
 Mental Health - Care & Research Santé mentale - Soins et recherche		<b>NOTICE OF MEETING</b> <b>ROYAL OTTAWA HEALTH CARE GROUP</b> <b>COMPENSATION &amp; SUCCESSION</b> <b>PLANNING COMMITTEE</b> <b>April 7, 2021 at 4:30 p.m.</b> <i>Via Zoom</i>			○ Oral presentation ● Paper enclosed ●● Paper to follow ●●● Paper at meeting <b>IN</b> Information <b>DEC</b> Decision required <b>**</b> Guidance required	
Time (min)	#	ITEM	REFERENCE	RESPONSIBILITY	STATUS	
4:30pm (03)	1.	CALL TO ORDER		A. Graham	○	IN
4:33 pm (02)	2.	ACCEPTANCE OF AGENDA	a) Acceptance of Agenda	All	●	DEC
		APPROVAL OF PREVIOUS MINUTES	b) Approval of the Previous Minutes of November 25, 2020	All	●	DEC
4:35 pm (25)	3.	ANNUAL PERFORMANCE REVIEW	a) Psychiatrist-in-Chief/Chief of Staff	A. Graham	○●	DEC
5:00 pm (25)			b) Major Mid-Term Review of Psychiatrist-in-Chief/Chief of Staff Position and Requirements	A. Graham	○●	**
5:25pm (05)	4.	IN CAMERA SESSION		A. Graham	○	DEC
5:30pm	5.	ADJOURNMENT		A. Graham	○	DEC

A. Graham, Chair

RSVP your attendance to P. Robb at [patricia.robb@theroyal.ca](mailto:patricia.robb@theroyal.ca)

 <p>Mental Health - Care &amp; Research Santé mentale - Soins et recherche</p>	<p style="text-align: center;"><b>MINUTES</b>  <b>ROYAL OTTAWA HEALTH CARE GROUP</b>  <b>COMPENSATION &amp; SUCCESSION</b>  <b>PLANNING COMMITTEE</b>  <b>November 25, 2020 at 4:30 p.m.</b>  By Zoom</p>				
Trustees	Present	Regrets	Trustees	Present	Regrets
A. Graham, Chair	X		D. Somppi	X	
I. Levy, Vice-Chair		X	N. Bhargava	X	
J. Gallant	X				
Management/Staff					
J. Bezzubetz	X		R. Lashley	X	
R. Bhatla	X		S. Gilchrist	X	
C. Crocker	X		P. Robb	X	

#	ITEM	REFERENCE	ACTION ITEMS
1.	<b>CALL TO ORDER</b>	<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>A. Graham, Chair, called the meeting to order at 4:35 p.m. and declared the meeting to have been regularly called and properly constituted for the transaction of business.</p> <p>Welcome remarks were provided.</p>	
2.	<b>CONSENT AGENDA</b>	a) Acceptance of the November 25, 2020 Agenda	
		b) Approval of the April 29, 2020 minutes	
		<p>Moved by D. Somppi and seconded by J. Gallant</p> <p><b>BE IT RESOLVED THAT</b> the Consent Agenda, including the items outlined therein, be accepted as presented.</p> <p style="text-align: center;"><b>CARRIED</b></p>	
3.	<b>DECISION/ INFORMATION ITEMS</b>	a) Review of Committee Terms of Reference - A. Graham	
		<p>Moved by N. Bhargava and seconded by J. Gallant</p> <p><b>BE IT RESOLVED THAT</b> the Compensation &amp; Succession Planning Committee Terms of Reference be accepted as amended and brought forward to the next Governance Committee meeting to bring to the Board for final approval.</p> <p style="text-align: center;"><b>CARRIED</b></p>	P. Robb
		b) Update on Org Design Process – C. Crocker	
		C. Crocker provided a brief update and noted that client and family members will be included to add diversity to the voices that are participating at this stage.	

#	ITEM	REFERENCE	ACTION ITEMS
		<p>There was discussion following the report. It was noted that the last org design process was conducted approximately 10 years ago. This process is an opportunity to bring strategic planning, org design and business planning together. The Committee agreed it was a great initiative and look forward to seeing the final org design.</p> <p>A copy of the update was included in the meeting package.</p> <p><i>C. Crocker departed the meeting at 4:47 p.m.</i></p>	
		<p>i. Leadership Succession Management – J. Bezzubetz, R. Lashley, S. Gilchrist</p>	
		<p>J. Bezzubetz introduced this topic and R. Lashley and S. Gilchrist then presented to the Committee. A copy of the presentation was included in the meeting package and was also shared on the screen.</p> <p>The Royal has adopted the LEADS framework which is based on leadership capabilities.</p> <p>A response to emergency preparedness has been prepared, identifying who in the organization could immediately replace someone on a temporary basis if needed. For long term succession planning purposes, successor potentials were identified through performance and potential conversations, with the following exceptions: The CFO position was noted as a unique situation with nobody being identified to take over that position as the portfolio might change. The President IMHR &amp; VP Research and the VP Innovation &amp; Transformation are new positions and therefore they have not had conversations with their staff. The next phase of this initiative is for Directors to have Aspiration Conversations with their Managers. The goal is to have this completed by March 2021.</p> <p>There was discussion and questions following the presentation and S. Gilchrist and R. Lashley were thanked for making this as streamlined as possible.</p> <p><i>S. Gilchrist and R. Lashley departed the meeting at 5:24 p.m.</i></p>	
4.	<b>SUCCESSION PLANNING</b>	<p>This was a placeholder item for any questions from Committee members. J. Bezzubetz noted that a rotational schedule has been enacted for the Executive leadership in case people are sick at the same time. This possibility has been particularly apparent during the Covid-19 pandemic.</p>	
		<p>a) Medical Succession Plan – R. Bhatla</p>	

