Biennial (even years)	75%	**Postponed due to Covid**	
	Performance Appraisals: % completed for PHYSICIANS	Annual	100%	**100%** (til end of year 2020)	
RESOURCES	Productivity: % of clinical worked hours	Quarterly	90%	**72%**	
	Absenteeism: % of paid sick leave	Quarterly	3.2%	**2.9%**	

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

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: 2020-21 Q3

Summary

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.

Definition: % medication reconciliation completed on inpatient admission, inpatient discharge, and outpatient admission.

Formula:

-Inpatient Admission:

Number of completed medication reconciliations on inpatient admission / total admissions x 100

-Inpatient Discharge:

Number of completed medication reconciliations at inpatient discharge / total discharges x 100.

-Outpatient Admission:

Number of Best Possible Medication History (BPMH) completed by pharmacy tech / total new referrals (i.e., requests) to pharmacy x 100; and,

Number of BPMH confirmed by attending physician / total new referrals (i.e., requests) to pharmacy x 100

Data Source: Electronic Health Record.

Results

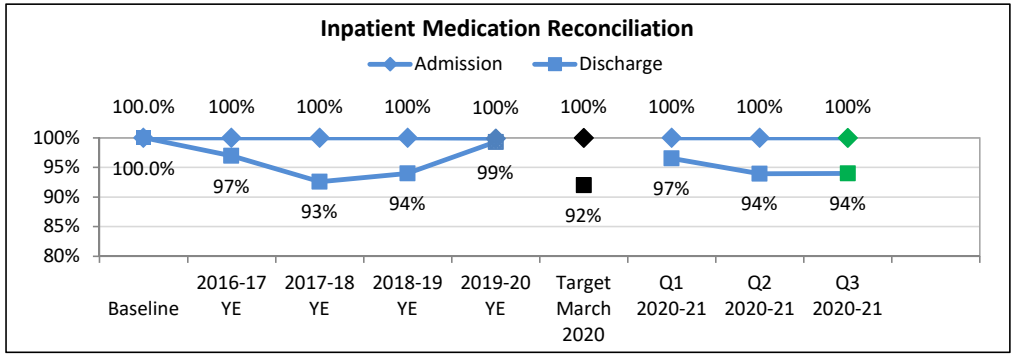
Inpatient medication reconciliation on admission continues on target with pharmacy achieving 100% for Q3 2020-21. The medication reconciliation at discharge was completed for 94% of patients. It should be noted that the remaining 6% of the medication reconciliation on discharge are all accounted for within the approved exclusion situations where medication reconciliation is not required (death of patient, unplanned or emergency transfer to acute care facility, discharged against medical advice, or discharged with less then 24 hours notice to pharmacy).

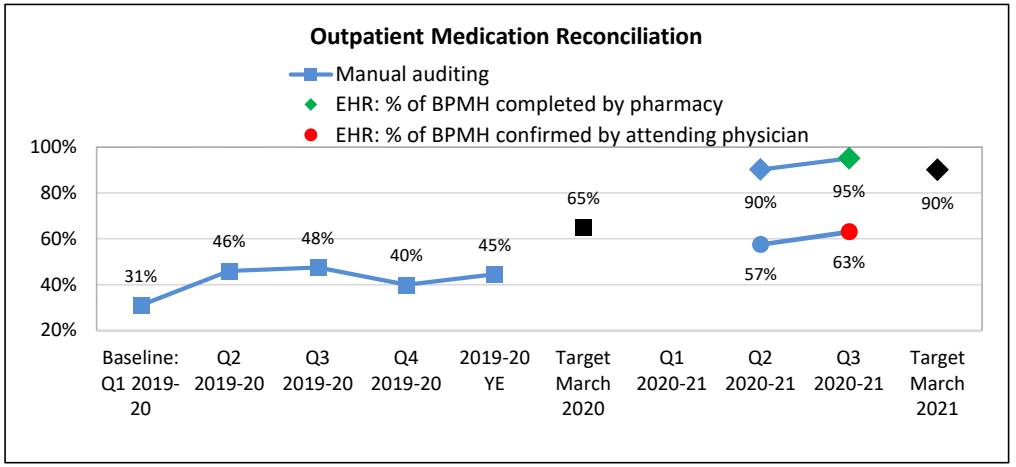
Outpatient medication reconciliation

Both the percentage of Best Possible Medication History (BPMH) completed by pharmacy tech and the percentage of BPMH confirmed by attending physician results are shown for Q3 in graph below. Note that the target is 90% for both indicators, in alignment to the QIP. The percentage of BPMH completion by pharmacy technicians continues to meet or exceed the target. In Q3, the pharmacy technicians completed the home medication list in 95% of targeted patient charts, i.e., those patients where medication is a large component of treatment. The percentage of BPMH confirmed by attending physician is continuing to improve, with the Q3 result of 63%. Additional EHR training has been required with the upgrade to Meditech Expanse.

The dashboard of the outpatient medication reconciliation data is now built and functioning, allowing the tracking of information by month, program, and groups of programs by date.

