

MINUTES
ROYAL OTTAWA HEALTH CARE GROUP
BOARD OF TRUSTEES
March 25, 2021 at 4:30 p.m.
By 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 L. Gillen J. Nyman, University of Ottawa representative (<i>by audio only</i>) <i>Ex-officio members:</i> J. Bezzubetz, President & CEO R. Bhatla, Psychiatrist in Chief /Chief of Staff E. Millar, Chief Nursing Executive T. Lau, President Medical Staff		C. Crocker S. Gulati K. Abernathy S. Farrell K. Corace F. Dzierszinski D. Attwood C. Little D. Simpson	J. Dagher, Legal G. Cudney, Interim Chair, Foundation Board P. Smith, President & CEO, Centre of Excellence	S. West, Chair, IMHR Board G. O'Hara, Chair, Client Advisory Council (CAC) M. Langlois, Chair, Family Advisory Council S. McLean, Chair, Centre of Excellence D. McFarlane, Public N. Loreto, Observer P. Winfield, Presenter, CAC K. Nikolitch, Presenter, Mini Series
				SCRIBE
				P. Robb

	ITEM	REFERENCE	ACTION REQUIRED
1.	WELCOME	<p>The meeting was opened by acknowledging that the land on which we gather is the traditional and unceded territory of the Algonquin nation.</p> <p>Welcome remarks were provided and special guests acknowledged.</p> <p>L. Gillen was thanked for acting as the Ethics monitor for the meeting with a request that she report on the quality of decision making at the end of the meeting. A copy of the Royal's Ethics Framework for Decision Making was included in the meeting package. Also enclosed was the Conflict of Interest Policy and the Policy on Public, Non-Public and Restricted Meetings.</p>	
2.	CLIENT/FAMILY PRESENTATION	Presentation by Peter Winfield, Client Advisory Council Member	
		<p>The Board appreciates having a family and client voice at their meetings and as such have made arrangements for a speaker from the Client Advisory and Family Advisory Councils to alternately speak before each meeting. P. Winfield, who is a member of the Client Advisory Council, attended (CAC) this meeting and shared his</p>	

		<p>experiences. He thanked The Royal for including clients and families in the strategic vision. There was a Q&A following the presentation.</p> <p>At the request of the Board, P. Winfield provided some suggestions for them going forward as follows:</p> <ul style="list-style-type: none"> - Start the conversation by engaging the community of clients with an opportunity to contribute their voices - Engage individually. Capacity is limited in CAC to help The Royal build the new strategic vision - Help for clients to learn the strategy language to engage meaningfully <p>The Chair thanked P. Winfield for his military service, and for his presentation.</p>	
3.	MINI SERIES	The Esketamine Clinic – K. Nikolitch and Team	
		<p>K. Nikolitch attended the meeting along with her team members. A copy of the presentation was included in the meeting package.</p> <p>Esketamine is a novel treatment that is a self administered nasal spray administered under medical supervision. It works best in those with high suicidal thoughts. It is an ambitious project planned with a significant grant that was received. Projected goals go beyond delivering a treatment. They want to deliver top-level patient care and align expertise and competencies. The service design is increased access, but unfortunately the cost of the medication is currently not covered by OHIP so it is hoped the Foundation can raise the funds so patients can participate in this treatment. It is also in complete alignment with the Strategic Plan.</p> <p>Discussion and questions followed the presentation. The topic of equity came up because some people will not be able to afford to participate. As mentioned above, this is a call to action. One of the goals is to get the data to persuade others to cover it.</p> <p>A question was raised about expectations on capacity when the service is launched, and it was noted that they are hoping to add a service and include some of the people who are the most sick and create more room and access for others. It is hoped there will be 70-100 patients in the first year, but there may be delays because of the extra difficulties brought on by the pandemic. The Board was encouraged to hear that this could create capacity in other areas as well. One of the things they are trying to build in the Mood & Anxiety program is links with research as they want to be better able to triage patients to the treatment they are best suited for.</p> <p>There was a brief discussion about the model of a clinic and it was suggested that rather than a focus on the treatment, it might be better if there are options on the various treatments offered (boutique treatments vs client centric treatments). This was suggested as a topic for discussion at a future Board meeting.</p> <p>The team was thanked for their presentation and congratulations were given for moving this forward.</p>	

4.	CALL TO ORDER	A. Graham, Chair, called the meeting to order at 5:36 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 C. Coulter and seconded by S. Squire BE IT RESOLVED THAT , the March 25, 2021 agenda be accepted, as presented. CARRIED	
		b. Approval of Minutes	
		Moved by D. Somppi and seconded by P. Johnston BE IT RESOLVED THAT , the minutes of the February 18, 2021 Board meeting be approved, as presented. CARRIED	
6.	INFORMATION ITEMS	a. Chair and CEO's Oral Report – A. Graham, J. Bezzubetz	
		A. Graham will be attending the Family and Client Care Symposium on March 26, 2021. The current interviews for new Board members have been completed with some exceptional people interested in the Board. J. Bezzubetz offered congratulations to those involved in the Symposium tomorrow. She then introduced K. Abernathy, who is replacing K. Monaghan, Director, Communications, while she is taking a leave of absence. Welcome and congratulations were given to K. Abernathy on her new role. S. Farrell presented to the Foundation Board today and they were excited to hear about the successes of C-Prompt and now Prompt (permanent) and were very motivated when they heard about the number of people being served by that service and to see how Care, Research, Foundation and all the parts fit that puzzle. Questions followed the report. There was a brief discussion about the provincial budget and any impacts there may be on The Royal, and whether the advocacy campaign had any influence on the budget. The Board was keen to understand the strategic dimensions to The Royal's work. J. Bezzubetz will be meeting with the Minister next week to learn more about what is specifically targeted to the mental health and substance use sector. The Provincial advocacy agenda was seen as effective in securing this time with the Minister. Once this meeting has occurred, there will be more information to share.	
		b. Annual Report from the Chief of Staff/Psychiatrist-in-Chief – R. Bhatla	
		This report was focussed on the activities of the quality group and the physician group, including HR and virtual care. A copy of the presentation was included in the meeting package.	