#	ITEM	REFERENCE	ACTION ITEMS
		<p>This was also a placeholder item as noted above. There was discussion and questions from the Committee. It was noted that supply and demand of medical staff is always a concern, but The Royal has done well because of flexibility with being able to work part time, which mitigates some of the challenges that we might have if it was complete retirement only.</p> <p>From an overall team functioning point of view, The Royal is a solid place to work if anyone is interested in mental health. It is the only place in the region that has not had to shut down any services due to physician shortages. This has required some to extend their workload, however everyone has been collaborating and supporting each other.</p> <p>The Committee would like an opportunity to review the Executive Succession at the next meeting.</p>	R. Bhatla J. Bezzubetz
5.	<b>REPORT AGAINST OBJECTIVES</b>	a) President & CEO – J. Bezzubetz	
		<p><i>R. Bhatla departed the meeting at 5:46 p.m.. He will rejoin the meeting after the President &amp; CEO's objectives are discussed.</i></p> <p>J. Bezzubetz provided an interim status on what has been achieved for each of her 2020-2021 objectives. This includes regular day-to-day items, crisis management with the pandemic situation, the evolution of the organization and actualizing the strategy. A copy of the objectives with updates was included in the meeting package.</p> <p>Following the report there was a brief discussion about access. When the next update is scheduled in the spring, The Committee would like to hear the bigger story about how many people are being seen.</p> <p>The Committee also noted the continuing need for engagement with the Foundation. It is challenging for the Foundation to understand what the meaning of the strategy is for them. The priorities were recently laid out at the Senior Management Team and there was discussion about linking the upcoming campaign with the strategy. Will continue to try to bring them in, but it is still a bit of a challenge.</p> <p>J. Bezzubetz was thanked for her contributions. <i>J. Bezzubetz departed the meeting at 6:04 p.m.</i></p>	J. Bezzubetz
		b) Psychiatrist-in-Chief/Chief of Staff – R. Bhatla	

#	ITEM	REFERENCE	ACTION ITEMS
		<p><i>R. Bhatla joined the meeting at 6:04 p.m.</i></p> <p>R. Bhatla provided an overview of the status of each of his 2020-2021 objectives. A copy of the objectives with updates was included in the meeting package. There was discussion and questions throughout the presentation.</p> <p>The briefing note on the compliance and implementation of the QIP was included in the meeting package and showed that the most significant overall change in the portfolio was the collaborative nature of the Quality team with the various programs and departments of the organization.</p> <p>A question was raised about the workplace violence incident numbers. Originally the goal was to show an increase to ensure people were comfortable submitting, but as it reaches a plateau it needs to trend down. R. Bhatla will report back on this.</p> <p>The Royal is a leader in Virtual Care. This will be reported further at the Quality Committee. Both the numbers and significance of the technology is growing. Going forward, the Committee would like to understand the issue of access and how it relates to strategy.</p> <p>R. Bhatla was thanked for all his work. The Committee noted that as the relationship matures between the COS and the Board, he should feel empowered to reach out to the Committee.</p> <p><i>R. Bhatla departed the meeting at 6:26 p.m.</i></p>	<p>R. Bhatla</p> <p>R. Bhatla</p>
6.	<b>NEW BUSINESS</b> (if any)	<p>There was a brief discussion about the purpose behind having the same five measures for the CEO and COS. By way of background, it was noted that this was done to ensure everyone was growing in the same direction.</p> <p>The Committee agreed that the quarterly updates have improved the process.</p>	
7.	<b>ADJOURNMENT</b>	<p>Next meeting: April 9, 2020</p> <p>Moved by D. Somppi and seconded by N. Bhargava</p> <p>There being no further business the meeting was adjourned at 6:30 p.m.</p>	
8.	<b>IN-CAMERA SESSION</b> (This is a standing item for each meeting)	<p>a) Approval of the May 6, 2020 in-camera minutes</p>	
		Moved by D. Somppi and seconded by N. Bhargava	

#	ITEM	REFERENCE	ACTION ITEMS
		<b>BE IT RESOLVED THAT</b> the in-camera minutes of May 6, 20 be approved as presented. <p style="text-align: right;"><b>CARRIED</b></p>	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>A. Graham</b>  Chair </div> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>J. Bezzubetz</b>  Secretary </div> </div>			

### Compensation and Succession Planning Meeting Action Items

Action Item	Individual Responsible	Status
<b>November 25, 2020</b>		
To add the amended Terms of Reference on the next Governance Committee agenda and then bring to the Board.	P. Robb	COMPLETED Governance Committee January 26, 2021
To review the Executive Succession Plans at the next meeting.	R. Bhatla J. Bezzubetz	April 7, 2021
Re Access. When the next update is scheduled in the spring, The Committee would like to hear the bigger story about how many people are being seen.	J. Bezzubetz	April 7, 2021
A question was raised about the workplace violence incident numbers. Originally the goal was to show an increase to ensure people were comfortable submitting, but as it reaches a plateau it needs to trend down. R. Bhatla will report back on this.	R. Bhatla	April 7, 2021
The Royal is a leader in Virtual Care. This will be reported further at the Quality Committee. Both the numbers and significance of the technology is growing. Going forward, the Committee would like to understand the issue of access and how it relates to strategy.	R. Bhatla	April 7, 2021
<b>April 29, 2020</b>		
To share the Covid-19 Executive succession plan with Board	P. Robb	COMPLETED On agenda for June 18, 2020 Board meeting
To circulate the Occupational Health & Safety presentation to all Board members.	C. Crocker P. Robb	COMPLETED
To add a measurement in the 2020-2021 objectives regarding access.	J. Bezzubetz	COMPLETED
Once the 4 <sup>th</sup> quarter data is in on the medication reconciliation, discharge summaries and hand hygiene, it is to be sent to the Committee.	J. Bezzubetz P. Robb	COMPLETED Hand hygiene sent April 30, 2020 Medication Reconciliation and Discharge Summaries sent November 19, 2020
To reflect on and add the following to the 2020-2021 objectives:	J. Bezzubetz	COMPLETED June 3, 2020 Special Board meeting