Initiatives & Mitigation Strategies
Inpatient: 1. Sustain the excellent practice and results. **Outpatient:** 1. Continue EHR training, and encourage program level discussions to identify specific supports. 2. Update the relevant policies to outline the applicable programs and required medication reconciliation frequency.





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: 2020-21 Q3

SUMMARY

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.
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.
Formula: % inpatients for whom intervention was used at admission
Data Source: Inpatient Resident Assessment Instrument - Mental Health (RAI-MH)

RESULTS

Acute control intervention usage during 2020-21 Q3 was higher than previously established targets, yet showed improved performance for the physical/manual/mechanical restraints with a continued decrease from Q1.

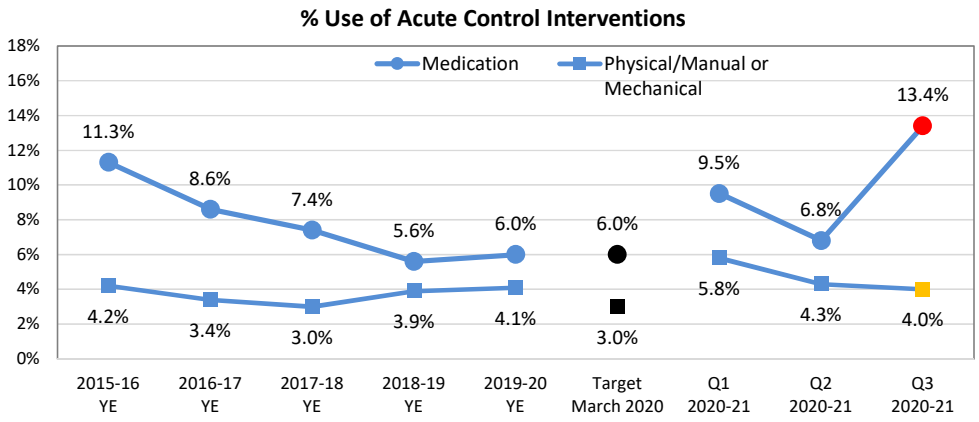
With The Royal's continued application of modified admission protocols in response to the pandemic, clinical procedures within certain units continue to be adapted accordingly. Additionally, admitted patient acuity was very high during the 2020-21 Q3 time period. With this, the specific units confirmed the elevated use of the control interventions was intentional to keep both the patient and staff safe. Units also expressed the significant challenge to have these patients confined to their rooms in isolation following COVID protocols.

All programs receive quarterly trend data, allowing directors to assess usage against their program's running average and, as needed, follow-up with staff on uncommon results.

Acute control interventions are also reported on the Mental Health and Addictions Quality Initiative (MHAQI) Comparative Report Card which is published with a delay of one quarter: on the 2020-21 Q2 peer report, The Royal's result for acute control medication was below CAMH and Ontario Shores but higher than Waypoint, and for physical/manual/mechanical restraints, our result was lower than at CAMH.

Initiatives and Mitigation Strategies

1. Continue with the cultural transformation where restraint is considered a last resort intervention.
2. Review of all restraint use (with full details of clinical circumstances) with the care teams through the Recovery Plan of Care.
3. Continue to collaborate with the Data and Analytics team to provide easily accessible results, on a more frequent basis.
4. Continue RAI data quality improvement efforts.



PARTNERSHIPS - Working Together to Increase Capacity in our Region
Objective: Improve Flow Throughout the System

Indicator: LOCUS Scores	Executive: R. Bhatla/ S. Gulati/ D. Attwood/ S. Farrell	Data Contact: J.-L. Domingue	Reporting Frequency: Quarterly	STATUS: 2020-21 Q3

SUMMARY

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, corresponding to Medically Managed (or Monitored) Residential Services, versus the lower scores that correspond to non-residential or community-based services.
Definition: % inpatients with a LOCUS score at admission of 5 or above.
Formula: Number of inpatients with a LOCUS score of 5 or 6/ total number of inpatients assessed x 100.
Data Source: Manually collected.

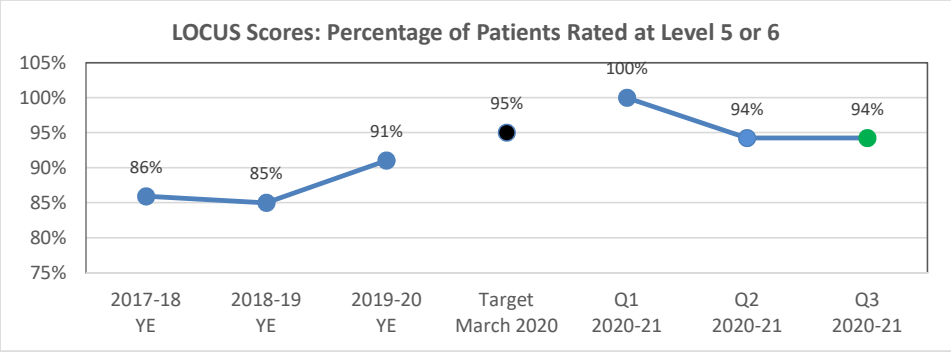
RESULTS

The 2020-21 Q3 result shows that 94% of inpatients scored 5 or 6 on their LOCUS assessments.