		<p>The quality committee of the hospital was established in February 2020. It has been helpful moving forward and making a difference in reviews, processes and activities we prioritize. The critical incident process has been revamped towards best practice. The goal is for quality to reside not only in the quality team, but in all services and on the frontline. This will make a difference on the ground where there is the biggest impact with our clients and families. Next steps for 2021 will be growing the front line staff data literacy in order for our enhanced data capacity to have impact in the domains of the strategic plan. This will apply to others in the organization as well.</p> <p>The Royal has maintained physician numbers and many have provided additional services for clients. Some physicians are in the latter stages of their career, but instead of moving on they have stayed as they felt they were needed in the organization during the challenges of the pandemic. There is concern about overall wellness of physicians so there are activities and benefits at The Royal to keep spirits up. In the physician engagement survey in 2020 there were improvements in patient safety and infection control.</p> <p>There is an interesting facility in Ottawa in the Rehab Centre that has a simulator in virtual reality environment. Reality is closer than we think for opportunities for research. This is an exciting area to explore. We have had to think creatively during the pandemic and are now using many different platforms we never did before.</p> <p>Discussion and questions followed. There was a brief discussion about recruitment and diversity and it was felt the Strategy will help in this regard.</p> <p>R. Bhatla was thanked for his report.</p> <p><i>J. MacRae departed the meeting at 6:12 p.m. Quorum was maintained.</i></p>	
		c. Update on Foundation Campaign – C. Little	
		<p>C. Little reported that they are well into the readiness assessment. The three Board Chairs have had an opportunity to meet with N. Offord. He will have all the documentation he requested from the Foundation team by the end of month.</p> <p>There was a brief discussion about whether there is a process to ensure anonymous significant donations do not have any conflicts attached to them. It was noted that there is a formal agreement that sets out terms of funding and uses and it was felt that through that process it would offer protection against that. F. Dzierzinski also noted that there is a process for whether a grant has any ethical problems attached to it.</p> <p><i>C. Little then departed the meeting.</i></p> <p>R. Anderson noted that the annual breakfast is coming up in the fall and once again she will be soliciting for table captains. The breakfast</p>	

		last year was a success despite the uncertainties and they are looking forward to a repeat of that. The Run for Women is also happening.	
		d. Strategy Update – F. Dzierszinski <ul style="list-style-type: none"> - Advance strategies to integrate research, education and care - Advance plans for the Brain Imaging Centre (BIC) 	
		<p>A brief overview was provided on the advance strategies to integrate research, education and care, as well as an update on plans for the Brain Imaging Centre. The presentation will be shared with Trustees after the meeting and is also attached to these minutes as Appendix A.</p> <p>A model for The Royal as an academic health science center organized around clinical practice, research and evaluation, education and responsibility to the community, was presented, based on the design of cross-functional and inter-professional initiatives that will lead to engaged engagement, cross-pollination and knowledge transfer.</p> <p>Further to a question about recruitment and diversity, C. Crocker and F. Dzierszinski noted they are co-sponsoring initiatives on diversity and inclusion and will have a first meeting next week to design policies and guidelines for the Royal. A consultant has been engaged to support the development of terms of reference, implementation of policies etc. Once there is baseline data, then we can start designing projects. One of the aspects is to brainstorm best practices with other organizations at the regional level. The Board was interested to have a more dedicated opportunity to go into more depth in that work over time.</p> <p>The Brain Imaging Centre (BIC): The partnerships with The Centre for Addiction and Mental Health (CAMH), Carleton University, University of Ottawa (uOttawa), Ottawa Health Research Institute (OHRI) and University of Ottawa Heart Institute (UOHI) were highlighted. C. Crocker and F. Dzierszinski are currently working on a sustainability plan and exploring multiple avenues. The development of the PET program offers great avenues to find new understanding of mental illness and potential funding for the BIC. There is continued engagement across the organization, including client and family partners, in co-creating integrated strategies and initiatives.</p> <p>T. Lau spoke briefly about his involvement using the PET MRI that changed the case management for a patient. Research is moving to the bedside and that has made a big difference with patients and families.</p> <p>It was also noted how conversations have changed from last year to today. The opportunities around the BIC are significant and can leverage the brand of The Royal around evidence-based care.</p> <p>F. Dzierszinski and her team were thanked for their outstanding work.</p>	
		e. Budget plans for The Royal, IMHR and Foundation – C. Crocker	
		A copy of the presentation was included in the meeting package. The Budget presentation goes back to discussions last year that the hospital board approves the hospital budget, but would also do an	