<ul style="list-style-type: none"> <li>- Something is needed to demonstrate progress in employee engagement, patient outcomes and family and client engagement</li> <li>- There are some pieces that are foundational and stand on their own, other areas are task oriented. They are not framed from the perspective of what is the patient outcome we expect from this and whether there is a dollar impact. This is to be thought about from an outcomes perspective</li> </ul>		
To schedule a further 30-minute Compensation & Succession Planning Committee meeting for an in-camera session to deal with the two motions for the President & CEO and Psychiatrist-in-Chief's performance evaluation.	P. Robb	COMPLETED May 6, 2020  COMPLETED on agenda for June 18, 2020 Board meeting
To add the future objectives for 2020-2021 for the President & CEO and for the Psychiatrist-in-Chief/Chief of Staff to the June 3, 2020 meeting agenda when the full Board meets to provide feedback on the objectives. This will then go to the Board for final approval at the June 18, 2020 meeting.	P. Robb	COMPLETED on agenda for June 3, 2020 Special Board meeting
<b>November 29, 2019</b>		
An in-camera session is to be added as a standing item on the Compensation & Succession Planning Committee agenda.	P. Robb	ONGOING
To touch base with S. McLean for corporate knowledge regarding the extension made to the Chief of Staff's term.	A. Graham	COMPLETED
To send email with background documentation regarding COS/PIC compensation request for an e-vote.	J. Bezzubetz	COMPLETED
For the next report, to talk more about why the numbers are down in Telemedicine (Objective #5).	R. Bhatla	COMPLETED <del>April 29, 2020</del> November 25, 2020
To revise Appendix 3 to the Medical Succession Plan, Mood & Anxiety Update, under Vision – Sub Projects, the Gap Analysis and Program Design should not be highlighted in red because it is not at risk of not being completed, it is just yet to be completed.	R. Bhatla	
Another item identified was that the difference between a governance reporting relationship and an operational reporting structure should be made	J. Bezzubetz	COMPLETED April 29, 2020



more clear and formalized. Clarity is needed between a governance and business relationship as we want to mature both of these. This was seen as an action for the Governance Committee to look at Board structure: structure follows strategy, form follows function.  An update will be provided on the 'Org design for the future' at the meeting in April.		
An update on the Executive Succession Plan to be provided when giving a report against Objectives to Board of Trustees.	J. Bezzubetz	COMPLETED April 29, 2020  COMPLETED on agenda for June 18, 2020 Board meeting
The importance of having an emergency succession plan in place (what happens if...) was stressed. It was noted that this was discussed at last year's Committee meeting and this information is to be provided for the Board's background information at the December 12, 2019 In-camera meeting. In the meantime, it was seen as important that emergency names be captured for the President & CEO and the Chief of Staff/Psychiatrist-in-Chief positions.	J. Bezzubetz	COMPLETED <del>December 12, 2019</del> April 29, 2020
To add a benchmark to compare turnover of staff with other hospitals on HR plan.	R. Lashley C. Crocker	April 7, 2020
Various changes to be made to the Terms of Reference and performance appraisal process document.	P. Robb	COMPLETED
<b>June 5, 2019</b>		
To update various metrics	J. Bezzubetz R. Bhatla	COMPLETED To report against Objectives at November 29, 2019 meeting
The Chief of Staff's final approval of language on his 2019-2020 objectives was deferred and will be brought to the Board on June 20, 2019.	P. Robb	COMPLETED June 20, 2019 In-Camera Board meeting
If significant issues arise in the Human Resources Plan, a report will be made to the committee	C. Crocker	
Review strategies that can be used to encourage/support more patients and families to complete the survey	J. Bezzubetz	
Invite Chief of Staff and Psychiatrist in Chief to participate in the discussion of the physician experience results	J. Bezzubetz	

Engage physicians in planning	J. Bezzubetz	
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Royal Ottawa Health Care Group Psychiatrist-in-Chief & Chief of Staff  
Proposed Performance Plan – 2020-2021