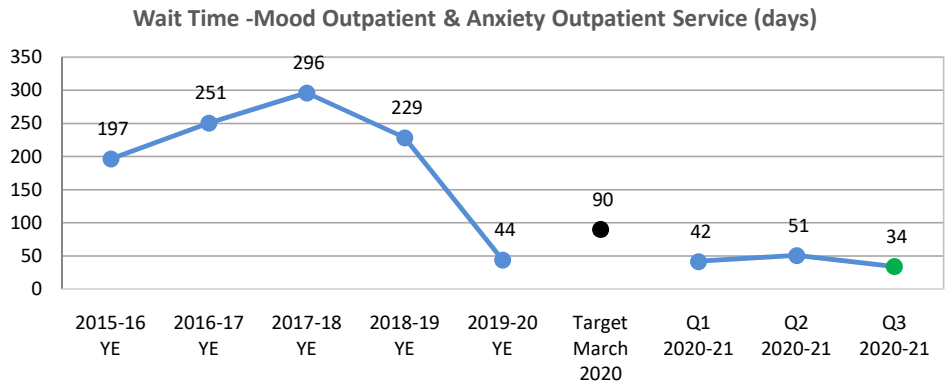
During the pandemic, and notably during Q2 and Q3, The Royal has accepted accelerated transfers from partner hospitals to support regional patient flow pressures. Some of these patients may have had slightly lower acuity (and different LOCUS scores) than other admissions.

Initiatives and Mitigation Strategies

1. Baseline admission data collected through central intake.



	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 / C. Slepanki**	**Reporting Frequency:** **Quarterly**	**STATUS:** **2020-21 Q3**

SUMMARY	**RESULTS**
Significance: Reducing wait times for treatment is essential to ensuring our clients receive the services they need when they need them. **Definition:** Period of time from the date completed referral is received to date patient/client is seen by a clinician (focus on outpatient mood and anxiety program). **Formula**: Total number of days between date completed referral received and date seen/ total number of patients. **Data Source:** E.H.R./ program level data.	The average wait time in the Mood and Anxiety Outpatient Service during 2020-21 Q3, remains below previously established target and shows a decrease from the Q2 result. The flow of referrals to the program fluctuate greatly depending on the Covid landscape in the community. Although there are current fluctuations in demand, experts predict a significant future increase in public demand for mood and anxiety services. The Mood and Anxiety Outpatient wait time is a combination of the more rapid access and higher volume secondary care service (consultation) and more tertiary care component (longer duration specialized/tertiary). We know that, as more secondary level services are developed (ie. Prompt, OSP, e-consult, on-line care) the overall wait time to the program will increase.
Initiatives and Mitigation Strategies	
Program efforts continue to implement strategies to reduce and maintain wait times. Strategies include a) Regular monitoring of wait times, b) Fast-track process for re-referrals, c) Increasing clarification of criteria for the program, and d) Redirection to other services that are more appropriate	

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: 2020-21 Q3

SUMMARY

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.
Definition: When patients occupy hospital beds but do not require inpatient services, they are designated as Alternate Level of Care.
Formula: # of Alternate Level of Care days during period/ # Mental Health patient days in period x 100.
Data Source: for The Royal: Finance; for the regional rate: Champlain Patient Flow Report (Prepared by: Champlain LHIN- Business Intelligence), for the regional discharge destination: Provincial Monthly Alternate Level of Care Performance Summary (Prepared by: Access to Care - ALC Informatics, CCO)

RESULTS

The Royal's ALC rate for Q3 (12.1%) is beyond the March 2020 target (7%) though stable from previous quarters. The regional ALC rate for Q3 is 22.4%, with Long Term Care identified as the discharge destination for more than two thirds of open ALC case-days. At The Royal, "Long Term Care" is identified in Q3 as the discharge destination for 38% of ALC case-days and "Supportive Housing" as the discharge destination for 42% of ALC case-days.

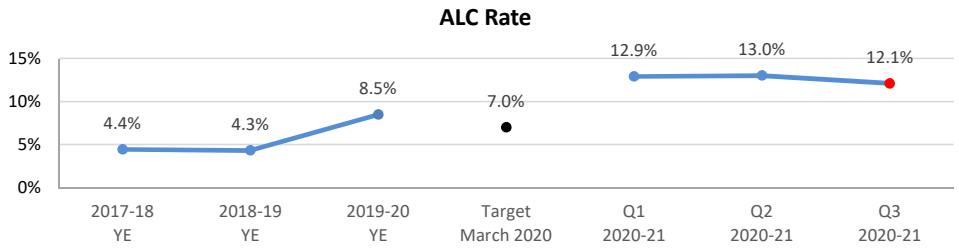
Client admissions to Long Term Care homes (LTCH), Residential and Subsidy Homes in the region are being impacted during the pandemic because of Ministry directives. The number of empty beds has continued to increase during Q3 (currently there are ~1200 vacant beds in Champlain, representing ~1 in 6 LTC beds in the region), and this continues to impact the ALC rates in our facility as well as all acute care facilities across the region. After the pandemic, it is expected that performance will not recover quickly, as extended time frames are forecasted for moving our patients to their appropriate destinations.