		<p>ultimate sign off on the IMHR budget. This year we are starting to show the Foundation budget as well, not from an approval perspective, but for information. It was noted that the Foundation Budget was approved by the Foundation Board today. The IMHR budget is an unapproved budget at this stage and will come back to the Board for approval at the next Board meeting.</p> <p>Last week the government announced dollars to cover off lost revenue in 2021/22 and the capital shortfall that was created by the pandemic. This will not cover everything, but it will make a significant contribution. There are some categories of lost revenue that they are not covering. This will have to be dealt with by year end, but the Ministry still has work to do. In about two months a letter should be received on what the base adjustment is.</p> <p>The Royal's budget increase since 2010/11 has been small. We are trying to come up with a permanent solution for funding for the Royal Ottawa Place (ROP).</p> <p>Currently, it is projected that as at March 31, 2021, there will be a \$1 million dollar surplus. This is required to pay the three capital loans that are not funded. In 2021/22 we are presenting a budget that is balanced to margin to 0%. This ensures we are living up to legislation of a balanced budget. C. Crocker will be reviewing this before submitting to government. It was noted that when using Foundation money, we have flex in which year we use it because it is not government source funds.</p> <p>When the Strategic Plan was developed, it was anticipated we would start implementing and incorporating initiatives into the operating budget. To date, nine initiatives have now been incorporated in the budget, with the larger one being Prompt.</p> <p>The Ministry is looking to roll the Service Accountability Agreements with the LHIN over for another year (H-SAA, M-SAA and L-SAA). There is a motion to that effect in the Finance Report.</p> <p>Discussion followed the presentation. A question was raised about the Client and Family Engagement and Peer Support Research Hub and how we can ensure there is a path for that money to be found. It was noted that the normal path forward is to do a planning phase to understand the exact resources required by when, and then determine how we allocate them in the budget. Planning work needs to go into it and due diligence around timelines and impacts.</p> <p>The Board was pleased to see an allocation for advocacy.</p> <p>A copy of the presentation was included in the meeting package.</p>	
		f. Update on the Status of the Recommendations from the IMHR Subcommittee Report	
		C. Crocker provided an overview of the recommendations from the IMHR Sub-Committee Report. A copy of the update was included in the meeting package.	



		<p>A recommendation for the animal lab is outstanding, but is expected by the end of June. If there is a funding impact it will come to both the ROHCG and IMHR Finance Committees.</p> <p>The Foundation has started work on their by-laws and recruitment. They are currently recruiting a president for the Foundation.</p> <p>There was a brief discussion about having an agreement with the three entities to show alignment. When the relationship is good is the time to put something in place to guide people through if things get difficult again. It was noted that N. Offord may speak to this in his report.</p>	
7.	COMMITTEE REPORTS & DECISION ITEMS	a. Quality Committee Report – L. Leikin	
		<p>The draft minutes from the March 1, 2021 meeting were included in the meeting package.</p> <p>Some highlights were provided as follows:</p> <ul style="list-style-type: none"> - E. Millar and C. Crocker provided the Committee with an update on the ongoing impact of the pandemic on clinical care. The impact is not lessening. Patient acuity remains higher and out-patient clinical service delivery remains lower than pre-pandemic levels. Many clinical services are still not back to where they were pre-pandemic. While the vaccine has arrived, it is not expected that clinical business will return to usual immediately. The ripple effect of Covid will be felt for quite some time among clients, families and staff. - The Research Ethics Board (REB) is a legislated requirement for all health care institutions that conduct research. The Royal REB will now have a governance relationship with the Quality Committee, who will then report to the Board. Among other metrics, the REB report will provide data about the number of Royal clients actively involved in research, and the number of Royal practitioners involved in research. In addition to the governance line of sight, having the REB report to the Quality Committee provides another opportunity to further integrate research and care - The critical incident review committee examines deaths (that are not expected) and safety incidents that reach the critical level. This body typically makes recommendations on patient safety, but there has not been a way to date of benchmarking. The Quality Committee will now be provided with benchmarking and monitoring if recommendations have been incorporated <p>There was a brief discussion about follow up from the last family advisory council presentation to the Board. It was noted that there has now been follow up with clinical leadership and senior management to ensure that the appropriate reviews and processes are implemented.</p>	

		L. Leikin gave a shout out to D. Simpson, supported by R. Bhatla, on the great job with quality processes.	
		i. Annual Quality Improvement Plan	
		<p>The Annual Quality Improvement Plan is a legislated annual document that every hospital in Ontario must undertake. 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. Other hospitals and mental health peer sites have also chosen to carry their 2020-2021 indicators into the next year. A copy of the Plan was included in the meeting package.</p> <p>Moved by L. Leikin and seconded by I. Levy</p> <p>BE IT RESOLVED THAT the <i>Annual Quality Improvement Plan</i> be approved as presented.</p> <p style="text-align: right;">CARRIED</p>	
		ii. Integrated Risk Management Framework – J. Lambley, C. Crocker	
		This item will be reported under the Finance Committee Report.	
		i. Corporate Patient Safety Report	
		The Corporate Patient Safety Report was included in the meeting package for the information of the Board.	
		b. Governance Committee Report – C. Coulter	
		<p>The draft minutes from the Governance Committee meeting of March 9, 2021 and February 25, 2021 were included in the meeting package. There will be a further Committee meeting in April to debrief following the interviews in March and to review some new applications that have come in.</p> <p>C. Coulter noted that the three Governance Committee Chairs and executives met on March 23, 2021. The meeting is held on an annual basis to talk about potential openings, but is also used as an opportunity to discuss how all three boards can work better together. Going forward, it was agreed that there will be two meetings, one in fall and another in the spring to see where we are and to exchange information about respective interviews. There was discussion about various options for the three Boards such as putting members on each of the other boards to have cross pollination between boards, when terms come to an end, consider whether the outgoing members are interested in moving to another Board in The Royal family and taking that knowledge with them, and the movement from one board to another when needs and skills dictate. These will be discussed further and decisions made, but in the meantime the discussions about coming together were very productive.</p>	
		i. Audit Committee Terms of Reference	