Proposed % BONUS	PERFORMANCE OBJECTIVE	TARGET/OUTCOME	SPECIFIC METRICS	STATUS REPORT APRIL 2021	STATUS REPORT JUNE 2021
20%	1. Compliance with and implementation of Quality Improvement Plan	Target: Design and implement an organization-wide strategy to meet or exceed the QIP targets; Outcome: increased focused on quality care and excellence including reduced incidents related to medication errors, and an increase in transition plans delivered to clients		See attached	
20%	2. Implement the new Strategic Plan (may need adjustments based on the new strategic plan and regional resumption of services planning; also potential adjustments for individual 2020-2021 objectives).	<p>Target: Improve Access for current and new populations; Outcome: Expand care to North Eastern Ontario; provide additional virtual care options; redesign outpatient services to increase new clients; Establish innovative platforms/opportunities to enhance access to MH&amp;A care and resources (and establish ways to evaluate impact); utilization of esketamine/ketamine for care/research; development of an Ottawa anxiety algorithm.</p> <p>Target: Implement the Hospital Without Walls Strategy; Outcome: C-Prompt transitions to Prompt permanently and funding obtained for sustainability; promote the</p>	<p>Mood and Anxiety Outpatients:</p> <ul style="list-style-type: none"> <li>Current: 45 days</li> <li>New Target: 30 days (big stretch)</li> </ul> <p>Youth Outpatient Program:</p> <ul style="list-style-type: none"> <li>Current: 92 days</li> <li>New Target: 60 days (stretch)</li> </ul> <p>Mindability:</p> <ul style="list-style-type: none"> <li>Current: 22 days</li> <li>New Target: As determined by MOH</li> </ul> <p>Schizophrenia Outpatients:</p> <ul style="list-style-type: none"> <li>Current: baseline</li> <li>New Target: Mid-Year target to be set</li> </ul>	See attached	

Proposed % BONUS	PERFORMANCE OBJECTIVE	TARGET/OUTCOME	SPECIFIC METRICS	STATUS REPORT APRIL 2021	STATUS REPORT JUNE 2021
		<p>enhancement of MH&amp;A services with partners.</p> <p>Target: Actualize activities associated with an Academic Research Hospital; Outcome: Integrated research and clinical care in program areas; implementation of measurement based care; evolve staff performance reviews to incorporate academic mandate.</p> <p>Target: Redesign the Organization to match the Royal's new Strategic Plan; Outcome: New skills and new service delivery models to deliver on the Strategic Plan; Strengthening an interdisciplinary and regional approach to care</p>			
20%	3. Building a culture of Innovation	Target: Implement three key innovative initiatives: 1) prototype for a Digital Health Strategy; 2) prototype for a Prompt Clinic; and 3) prototype for the development of partnerships with the technology sector; Outcome: A creative and out-of-the-box approach for the workforce to deliver innovations		See attached	

Proposed % BONUS	PERFORMANCE OBJECTIVE	TARGET/OUTCOME	SPECIFIC METRICS	STATUS REPORT APRIL 2021	STATUS REPORT JUNE 2021
20%	4. Lead the transformation of the Royal's Culture through people leadership and enhanced change management to achieve enterprise-wide alignment to organizational priorities.	<p>Target: Integration of the Royal, the IMHR and the Foundation; Outcome: Operational plan alignment with single strategic plan</p> <p>Target: Greater emphasis on Client and Family Centered Care; Outcome: Improved performance related to Client and Family Satisfaction</p> <p>Target: An engaged workforce committed to the changes required to deliver on the new Strategic Plan; Outcome: sustained workforce engagement</p> <p>Target: Empowered SMT leadership to align and commit the entire organization to identified priorities; Outcome: Implementation of Strategic Plan and key performance objectives associated with the Strategic Plan (as approved by the Board)</p>	<p>Physician Engagement:</p> <ul style="list-style-type: none"> <li>• Current (2018): 69%</li> <li>• New Target: maintain current level of engagement while driving significant organizational change; retention of critical skills</li> </ul> <p>Client and Family Satisfaction:</p> <ul style="list-style-type: none"> <li>• Ontario Perception of Care result: <ul style="list-style-type: none"> <li>➢ Family members attending groups: 450 (2019)</li> <li>➢ New Target: 495 (2020-21)</li> </ul> </li> <li>• Ontario Perception of Care result: <ul style="list-style-type: none"> <li>➢ Clients' perception of after-care (Q27,28 and29): 70% (2019)</li> <li>➢ New Target: 75% (2020-21)</li> </ul> </li> </ul>	See attached	

Proposed % BONUS	PERFORMANCE OBJECTIVE	TARGET/OUTCOME	SPECIFIC METRICS	STATUS REPORT APRIL 2021	STATUS REPORT JUNE 2021
20%	5. Organizational Sustainability and adaptation related to Covid-19 (COVID-19 activities may need reprioritization based on evolving pandemic)	Target: Resume and reimagine services within the newly set parameters for safety; Outcome: Expanded treatment hours spread throughout a longer workday to accommodate client flow; uninterrupted care; care options more client-convenient and preferred		See attached	

## Compensation and Succession Planning Committee – April 7, 2021

### Psychiatrist-in-Chief & Chief of Staff – Performance Objectives 2020-2021 – Update Report

*This has been a most busy, stressful, and productive year.*

*We have learnt the importance of the technological advances that allow us to reach out to clients in new ways. We have also better understood the essence of both ourselves as sociable beings, and our fundamental and innate need to be with and interact with each other.*

*We have an enhanced understanding of the need to support one another and our communities while stretching ourselves to do more for those we serve.*

*We have seen and acknowledged that we all can be both heroes and victims (or both) during the most challenging of times.*

*We continue to strive to learn how to maintain ourselves while moving forward as a collective.*

*I believe that we have had the most remarkable of years and that we have risen to the occasion.*

*And the story continues...*

#### 1. Compliance with and implementation of Quality Improvement Plan

The small yet mighty Quality team was fully engaged with the evolution of quality at The Royal. A summary of activities can be found in **Appendix 1**. It should be noted that a significant proportion of the Quality team's work was related to the pandemic.

Most importantly, *there has been a major shift in culture with respect to the Quality team*. The team works very collaboratively with and supports multiple areas of the organization including Operations, Professional Practice, Information Technology, and Clinical Informatics.

Anticipated improvements with respect to the Recovery Plan of Care remained behind schedule. This remains in large part secondary to changeovers/upgrades to the EHR. Operations and Professional Practice are working to streamline the process and provide data to the front line managers in order to obtain better results on this indicator for the future. This remains an important indicator for the current year's QIP.