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. Moving the ALC metric related to patients waiting for LTC beds is difficult without a systemic change from the government.

Note that ALC is also reported on the Mental Health and Addictions Quality Initiative (MHAQI) Peer Report Card, which is published with a delay of one quarter: on the 2020-21 Q2 peer report, our results are lower than CAMH and Ontario Shores, and a slightly higher than Waypoint.

Initiatives and Mitigation Strategies

1. Harmonization of clinical, technical and data/reporting related efforts.
2. Collaboration between Data & Analytics, Patient Flow and Clinical Programs to monitor ALC status for patients and mitigate potential repercussions on accessibility of inpatient beds.



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: 2020-21 Q2

SUMMARY

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.).
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.
Formula: Calculated by CIHI.
Data Source: Ontario Mental Health Reporting System (OMHRS)

Initiatives and Mitigation Strategies

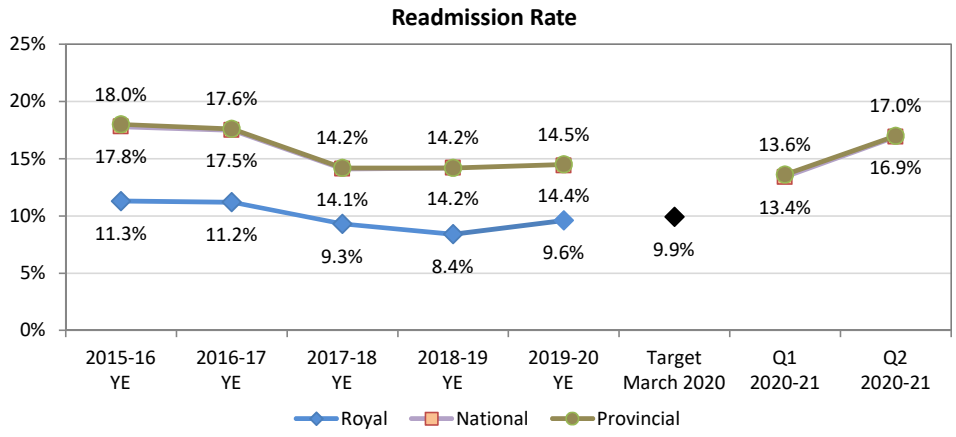
1. Data and Analytics and Clinical Records teams are continuing the necessary work towards solving the issues underlying the timeliness, completeness and quality of RAI assessment data.
2. Collaboration has started with the Data & Analytics team to support analysis for Readmission, and enable better understanding of the readmitted patient profiles and journeys.
3. The Royal is currently implementing the access to a provincial wide system of linked data sets, called the IDS (for Integrated Decision Support). This will provide additional information and insight for this metric.

RESULTS

Note that the 30 Day Readmissions indicator results are reported with a delay of one quarter due to the CIHI analysis schedule.

The precise value of the 2020-21 Q2 readmission rate was not provided by CIHI, due to the small count (i.e., numerator less than 5). The low count indicates that few patients discharged during Q2 have necessitated a readmission within 30 days. This is interpreted as the predominant reason, though other factors are considered having potentially impacted The Royal's readmission rate: urgent admissions for us and our partner sites were prioritized during the pandemic, as well as, potentially missing repeat occurrences due to remaining compliance and data quality issues related to the RAI submission to CIHI.

The MHAQI peer scorecard (for 2020-21 Q2) informs on results for our 3 peers, ranging from 7.3% for Ontario Shores to 17.6% for CAMH.



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: 2020-21 Q3

SUMMARY

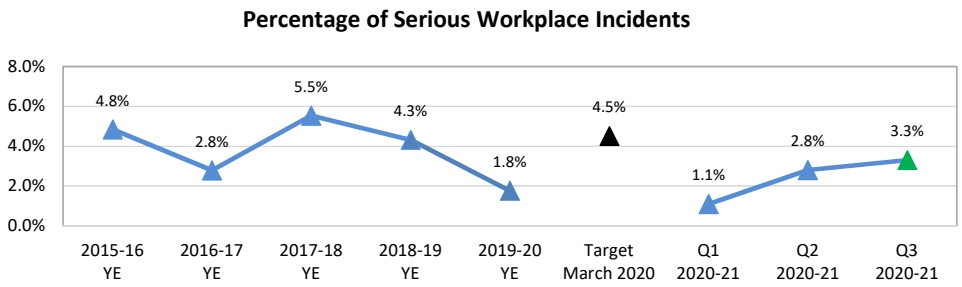
Significance: Staff working in mental health facilities require specialized training and programs to be in place to ensure their safety and to minimize workplace incidents.
Definition: Percentage of serious incidents (i.e., resulting in lost time) from all workplace incidents reported by staff.
Formula: Total # of serious incidents / total # workplace incidents reported in the period (x100).
Data Source: Client Staff Incident and Feedback System (CSIF) for FY2019-20 and onward; and previously, the Employee Incident Reporting System (EIRS).