		<p>A copy of the Audit Committee Terms of Reference were included in the meeting package.</p> <p>Moved by C. Coulter and seconded by S. Squire</p> <p>BE IT RESOLVED THAT, the Board of Trustees approve the Audit Committee Terms of Reference, as endorsed by the Governance Committee.</p> <p style="text-align: right;">CARRIED</p>	
		<p>ii. Finance Committee Work Plan</p>	
		<p>A copy of the Finance Committee Work Plan was included in the meeting package.</p> <p>Moved by C. Coulter and seconded by P. Johnston</p> <p>BE IT RESOLVED THAT, the Board of Trustees approve the Finance Committee Work Plan, as endorsed by the Governance Committee.</p> <p style="text-align: right;">CARRIED</p>	
		<p>c. Innovation Committee Report - N. Bhargava</p>	
		<p>There is no report for this Committee. The next meeting is on April 27, 2021.</p>	
		<p>d. Compensation & Succession Planning Committee Report – A. Graham</p>	
		<p>There is no report for this Committee. The next meeting is on April 7, 2021</p>	
		<p>e. Medical Advisory Committee Report – R. Bhatla</p>	
		<p>The Medical Advisory Committee (MAC) Report included the minutes of February 18 and January 21, 2021 and was included in the meeting package. They are trying to spend more time at the MAC meetings on specific topics and going into more depth. The Esketamine Clinic presentation that was made to the Board this evening was also made at the MAC meeting and was well received. The Board will be receiving a larger package at the June meeting that includes the annual appointments.</p>	
		<p>i. Medical Staff Privileges</p>	
		<p>Moved by D. Somppi and seconded by C. Coulter</p> <p>BE IT RESOLVED THAT in accordance with the criteria and credentialing process outlined in the ROHCG Appointment and Re-appointment Schedules, the Medical Advisory Committee recommends to the Board of Trustees the following candidate(s) for Medical Staff Privileges:</p> <ul style="list-style-type: none"> - Dr. Laura Campbell, Probationary Full-Time privileges, OSI, effective immediately 	

		CARRIED	
		f. Audit Committee Report – J. Gallant	
		There is no report for this Committee. The next meeting is on May 20, 2021.	
		g. Finance Committee Report – J. Gallant	
		The draft minutes from the March 11, 2021 meeting were posted on the Board portal after the meeting package was sent. The financial statements were also posted on the Board portal for the information of the Board.	
		i. Integrated Risk Management Framework	
		<p>The Integrated Risk Management Framework was included in the meeting package. This is reviewed by both the Finance and Quality Committees of the Board. HIROC have a separate checklist for risk assessment and mitigation. One of the items in our IRMF that overlaps with HIROC is cybersecurity and the Finance Committee will be following up on the implementation of recommendations from our cyber consultant at our next meeting.</p> <p>Moved by J. Gallant and seconded by L. Gillen</p> <p>BE IT RESOLVED THAT as recommended by the Finance and Quality Committees, the Annual Integrated Risk Management Framework be approved as presented.</p> <p>CARRIED</p>	
		ii. Service Accountability Agreements with the LHIN for next fiscal year <ul style="list-style-type: none"> ○ Hospital (H-SAA) ○ M-SAA Agreement ○ Long Term Care Sector (L-SAA) 	
		<p>The Service Accountability Agreements with the LHIN are being extended at this time and need to be signed and returned by March 31, 2021. The three agreements were included in the meeting package.</p> <p>Moved by J. Gallant and seconded by L. Leikin</p> <p>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.</p> <p>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.</p> <p>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.</p>	

		CARRIED	
		iii. Corporate Procurement Policy	
		<p>This Policy is subject to review and update every three years. A copy of the Policy was included in the meeting package.</p> <p>Moved by J. Gallant and seconded by C. Coulter</p> <p>BE IT RESOLVED THAT, as recommended by the Finance Committee, the Board of Trustees approves the Corporate Procurement Policy as presented.</p> <p>CARRIED</p>	
		iv. Sinking Fund Investment	
		<p>A copy of the report of the Sinking Fund Investment was included in the meeting package.</p> <p>Moved by J. Gallant and seconded by S. Squire</p> <p>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.</p> <p>CARRIED</p>	
		v. Capital and Operating Budgets	
		<p>A copy of the Capital and Operating Budget Report was included in the meeting package. J. Gallant thanked C. Crocker and team for all their hard work in putting a very fiscally responsible budget together. She noted that at the recent Finance Committee meeting, the Committee stressed the importance of having successful fundraising campaigns to assist in future endeavours.</p> <p>Moved by J. Gallant and seconded by R. Anderson</p> <p>BE IT RESOLVED THAT as recommended by the Finance Committee, the 2021-2022 Capital and Operating Budget be approved, as presented.</p> <p>CARRIED</p>	
		- Review 3-year Budget Projection	
		This item is part of the overall budget presentation that was included in the meeting package.	
		- Foundation Budget	
		A copy of the Foundation Budget was included in the meeting package.	
		- IMHR Budget	