Medication incidents continue to occur - we will be establishing a medication working group reporting directly to MAC which is a change from previous.

The Best Possible Medication History (BPMH) inputted by pharmacy is above target.

The BPMH reconciled by physicians is below target however has shown steady improvement through the year. Challenges in this area remain in the changes/upgrades in the EHR and prescribing while working from home. This remains an important indicator for the current QIP.

The number of reported workplace violence incidents has recently improved, however it is anticipated that the number will, in general, stay high for approximately 2-3 years (thus encouraging the reporting of incidents by staff) and then begin to show a decline after that time.

The palliative care indicator is now on track.

The clinical outcome measurement used to drive service improvement is below target however is showing improvement.

The clinical research projects involving clients and families at The Royal has remained essentially on target and steady through the year.

## 2. Implement the new Strategic Plan

*(May need adjustments based on the new Strategic Plan and regional resumption of services planning; also potential adjustments for individual 2020-2021 objectives).*

The Royal has shown an impressive ability to pivot services to virtual formats (**Appendix 2** December 7, 2020 presentation to the Quality Committee of the Board). The regional clinics have provided much needed services to multiple communities outside of the Ottawa area. The service to correctional facilities has provided substantial service to some of the most marginalized citizens in our society.

On a personal note, as a Vice-Chair of the Consent and Capacity Board of Ontario (CCB), I have assisted moving hearings from in person to phone at the beginning of the pandemic and am now consulting on how to change to the ZOOM platform to better meet the needs of those contesting their involuntary stay in hospital and their incapacity to make decisions for themselves.

The Northern Ontario Francophone Psychiatric Program (NOFPP) has continued to provide service to a marginalized population and has pivoted to some virtual care as well as in person care.

The Ottawa depression algorithm continues to be used by primary care and has now been reformatted to better serve the needs of clients and families with downloadable forms, links, and information. The Ottawa anxiety algorithm has been delayed, however the launch should be set for the summer of 2021.

The Prompt clinic is up and running.

AccessMHA is up and running.

Frontline Covid Wellness is up and running.

MAP Outpatient wait times are at 54 days (stretch target was 30 days).

Youth Outpatient wait time is at 59 days (stretch target was 60 days).

Schizophrenia Outpatient baseline is at 88 days.

Ontario Structured Psychotherapy (formerly Mindability) is at 31 days. Provincial target yet to be determined (likely 8 weeks).



Esketamine Clinic is set to launch.

Physician performance reviews (reviewed annually) include academic activities.

### 3. Building a culture of Innovation

The Prompt Clinic was launched.

The Esketamine Clinic is set to launch.

The Associates in Psychiatry Innovation Fund in support of research projects continues (~\$600,000/year).

Translation of Research Into Care (TRIC) call for proposals has been highly successful with 21 proposals submitted (results remain pending).

The hospital Innovation Council was launched.

The hospital Research Committee was launched.

### 4. Lead the transformation of The Royal's Culture through people leadership and enhanced change management to achieve enterprise-wide alignment to organizational priorities.

Despite the pandemic and very significant changes related to the EHR, the physician NRC Health engagement survey scores have not decreased despite all of the challenges of the past year (slight increase from 68% to 72% - **Appendix 3**). Of particular note, there was a significant improvement in the areas of infection control and patient safety.

The Ontario Perception of Care results on questions 27, 28 and 29 have improved to 80% (above target of 75%).

Numbers from 2020/2021 fiscal year increased to 638 from 585 the previous year. A very substantial increase. The numbers in the Objectives table referred to the calendar year. Going forward these will be fiscal year numbers.

The physicians at The Royal are particularly proud of the diversity within our group and how it bodes well for the ongoing development of the Strategic Plan (**Appendix 4**).

Physician and Staff engagement (and wellness) have remained a critical role of leaders within the organization. The organization has offered a variety of activities to both maintain wellness and engagement for all individuals at the Royal.

### 5. Organizational Sustainability and adaptation related to Covid-19 *(COVID-19 activities may need reprioritization based on evolving pandemic)*

As previously noted, The Royal has done particularly well when it comes to the safety of both clients and staff during the pandemic.

Two of the days of the Prompt Clinic extend to 8:00 p.m.

The different platforms and their advantages/disadvantages are being used to help in decision-making regarding care. (ie. Doxy.me platform, used by many physicians, is better suited for interaction with clients over a smart phone as opposed to a laptop or desktop).

**Prepared for:** Raj Bhatla & Joanne Bezzubetz

**Title:** Update on the work of the Quality & Patient Safety Team at The Royal and the QIP

**Purpose:** To update the CEO and Psychiatrist in Chief/Chief of Staff on the ongoing quality work at The Royal, including the QIP

**Date:** March 16, 2020

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## Introduction

Quality work at The Royal covers a broad spectrum of activity. This briefing note will outline the work of the Quality & Patient Safety team for Q3 and the first part of Q4 of the 2020-2021 fiscal year.

## QIP Update

Work related to the QIP had been slower than anticipated to start in Q1 due to the pandemic response. Q2 saw some indicators make progress, however, Q3 is when all indicators were able to make more substantial progress on their planning and actions. A short detail on each indicator's progress in Q3 is below. A copy of the latest QIP dashboard can be found in Appendix 1 of this briefing note. The dashboard has been reformatted to show the alignment of the QIP to the Strategic Plan.