RESULTS

The 2020-21 Q3 result shows a continued increase in the percentage of serious workplace incidents since Q1, but remaining in good performance against the established target. In comparison to Q1, there have been approximatively the same number of total staff incidents reported, though 3 times more serious claims resulting in lost work time.

Initiatives and Mitigation Strategies

1. Give clear direction to managers and staff on reporting best practices; in particular, for each Code white called there should be a corresponding client and staff incident reported in the CSIF system.
2. Violence in the Workplace Committee and the Joint Health and Safety Committee continues to encourage staff reporting of incidents, thus will see total reports increased (incidents and near misses).
3. Use of risk assessment tool to identify root cause of accident and recommendations for changes.
4. Increased safety training for staff in high risk areas when incidents are occurring.
5. Benchmarking with peer hospital for implementation of leading practices.
6. Participation in the WSIB voluntary Excellence Program to ensure compliance with all regulatory and legal requirements.



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: 2020-21 Q3

SUMMARY

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.

Definition: Tracks the number of **non-approved** WSIB claims resulting from injuries/health issues that occur on, or as a result of, the job.

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.

Data Source: Occupational Health and Finance. Reporting is adjusted retroactively based on the number of **actual approved claims**

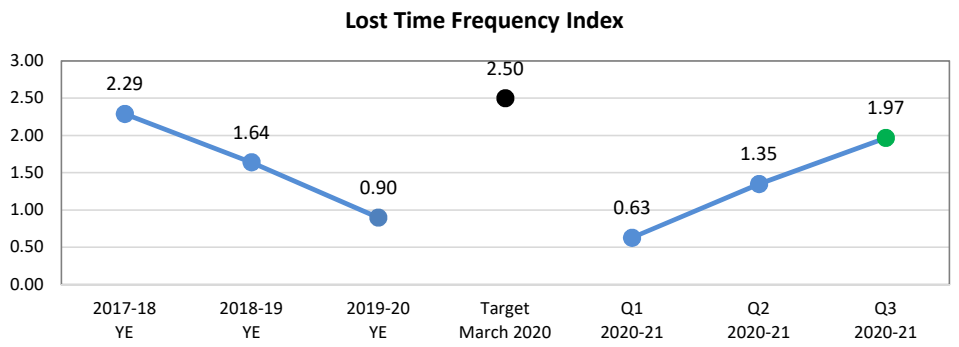
Initiatives and Mitigation Strategies

1. Use of risk assessment tool to identify root cause of accident and recommendations for changes.
2. Increased safety training for staff in high risk areas when incidents are occurring.
3. Benchmarking with peer hospital for implementation of leading practices.
4. Participation in the WSIB voluntary Excellence Program to ensure compliance with all regulatory and legal requirements.

RESULTS

The 2020-21 Q3 result shows a continued upward trend since Q1. However, the index remains in good performance against previously established target. Of note, in comparison to Q1 and Q2, there have approximatively the same total of earned hours, but increasing number of serious claims resulting in lost work time.

The Lost Time Frequency Index (LTFI) is also reported on the Mental Health and Addictions Quality Initiative (MHAQI) Peer Report, which is published with a delay of one quarter: on the 2020-21 Q2 peer report, our result is consistent with provincial averages, and demonstrating better performance (i.e., lower value) as compared to our three peers: Waypoint and Ontario Shores and CAMH.



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 (YE)	STATUS: 2020

SUMMARY

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.

Definition: % of eligible Management employees, % of eligible Union & Non-union, and % of Physicians that have had their performance appraisal within the scheduled period.

Formula: Total completed Management, total completed Union & Non-union, and total completed Physician performance appraisals/ total eligible in each category x 100

Data Source: PALMS

Initiatives and Mitigation Strategies

1. Monitor performance review process and follow up with VP's/Directors, where necessary.
2. Managers and directors continue to do performance review with staff, and appraisals will be submitted as per extended deadline.

RESULTS

Performance appraisal completion cycles for the non-physician staff, have been impacted by Covid and adapted accordingly.

-For **management and union staff**, the time period for the performance appraisal cycle that was launched in June 2019, was extended to October 2020. Results are shown in table below for that extended time period.

-For **non-union staff**, the FY2020-21 reviews were launched in July 2020 as per the bi-annual schedule, but the completion date will be extended to December 2021 to align with the completion date for the other groups.

The **physician** appraisals were completed within the calendar year timeline. Note that it is mandatory for each physician's performance appraisal to be completed annually as it is a requirement for reappointment.