		A copy of the IMHR budget was included in the meeting package for information. Once the Foundation Board approves it, it will require a motion by this Board at the June meeting.	
8.	CONSENT AGENDA	a. Approval of the Consent Agenda	
		<p>There were no items removed from the Consent Agenda.</p> <p>Moved by A. Graham and seconded by P. Johnston</p> <p>BE IT RESOLVED THAT the Consent Agenda be approved, including any motions contained therein.</p> <p style="text-align: right;">CARRIED</p> <ul style="list-style-type: none"> - President & CEO's Report - The Royal Ottawa Foundation for Mental Health Report - Research Ethics Board Report - Strategic Plan Performance Scorecard - Mental Health Addictions and Quality Initiative (Peer Comparators) 	
9.	NEW BUSINESS	There was no new business.	
10.	REPORT ON THE ETHICS FRAMEWORK FOR DECISION MAKING		
	<p>L. Gillen, the meeting Ethics monitor, reported that decisions were fair, transparent, honest and respectful and that business was conducted in a transparent manner. She noted that those with lived experience feel respected when their voices are heard. Decisions were fact based. Members were recused if necessary. The meeting was collaborative and met requirements and our accountability for reasonableness. The Chair kept the group focused on important elements of this evening.</p>		
11.	NEXT MEETING	<p>Special Board meeting to review performance objectives of the President & CEO and the Psychiatrist-in-Chief/Chief of Staff, June 3, 2021.</p> <p>The regular meeting, AGM and New Officer's meeting will be held at 3:30 p.m. on June 24, 2021.</p>	
12.	ADJOURNMENT	There being no further business the regular meeting adjourned at 8:27 p.m. The Board then continued in a restricted and in-camera meeting.	
13.	EXCLUDED SESSIONS	1. RESTRICTED - Independent Board Members and CEO and PIC/COS	
		2. IN CAMERA - Independent Board Members only	
		<p>Moved by J. Gallant and seconded by P. Johnston</p> <p>BE IT RESOLVED THAT the in-camera portion of the meeting be adjourned at 9:14 p.m.</p>	
<div style="display: flex; justify-content: space-between; align-items: flex-end; padding: 20px;"> <div style="text-align: center;">  <p>A. Graham Chair, Board of Trustees</p> </div> <div style="text-align: center;">  <p>J. Bezzubetz Secretary, Board of Trustees</p> </div> </div>			



Co-Creating Access, Hope, and New Possibilities

Organization-wide Initiatives – Strategy Updates

ROHCG Board of Trustees – March 25, 2021

Area 4. Integrate research, education, practice, and lived expertise to improve client and family-oriented outcomes and experiences

Goal: As an innovative academic health science centre, we will foster a dynamic culture where research and care are connected in all aspects of our work. We will bring together research and practice and forge new possibilities for research that **transform client care and outcomes in the areas that matter most to clients and families**. We will educate and recruit top talent from around the world to generate a convergence of diverse and cross-disciplinary expertise.

Initiative 8. Advance strategies to integrate research, education, and care

Florence Dzierszinski, Esther Millar, Raj Bhatla, Kim Corace

ROHCG Strategy 2025: Co-Creating Hope, Access and New Possibilities

Purpose (mission and vision): Expand access, hope and new possibilities for people with mental health and addictions needs through the convergence of client-oriented care, science, education and lived expertise. As an academic health science centre, all of our work is shaped by *integrated research, care and education*

Five Interconnect Strategic Priorities



Engage our teams, and people with lived expertise to design and evaluate all care and services at The Royal around client / family needs and goals.



Amplify our work in specialized care for clients and families with complex needs by integrating client and family expertise, research, education and system partnerships to improve care, treatment and outcomes.



Co-create an accessible and fully integrated system of care and services by working shoulder to shoulder with clients, families and system partners.



Foster a dynamic culture where research, care and education are connected and centred on areas that matter most to clients and families in all aspects of our work.



Elevate science, and the voices of individuals and groups who experience systemic inequities, to push a progressive agenda around mental health/addiction services and systemic inequities.

2021/22 Organization-wide Initiatives

- Organization Design
- Explore Royal Service Promise
- Client and Family Engagement
- Groundwork for Client and Family Resource Centre

- Prompt Clinic
- Brain Imaging Centre

- Regional Coordinated Access Pilot
- Digital Health Strategy (virtual care / clinical informatics)

- Advance Strategies to Integrate Research, Education and Clinical Care

- Advocacy Initiatives



Academic Health Science Centers - Model

Tripartite Academic Missions – excellence in

**Mandate expansion
& Agent of Change**

Clinical Practice

Research &
Evaluation

Education

**Responsibility to
the community**

Client- and Family-centeredness

Evidence-based care

Ethics

**Accountability
matters**

**Operational
matters**

**Financial
matters**

AHSCs facilitate learning of staff members – culture that supports experiential collective learning

AHSCs continuously transform themselves in relation to their environment

**Leadership : exemplary learning organizations with commitment to improving health through
advancing, applying and sharing knowledge**



*King et al., 2016
Holland Bloorview*

Figure 1.
Timeline: evolution of
Centres for Leadership

Holland Bloorview established Centres for Leadership in key service delivery areas – organization-wide initiatives designed to integrate research, clinical and educational functions to enhance evidence-informed decision making and clinical practice

At HB, integration was defined as: collaborative activities with fluid membership involving two or more of the academic functions, engaging researchers, clinicians and educators, KT experts, family members, other stakeholders

Outcomes: generation / co-creation of research-based knowledge, enhanced research-informed practice, enhanced clinical care, enhanced preparation of service providers, innovation, and competitive and collaborative advantage

Determinants (King et al., 2016):

- Leadership
- Shared vision
- Organizational culture – supportive of the adoption of innovation in research, practice and education
- Innovation seen as a core success strategy
- Organizational values – furthering academic mission
- Management systems committed to transparency and accountability for performance