### ***Updated CAPS every 28 days in the Recovery Plan of Care Tool***

The education re-launch plan on the Recovery Plan of Care tool is currently underway. The education relaunch plan has a focus on maximizing the usage of this tool to support client care. Monitoring this indicator is completed monthly with the Power BI dashboard report.



### ***Medication Reconciliation in Outpatients***

Best possible medication history completion by pharmacy technicians continues to meet or exceed the target of 90%. Pharmacy technicians are receiving referrals for new admission to patient programs and when a recurring patient has medication changes. In December, the pharmacy technicians completed 100% of targeted patient charts.

Medication reconciliation completion for patients when medication is a large component of treatment is continuing to improve and has maintained an average above 60% in Q3 (Oct 64%, Nov 63%, and Dec 62%). Physicians indicate medication reconciliation is complete by answering the query located in the commonly used reports in the outpatient setting. When the patient is seen on consultation only, the prescriber can also document this to indicate medication reconciliation is not required. Physician EHR training resources remain available to facilitate this workflow requirement. Additional EHR training has been required with the upgrade to Meditech Expanse.



### ***Clinical Outcomes Indicator***

Program level QI teams started meeting consistently again in Q3. All programs are engaged in conversations related to their clinical outcome measurements, and also how their program level work can work to influence the organization level QIP work. Two programs this quarter are now classified as fully meeting the definition of this indicator. All other programs are now collecting data, and are working

on the mechanisms which will allow them to review it more regularly. The frequency of the data's review and how it will serve to drive improvement at the patient and program level is the ultimate measure to change the numbers for this indicator, and that work is ongoing in each program. Presentations on common indicators that will appear on program level dashboards is being presented in Q4 to various programs and committee throughout the hospital.



### ***Clinical Research Projects Involving Clients and Families at The Royal***

There are 131 REB approved studies registered with the REB. Of these, 100 involve human participants (76%). Much of the research provides access to novel diagnostic and treatment opportunities through a variety of research studies and clinical trials that would otherwise not be available via standard clinical care to clients living with mental health and addictions issues. Redesigning the permission to contact initiative will increase access to research for clients and family members. In alignment with the strategic direction, a Research Committee working group will co-design a framework on family-oriented research. A review of the program evaluation framework is underway to support the evolution of quality improvement initiatives to research. While the pandemic continues to impact research involving human participants, plans are in place for the resumption of research services when the restrictions are lifted.



### ***Workplace Violence***

The Royal was on the right trajectory to attain QIP projected target for 2020 when services and operational activities resumed after a temporary cessation. However, the re-introduction and expansion of the Working From Home (WFH) concept, and further suspension of services and programs resulting from the second wave of pandemic provides the opportunity to revise anticipated targets to complement COVID 19 dynamic working environment.



### ***Documented Assessment of Palliative Care Needs in Long-Term Care***

In Q3, LTC has continued the work on palliative care assessments and palliative education. Interdisciplinary palliative group meetings have occurred and the palliative performance scale assessment has been implemented as of Jan 1<sup>st</sup> 2021 and incorporated in Point Click Care documentation and care conferences. Training of staff has been initiated for administering the assessment, end of life medications and providing comfort care. Data to be available next quarter.

## **QIP Update for 2021-2022**

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. One additional indicator will be added after discussion at the Quality Committee of the Board and two others will have their wording slightly adjusted. Importantly, Health

Quality Ontario has communicated that the formal submission of the QIPs will remain on hold for this fiscal year to allow hospitals to continue to respond to the pandemic. Regardless, The Royal will be carrying on its work on the QIP as it remains an important driver of quality in our organization.

### The Quality & Patient Safety Team's Ongoing Involvement in the Pandemic Response

The Quality & Patient Safety team has been intimately involved in the pandemic response. Infection Prevention & Control (IPAC), which is part of the team, has been providing exceptional guidance to the organization including the outlining of policies and procedures for patient and staff. The development of policies and procedures involves careful planning and collaboration between stakeholders. This outstanding work was recognized by having Lea Dullemond, the IPAC coordinator for Ottawa, be the only person this year to be nominated multiple times for a Laurie Strano Individual Quality Champion Award. She received her award in Q3 and we are all extremely proud of her, and the team's, ongoing exceptional work.

Ensuring that staff have up to date knowledge on infection control practices is a crucial element of a pandemic response. In Q1, in-person trainings across the organization were offered to all staff on hand hygiene and PPE. In Q3, the team developed online e-learning modules on hand hygiene and PPE, which were rolled out as mandatory training for everyone in the organization, serving as an important refresher for this education. The modules were very well crafted, so much so, that Mackenzie Health, a health provider in the York Region, partnered with us to adopt the modules for their institution.

Vaccinating patients and staff against the flu was a priority in Q3, as keeping flu outbreaks at bay during a pandemic is paramount. Due to extensive work led by the Quality team last year and this year, the Royal was able to very quickly mobilize the flu champion model to vaccinate patients, increasing vaccination rates by 10% over last year. For staff, collaborative efforts between Pharmacy, Nurse Managers, and Occupational Health saw The Royal vaccinate staff more quickly than in any previous year. This operational groundwork on the flu vaccine can now be mobilized should The Royal be offered the opportunity to vaccinate our patients or staff against COVID-19.

Continuing to play an important role in the regional response to the pandemic, The Royal was proud to contribute to easing the public COVID testing line-ups by launching an onsite COVID testing clinic in Q3 for staff, physicians, learners, and their families. This clinic has been very well received by staff and offers easy access to get a COVID-19 test. The clinic has also been able to provide tests to staff members who are required to have a weekly COVID-19 surveillance test if they are working in Long-Term Care. The Quality team was intimately involved in the planning of the clinic and was able to secure a software platform allowing tests to be easily booked online. This platform was leveraged for staff to book their flu vaccine appointments, which resulted in hundreds of staff being able to quickly and efficiently book and receive their flu vaccine.