Performance Appraisal

Staff Group	2015-2016 YE	2016-2017 YE	2017-2018 YE	2018-2019 YE	2019-2020 YE	Target March 2020	End of Calendar Year 2020
Management (Annual)	100%	98%	90%	78%	Postponed due to Covid	95%	81%
Union (Annual)	54%	71%	58%	71%	Postponed due to Covid	75%	70%
Non-union (Bi-annual)			68%	86%	Bi-annual, year is not applicable	75%	Postponed due to Covid
Physicians (Annual)	100%	100%	100%	100%	100%	100%	100%

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: 2020-21 Q3

SUMMARY

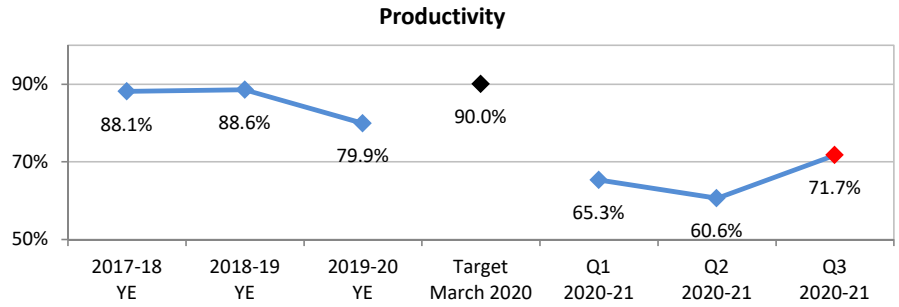
Significance: Improving our productivity means that each of us is making a full and positive contribution and those under-staffed areas can be properly resourced within our means. Workload measurement is also a requirement of the Ministry of Health and Long-term Care that may impact our funding in the future as part of the Ministry's initiative towards patient-based funding.
Definition: % of clinical worked hours spent providing service to the organization as either direct patient care or non patient care.
Formula: # workload hours reported by unit producing diagnostic and therapeutic personnel / total actual worked hours x 100.
Data Source: Emerald Workload Measurement System, Meditech Electronic Health Record.

RESULTS

The 2020-21 Q3 productivity result remains below target and still likely an under-estimate of actual productivity. However, improvement from previous quarter should be noted. The quarterly improvement can be attributed to strategies to prioritize workload capture at the Operations level, clear and consistent messaging from the Workload Measurement Committee and in-service sessions to support programs to have a deeper understanding of the data and information related to workload. It is expected, that these strategies will help continue improvement in future quarters, diminishing compliance issues and hence providing more accurate values of productivity.

Initiatives and Mitigation Strategies

1. Continue prioritizing workload measurement at the Operations level.



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: 2020-21 Q3

SUMMARY

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.
Definition: # of hours employees are off due to illness (entitled to paid sick leave)/total paid hours.
Formula: Total paid sick hours/total paid hours x 100.
Data Source: Finance.

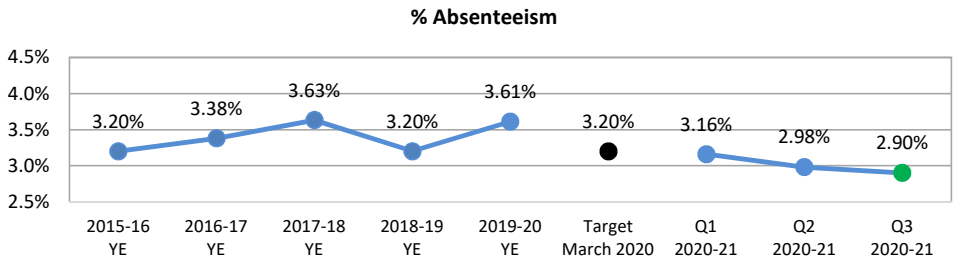
Initiatives and Mitigation Strategies

1. New Chronic Illness process was established in the Fall of 2019. Process is working well to date.
2. Attendance Support Program has been put on hold due to the COVID-19 related leaves/self isolation requirements.

RESULTS

The 2020-21 Q3 result shows improved performance, with a continued decrease from previous quarter and from previous FYE result.

Absenteeism data is collected and reported to Leadership on a monthly basis. It is also reported on the Mental Health and Addictions Quality Initiative (MHAQI) Peer Report, which is published with a delay of one quarter: on the 2020-21 Q2 peer report, our results are consistent with provincial averages, below our peers (Waypoint and Ontario Shores) and above CAMH.



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 YE	Proposed Target	2020-2021 Q1	2020-2021 Q2	2020-2021 Q3	2020-2021 YE
0.56%	1.05%	0.93%	1.35%	0.48%	0.71%	0.87%	0.82%	

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 YE	Proposed Target	2020-2021 Q1	2020-2021 Q2	2020-2021 Q3	2020-2021 YE
0.95:1	.96:1	.91:1	.85:1	.87:1	.86:1	.89:1	.92:1	

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 YE	Proposed Target	2020-2021 Q1	2020-2021 Q2	2020-2021 Q3	2020-2021 YE
92,714	92,819	91,515	84,459	88,628	19,343	19,518	20,082	

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 YE	Proposed Target	2020-2021 Q1	2020-2021 Q2	2020-2021 Q3	2020-2021 YE
62,870	66,112	62,512	62,808	66,685	*	15,384	16,233	