There is likely no one best governance structure

Success in achieving integration is likely due to how well critical factors are organized and managed

Nine CSFs for organizational transformation of an AHSC (Kirch et al., 2005), including:

- Making value explicit
- Aligning corporate structure and governance to unify the academic enterprise
- Aligning administrative structure and function
- Fostering collaboration and accountability
- Leadership development

The operations of integrating research, clinical practice and education within a learning-based healthcare organization with the goals of excellence in client- and family-oriented care and evidence-based care



Literature generally considers structures that focus on integration (CoEs), but how to create operational mechanisms and processes to enhance integration is not well documented; however, a few trends:

- Valuing authentic **partnership** and **collaboration** (achieving research impact through co-creation)
- Valuing and embracing the process of **innovation** and **learning** (letting go of control and make space)
- Valuing the role of all stakeholders in the integration (**stakeholder engagement** and embracing distributed leadership)
- Collaboration requires an organizational and resource infrastructure (planned for, prompted and promoted)

Successful research co-creation requires:

- A systems perspective (non-linearity, emergence, adaptation)
- Framing research as a creative enterprise focused on improving human experience
- Emphasis on process, with attention to governance and leadership style

Co-creation models include:

- Value co-creation [skilled collaborative leadership, robust governance, dedicated resources, ongoing negotiation]
- Experience-based co-design
- Community-based participatory research

The operations of integrating research, clinical practice and education within a learning-based healthcare organization with the goals of excellence in client- and family-oriented care and evidence-based care



The successful integration of clinical research and clinical care will involve cultural and organizational concepts, including:

- alignment of incentives, goals, and indicators focused on improving patient-centered outcomes
- evolution towards client-centered medical education
- generation of evidence about the health benefits that integrated learning health care systems produce
- changed roles and relationships, and reflection on the roles the way researchers, clinicians, health care professionals, and clients and families experience research and care

>>> Altogether: promotion of cross-functional mission-integrating activities through intentional design, with processes and activities that can be embedded in day-to-day activities to enhance learning, decision-making and clinical practice

- Support collaboration, which does not occur without prompting or promoting, for learning and innovation, for co-creation of actionable knowledge
- Support multilevel approach to workplace learning: individual, group, organization; all 3 levels required

Integrating research, clinical practice and education within a learning-based healthcare organization with the goals of excellence in client- and family-oriented care and evidence-based care

----- A Model for the Royal -----



Our partners
(Universities, private and public sectors, communities, etc)

Clinical Practice

Research

Education

Responsibility to the community

Clients and Families

Ethics

Collaborative/Inter-Professional practice, Collaborative research and evaluation

Education, training, professional development, continuing education

Knowledge mobilization, transfer and uptake

Leadership : exemplary learning organization with commitment to improving health through advancing, applying and sharing knowledge

Collaborative learning processes (co-constructing meaning, co-producing knowledge, co-using knowledge)

Cross-Functional Activities and Processes

Enhanced engagement in research

Enhanced Practice-based research

Enhanced Learning & Practice

Innovation

Client and family-centered evidence-based care

ENHANCED CARE

Design of Cross-Functional Activities and Processes based in collaborative learning

– Update as of March 25, 2021

(co-constructing meaning, co-producing knowledge, co-using knowledge)



Cross-Functional Activities	Initiatives	Status
ROHCG Research Committee	- Client- and Family-oriented research framework	- Initiated
ROHCG Innovation Committee	- Data/AI governance	- Planned
Working groups and Joint WGs	- Review of program evaluation models	- In progress
	- Local integration of research in RCA	- Planned
	- Call for Innovation	- In progress
	- Academic affairs	- Planned
	- Knowledge Translation framework	- Planned
IMHR (Board) Research Committee		- Initiated
Joint recruitments (clinician scientists) (scientists in clinical programs)	- Mood and Anxiety	- In progress
	- Youth	- Initiated
	- Geriatrics	- Initiated
	- Clinical Research Chair in Schizophrenia	- In place
	- PTSD / Brain imaging	- Initiated
	- SUCD	- In place
	- OSP	- In place
	- Forensics	- In place
Inter-Professional research projects with KT embedded	Incentives: Internal seeds / grant programs:	
	- Review and re-design of the UMRP program	- Completed
	- Design and launch of the TRIC program	- In progress
	- Others program to be designed (RTR)	- Planned

Design of Cross-Functional Activities and Processes based in collaborative learning

– Update as of March 25, 2021

(co-constructing meaning, co-producing knowledge, co-using knowledge)



Cross-Functional Activities	Initiatives	Status
Inter-professional research and care frameworks	<ul style="list-style-type: none"> - Nursing research strategy - Other professions 	<ul style="list-style-type: none"> - In progress - Planned
Coordinated and supported technological platforms	<ul style="list-style-type: none"> - iBIC: clinical paths, data interoperability - rTMS / ECT / EEG / sleep / esketamine 	<ul style="list-style-type: none"> - Initiated - Planned
Education	<ul style="list-style-type: none"> - Academic partnerships: uOttawa (multiple Faculties, UOBMRI), Carleton - iMED - Nursing, social work, psychology - Health research training curriculum - Microcredential program - Inter-professional education 	<ul style="list-style-type: none"> - In progress - In progress - In progress - Initiated - In planning - In planning
Workforce	<ul style="list-style-type: none"> - Full scope full accountability: Research time, Review job descriptions - Recruitment, retention, development - strategy 	<ul style="list-style-type: none"> - Various stages - In planning
Clinical Research Operations	<ul style="list-style-type: none"> - Modernization of REB processes - QARE program - 'Ask me' campaign, Research ambassadors program - Permission to contact for research (intake, RCA) - Horizontal integration of corporate functions supporting research - Reporting functions, Baseline assessment, Metrics co-development 	<ul style="list-style-type: none"> - Completed - In place - In planning - Initiated - In progress - In progress
Communication	<ul style="list-style-type: none"> - strategy, celebrating 'coalitions of the willing', pitches 	<ul style="list-style-type: none"> - In planning