The Quality & Patient Safety team is currently involved in revising the model of screening across all of our sites. Collaborating with hospitals in Toronto, such as CAMH, The Royal will be adopting an attestation model of screening to allow staff, physicians, and learners to enter the facility in more efficient way starting in early April.

### The Royal's Organizational Quality Committee and the Implementation of the Quality Framework

The organization's quality committee has continued to work and refine the Quality Framework for The Royal. The committee felt strongly that the framework serve as an enabler to the strategic plan, rather than being seen as an addition to it. Working with the Communications team, the framework has been

redesigned to include the strategic plan colours and visually demonstrates how they are interlinked. Now that the framework has been finalized, the committee has plans to further its operational roll out. A copy of the framework can be found in Appendix 2.

The committee is serving at breaking down silos between stakeholders in the hospital by sharing quality improvement projects across a multitude of departments. For example, the results of prospective analysis on medication administration was completed through the Pharmacy & Therapeutics Committee was presented to the Quality Committee. The resulting discussion lead to opportunities for further communication of the results to nursing staff throughout the hospital. Similarly, updates on the progress made by the program level quality improvement teams are provided at the Quality Committee so others are able to hear what types of projects are being worked on.

### Strengthening the process to review critical incidents

Last quarter, the Board was updated on the changes to the critical incident review process. This quarter, the committee focused on training all of the third party reviewers who will be a part of the revised process. The process is currently being trialled with a critical incident that recently occurred. An evaluation of the revised process has been planned to ensure that the revised process is indeed providing a more robust and open process.

### Promoting a Culture of Quality & Safety

In a difficult year, it can be easy to put aside regular events. The Quality & Patient Safety team is part of the organizing committee for The Royal Awards, which is the organization's awards program that recognizes outstanding contributions to quality care, education, and professional development. The committee decided that this year it was more important than ever to ensure that individuals were recognized from their contributions. The committee pivoted the awards to be virtual and was able to recognize over 100 individuals through the different award categories, including a special Royal Angel award for all of the staff who volunteered to work in the Madonna Care Community during their outbreak. The Royal Awards celebrations were compiled into a short video, which was shared with hundreds of staff, physicians, and learners during an all-staff forum.

Sharing stories of patient safety is part of growing The Royal's safety culture. The Royal's Good Catch Award was presented three times in Q3 to deserving individuals who identified a near-miss incident that is reported in The Royal's Client Staff Incident & Feedback (CSIF) system. Canadian Patient Safety Week took place in Q3 as well. Examples of patient safety initiatives were shared through a daily email to everyone in the organization to highlight the variety of ways The Royal is approaching patient safety. The stories received a lot of positive feedback and will be planned for again in the future.

Promoting quality improvement education is an important component of the team's work. A new Quality Improvement free mini learning series offered through a provincial agency, has been made available to all leaders at The Royal, with 19 leaders registering for the offering. In addition, the Director of Quality & Patient Safety has been involved in the education of psychiatry residents by providing lectures on Quality Improvement three times during their training. In Q3, these lectures resumed with a focus on third year residents learning how to build measurement plans and interpret data.






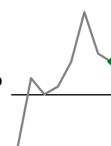

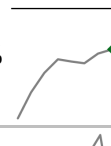










#### **Contact:**

Danielle Simpson, Director, Quality & Patient Safety

## QIP Monthly Dashboard

This dashboard provides a monthly update on the QIP Indicators at The Royal. It is used to track The Royal's progress towards our QIP goals and is updated monthly by the Quality and Patient Safety Team

## February-2021

		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Trend	Corp Target	Notes
	<b>Innovate and Shape Care to Client &amp; Family Needs</b>											
	Updated CAPS every 28 days in the Recovery Plan of Care Tool	50% 	35%	36%	28%	31%	32%	31%	34%		60%	Education and support on the Recovery Plan of Care is continuing through demo's and tip sheets. The focus remains on updating and reviewing the Clinical Assessment Protocols on a recurring basis. Managers have been provided access to run the report and monthly reports continue to be provided to the managers.
	Med Rec - BPHM completed by pharmacy techs (outpts Geri/Schiz/MAP)	84%	92%	90%	91%	94%	100%	95%	94%		90%	BPMH completion by pharmacy technicians exceeds the target of 90% in the targeted programs geriatrics, mood, and schizophrenia. The pharmacy technician support to complete the BPMH is also extended to the C-prompt Clinic Referrals.
	Mec Rec - BPHM confirmed by attending physician (outpts Geri/Schiz/MAP)	34%	47%	57%	64%	63%	62%	67%	69%		90%	Medication reconciliation completed by the physicians in these programs continues to improve with an upward trend monthly. EHR training support remains available for prescribers.
	Number of reported workplace violence incidents (overall - goal is an increase in reporting)	57	41	61	54	61	86	95	62		66	This is a decrease of a 1/3 from last month's numbers. 60% of reported TAAs from February were from 1145 Carling campus and 35% of those were from Schiz south.
	Documented assessment of palliative care needs among residents identified to benefit from palliative care	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%		100%	An initial PPS score has been done on all residents in ROP-LTC. A PPS score will be completed on all new admissions, on a quarterly basis, and with any observable change in patient condition
	<b>Advance Specilized Care &amp; Integrate Research, Education, Practice &amp; Lived Experience</b>											
	Clinical outcome measurement used to drive service improvement	4	4	4	4	4	6	6	6		11	A full scan of programs related to this indicator was completed in February 2021. Some programs have now selected their indicators for measurement, and are working on the frequency of its review and how it will drive service improvement.
	Clinical research projects involving clients and families at The Royal	64%	65%	65%	65%	65%	66%	69%	63%		61%	The majority of approved research studies at The Royal involve clients and families. While the PTC metric remains low, an increase in the number of people registered via the online registry, has increased. This supports our goal of developing a patient/family initiated permission to contact process.
	Indicates that data was in validation for these months											