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 YE	Proposed Target	2020-2021 Q1	2020-2021 Q2	2020-2021 Q3	2020-2021 YE
45,409	39,702	42,763	44,081	35,038	*	24,614	10,975	

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 YE	Proposed Target	2020-2021 Q1	2020-2021 Q2	2020-2021 Q3	2020-2021 YE
11,729	10,516	10,358	8,384	6,250	*	869	1,800	

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 YE	Proposed Target	2020-2021 Q1	2020-2021 Q2	2020-2021 Q3	2020-2021 YE
3,197	3,135	2,988	2,922	3,135	-	-	221	

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 YE	Proposed Target	2020-2021 Q1	2020-2021 Q2	2020-2021 Q3	2020-2021 YE
3,975	4,076	4,770	5,777	3,599	*	2,414	1,606	

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 YE	Proposed Target	2020-2021 Q1	2020-2021 Q2	2020-2021 Q3	2020-2021 YE
845	1,121	1,298	1,116	705	*	211	139	

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 YE	Proposed Target	2020-2021 Q1	2020-2021 Q2	2020-2021 Q3	2020-2021 YE
7,035	5,646	5,575	5,004	3,100	*	805	832	

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 YE	Proposed Target	2020-2021 Q1	2020-2021 Q2	2020-2021 Q3	2020-2021 YE
871	617	862	794	1,060	*	494	240	

*Not reported for Q1 as per LHIN process

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

ROHCG Board of Trustees Quality Committee

Executive Summary 2020-21 Q2 Mental Health and Addictions Quality Initiative – Ranked Peer Scorecard

DATE: February 17th, 2021

Background

- *Initiative:* 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 Scorecard*: The MHAQI Peer Scorecard is published with a delay of one reporting period (i.e., one quarter) due to the timing of results released by the Ontario Mental Health Reporting System – Canadian Institute for Health Information (OMHRS-CIHI). The scorecard compares results among The Mental Health Partners, and is published on their external websites[1]. According to CIHI, the MHAQI Peer Scorecard represents the only public reporting of institutional-level comparative mental health indicators in Canada, if not further afield.
- *Condensed version with rank ordering*: For the Quality Committee's consideration, the attached version of the report displays selected indicator results ordered by performance rank (i.e., Rank 1 indicates best performance).

Report Highlights – 2020-21 Q2

2020-21 Q2 results show The Royal has performed well, ranking first or second among its Peers on 67% of the indicators (i.e., 10 out of 15):

- In terms of client complexity domain, we continue to admit less patients with more than one reason for admission, as compared to our peers; however, The Royal ranks 2nd on the percentage of patients with more than one psychiatric diagnosis.
- For client outcomes, The Royal ranks 1st and 2nd as measured respectively by the 30-day readmission rate and the Self Care Index, but performs in last rank for Overall Change in Care Needs.
- Within the client safety domain, The Royal has consistently ranked first amongst its peers for Non-use of Acute Control Interventions. Similar to the previous quarter, the 2020-21 Q2 result for the medication incidents indicator places The Royal in 3rd rank.
- Client access is measured via the percentage of ALC days reported, for which The Royal observes the 2nd smallest rate.

[1] https://www.theroyal.ca/about-royal/accountability-and-public-reporting/mental-health-and-addictions-quality-initiative

- Staff safety performance indicator results show The Royal is in the top 2 ranks among its Peers.

Melissa Webb,
Director, Data and Analytics

MHAQI (2020-21 Q2) PEER RANKING	Peer in Rank 1	Peer in Rank 2	Peer in Rank 3	Peer in Rank 4	PROV	N'TL
% of clients admitted with more than one reason for admission	OS 88.0%	CAMH 85.7%	WYPT 61.5%	ROYAL 56.5%	66.2%	66.1%
% of clients with more than one **psychiatric** diagnosis at discharge	WYPT 68.4%	ROYAL 55.0%	CAMH 53.2%	OS 52.3%	42.1%	42.2%
% of clients with more than one **medical** diagnosis at discharge	OS 75.0%	ROYAL 34.2%	CAMH 31.6%	WYPT 15.0%	15.2%	15.0%
% of clients with an improvement in the self care index score from admission to discharge	CAMH 53.9%	ROYAL 50.0%	OS 42.7%	WYPT 36.4%	58.2%	57.6%
% of clients reporting improvement or marked improvement at discharge (overall change in care needs)	CAMH 87.9%	OS 73.6%	WYPT 71.6%	ROYAL 61.1%	80.1%	79.3%
% of clients re-admitted to **any** facility within 30 days of discharge (reported one quarter behind)	ROYAL <5 cases	OS 7.3%	WYPT 15.2%	CAMH 17.6%	17.0%	16.9%
% Prevalence of acute control medication use reported in admission assessment	WYPT 3.6%	ROYAL 8.5%	OS 14.6%	CAMH 27.0%	17.7%	17.5%
% Prevalence of physical/manual, or mechanical restraint use reported in admission assessment	OS <5 cases	WYPT <5 cases	ROYAL 5.1%	CAMH 9.0%	7.9%	7.8%
% Prevalence of non-use of control interventions from admission assessment	ROYAL 89.7%	WYPT 89.2%	OS 78.3%	CAMH 69.5%	75.3%	75.5%
% of Unauthorized Leaves of Absences in the period	OS 0.0%	WYPT 0.0%	ROYAL 0.1%	CAMH 0.6%	NA	NA
All Medication Incidents per 1000 patient days reported during the period.	CAMH 2.1	OS 2.9	ROYAL 9.3	WYPT 10.8	NA	NA
% of In-patient Medication Reconciliations completed on Admission during the period.	ROYAL 100.0%	OS 100.0%	WYPT 99.0%	CAMH 97.0%	NA	NA
% of Alternative Level of Care days reported during period	WYPT 11.9%	ROYAL 13.0%	OS 16.8%	CAMH 23.5%	NA	NA
Lost time injury frequency based on # of WSIB lost time claims started in the reporting period	ROYAL 1.4	OS 1.4	CAMH 2.1	WYPT 3.1	NA	NA
% of paid sick hours for employees in the period.	CAMH 1.7%	ROYAL 3.0%	OS 4.9%	WYPT 5.5%	NA	NA