Area 4. Integrate research, education, practice, and lived expertise to improve client and family-oriented outcomes and experiences

Goal: As an innovative academic health science centre, we will foster a dynamic culture where research and care are connected in all aspects of our work. We will bring together research and practice and forge new possibilities for research that transform client care and outcomes in the areas that matter most to clients and families. We will educate and recruit top talent from around the world to generate a convergence of diverse and cross-disciplinary expertise.



Initiative 8. Advance strategies to integrate research, education, and care

PURPOSE:

Everyone at The Royal will have the potential to be part of and benefit from world leading scientific exploration; The Royal will be a leader in client- and family-oriented evidence-based care, research and evaluation.

The integration of research, education, practice and lived expertise will transform care and outcomes in the areas that matter most to clients and families.

PROCESS:

We will work with our clients, families, leaders, teams and key partners to design and advance strategies to integrate research, education, and care. We will review and implement internationally recognized best practices to ensure knowledge mobilization and translation. In the next 12 months, we will develop and embed meaningful metrics that will be used consistently across all initiatives to evaluate the progress of the strategies to integrate research, education, and care.

Area 4. Integrate research, education, practice, and lived expertise to improve client and family-oriented outcomes and experiences

Goal: As an innovative academic health science centre, we will foster a dynamic culture where research and care are connected in all aspects of our work. We will bring together research and practice and forge new possibilities for research that transform client care and outcomes in the areas that matter most to clients and families. We will educate and recruit top talent from around the world to generate a convergence of diverse and cross-disciplinary expertise.



Initiative 8. Advance strategies to integrate research, education, and care

INTENDED IMPACT:

Short Term (2021/22):

Engagement across the organization including client and family partners in co-creating strategies and initiatives to integrate research, education, practice and lived expertise.

Medium Term (2023/24):

Bring together research, education and practice in programs and forge new possibilities for research that transform client care and outcomes.

[Indicators of knowledge co-creation, mobilization and translation embedded.](#) Baseline assessed.

Long Term (2025/26):

Improvements in benchmark indicators supporting Purpose.



Thank you



Co-Creating Access, Hope, and New Possibilities

Organization-wide Initiatives – Strategy Updates

ROHCG Board of Trustees – March 25, 2021

Area 2. Advance specialized care

Goal: Grow our regional leadership in specialized care, including integrating client and family expertise, research, education and system partnerships to continually improve care.

Initiative 5. Advance plans for the Brain Imaging Centre (BIC)

Florence Dzierszinski, Cal Crocker

Co-Creating Access, Hope, and New Possibilities

Organization-wide Initiatives Overview, Feb 24, 2021

Area 2. Advance specialized care

Goal: Grow our regional leadership in specialized care, including integrating client and family expertise, research, education and system partnerships to continually improve care.

Initiative 5. Advance plans for the Brain Imaging Centre (BIC)



PURPOSE:

As the Brain Imaging Centre evolves from prototype to centre of expertise, it naturally reveals its full promise as The Royal's Integrated Brain Imaging Research Clinic (iBIC).

iBIC will be an integrator generating knowledge that influences care and treatment for people with specialized and complex needs

PROCESS:

We will grow our regional and national leadership and partnerships, and will integrate client and family expertise, practice, research, education and system partnerships to develop transformative and integrated strategies. In the next 12 months, we will work with clients, families, leaders, teams and key partners to embed meaningful metrics that will evaluate the progress of the strategies over the next 5 years.

The Brain Imaging Centre in the current Ecosystem



COMMUNITY HEALTH, CLIENTS and FAMILIES

Ontario Brain Institute

DND / DRDC / VAC

Philanthropy, ROF

Digital Health, Holistic Approaches (aspirational)
Electronic health record (EHR)