‡ aggregate data with small counts are suppressed to minimize any risk of identifying individuals (i.e., where numerator is between 1 and 4, inclusive)

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Royal Ottawa Health Care Group

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 COPORATE 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.

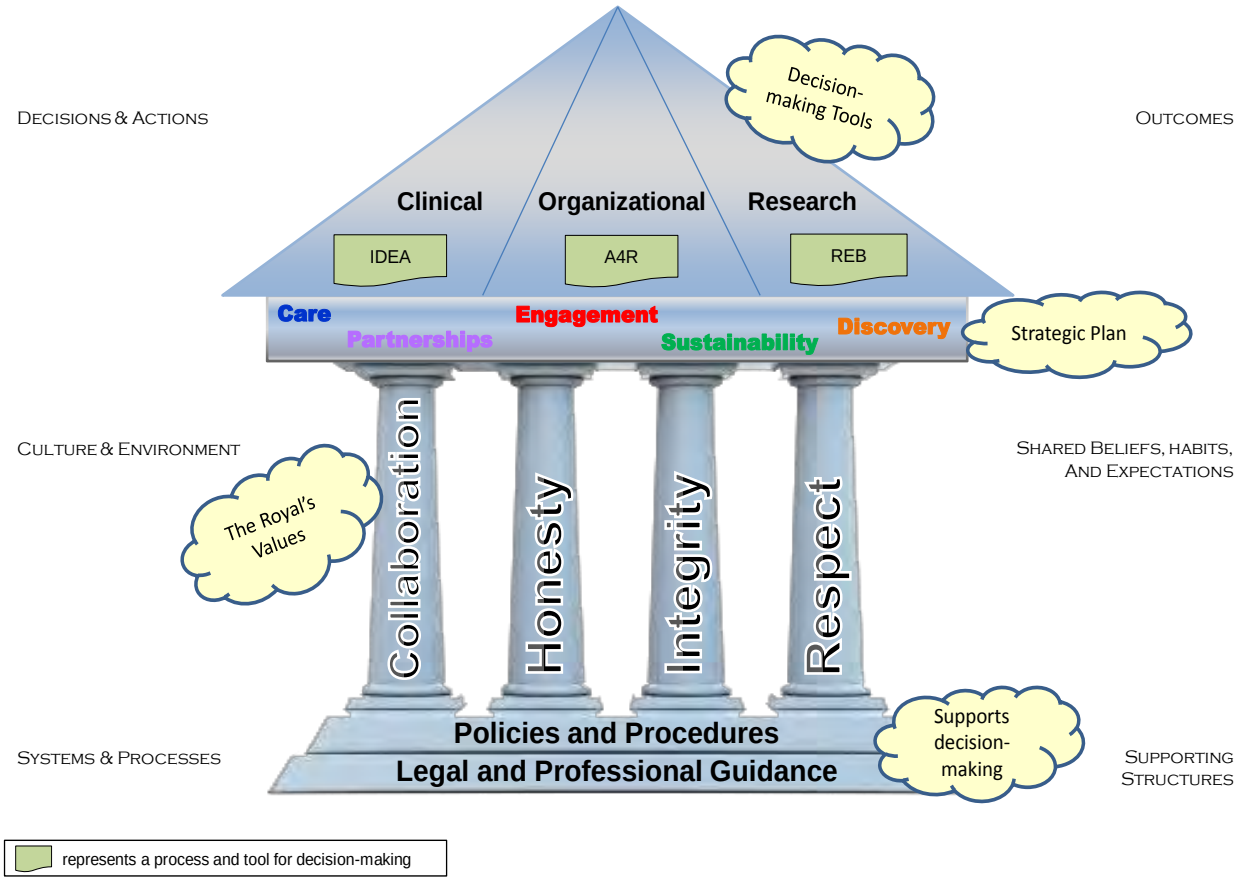
WHICH TOOLS FOR WHICH DECISIONS?

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



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

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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