INNOVATION

KM/KT & DISSEMINATION SCIENCE

Clinical
Programs

CoE in PTSD

Technological Platforms
and Research Programs

PET/MR
rTMS
EEG
Sleep Lab

RESEARCH & TRAINING NETWORKS

ACADEMIC PARTNERSHIPS

uOttawa School of Psychology

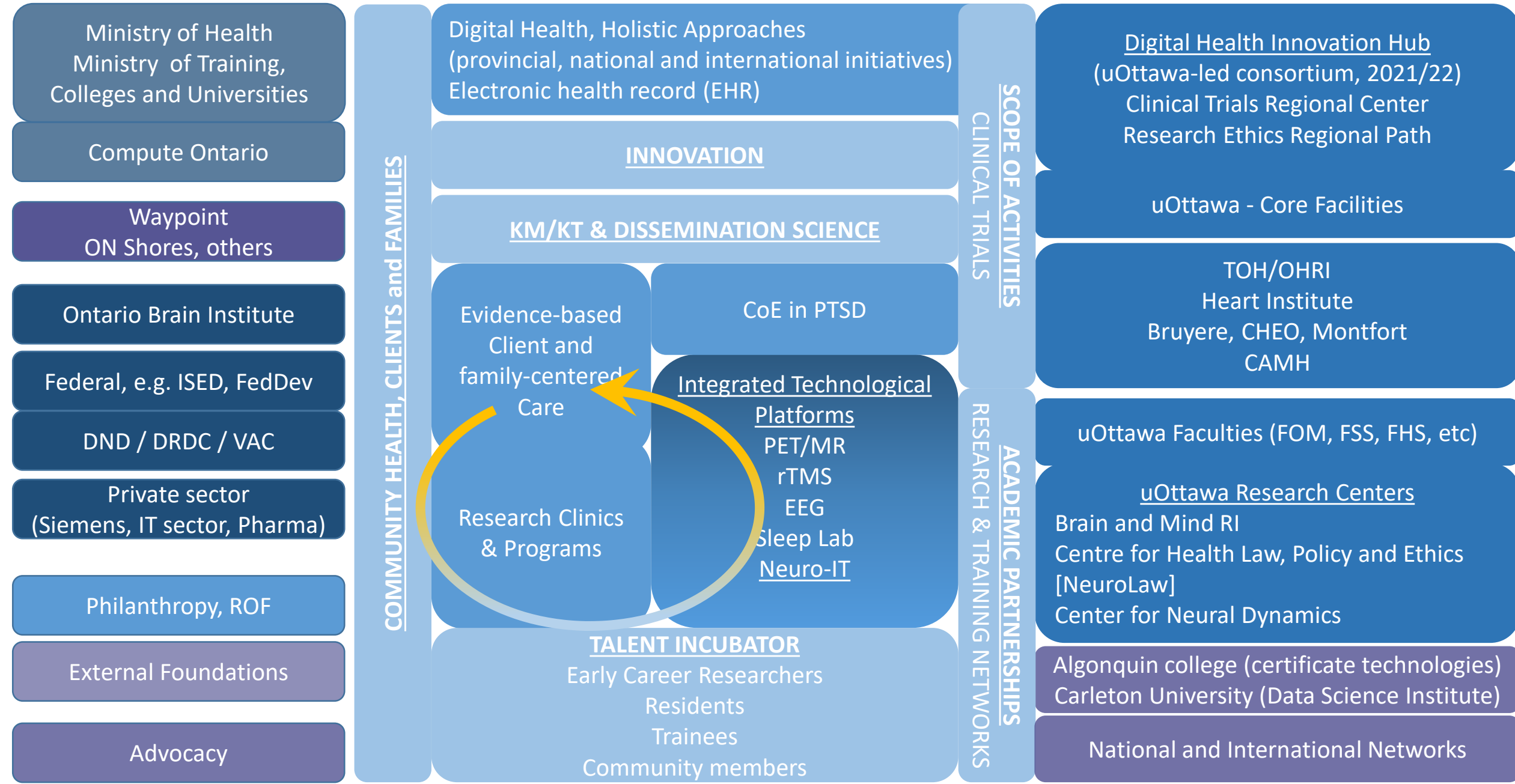
Heart Institute

TALENT INCUBATOR
Early Career Scientists
Residents

National and International Networks

iBIC: the integrated Brain Imaging Research Clinic, woven into the Ecosystem

An enabler of the Strategy – Aspirational Model



Advance plans for the Brain Imaging Centre (BIC) – iBIC: integrated brain imaging research clinic

– Update as of March 25, 2021



Cross-Functional Activities	Initiatives	Status
ROHCG Research Committee	- Core [coordinated and supported] technological platforms	- Initiated
Clinical Pathways at BIC	- Partnership with TOH - Clinical research/care projects [Geriatrics, Schizophrenia, Forensics]	- Established - Initiated
Joint recruitments (clinician scientists) (scientists in clinical programs)	- Mood and Anxiety - Youth & Geriatrics ? - PTSD / Brain imaging [Scientific Director]	- In progress - Initiated - Initiated
Inter-Professional research projects with KT embedded	Internal seeds / grant programs: - UMRF program / TRIC program	- In progress
Education & Innovation [DATA]	- Academic partnerships: uOttawa (multiple Faculties, UOBMRI, Research Institutes: OHRI, UOHI), Carleton, CAMH [DATA] - Health research training curriculum	- In progress - In planning
Clinical Research Operations	- Modernization of REB processes (clinical trials – readiness) - Intellectual Property management (e.g. transfer biomarkers)	- Completed - In progress
Financial sustainability and development	- Proposal for Foundation's upcoming campaign - Development plan PET program (collaboration UOHI) - Canada Foundation for Innovation award - Other large external grants / contracts - Clinical Trials - Regional core	- Completed - Initiated - Secured (\$3.5M eqpt) - In planning - Requires development - Requires planning

Co-Creating Access, Hope, and New Possibilities

Organization-wide Initiatives Overview, Feb 24, 2021

Area 2. Advance specialized care

Goal: Grow our regional leadership in specialized care, including integrating client and family expertise, research, education and system partnerships to continually improve care.

Initiative 5. Advance plans for the Brain Imaging Centre (BIC)



INTENDED IMPACT:

Short Term (2021/22):

- Engagement across the organization including client and family partners in co-creating integrated strategies and initiatives for iBIC.
- Sustainability plan developed, including Foundation campaign case and revenue-generating initiatives

Medium Term (2023/24):

Bring together research, education and practice at iBIC and forge new possibilities for research that transform client care and outcomes.

Indicators of knowledge co-creation and translation embedded in every initiative. Baseline assessed.

Long Term (2025/26):

Improvements in benchmark indicators supporting Purpose.



Thank you