# Telemedicine at The Royal

## A Brief Overview

Sarah Joynt, Telemedicine Coordinator  
( for details: [Sarah.Joynt@TheRoyal.ca](mailto:Sarah.Joynt@TheRoyal.ca))

Raj Bhatla, Psychiatrist in Chief & Chief of Staff

Susan Farrell, VP Patient Care Services &  
Community Mental Health

Quality Committee of the Board  
December 7, 2020



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

# Telemedicine & Strategy 2025



Innovate and shape care to client and family needs



Advance specialized care



Connect care for a more accessible system



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



Advocate and partner for systemic equity



# Overview

- Telemedicine at The Royal
- Model of Care
- Partnerships
  - Direct Service
  - Education
  - Consultation/Supervision
- Opportunities

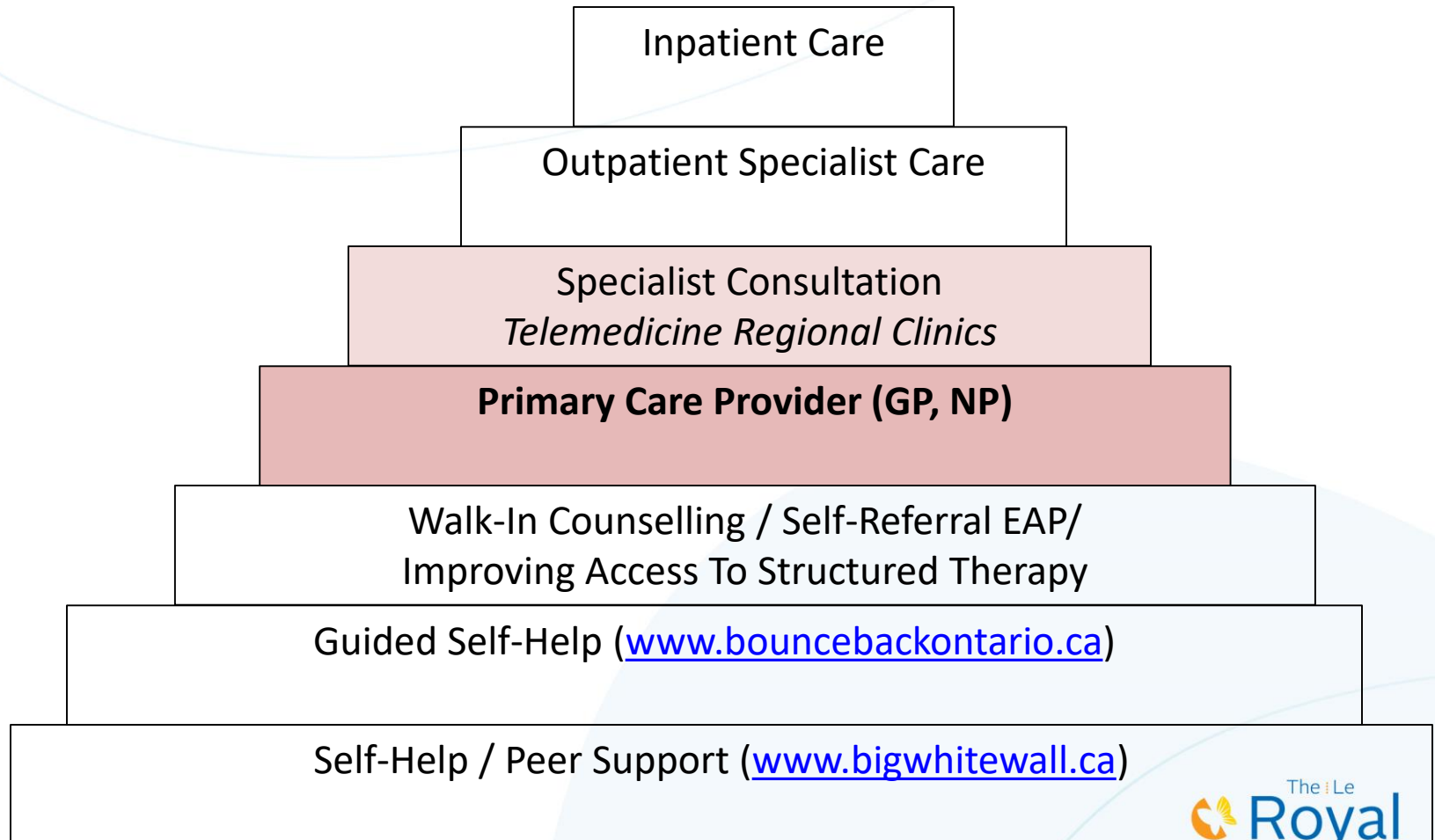
# Overview of Telemedicine at The Royal

- An innovative model of service delivery started LONG before COVID-19 switched the world to virtual modalities
- August 2010 – Bell Let's Talk gave The Royal \$1M to create specialized mental health care using technology
- May 2011 – Hired dedicated Business Development Telemedicine Coordinator
- January 2012 – Piloted first virtual mental health clinic with Deep River District Hospital and St Francis Memorial Hospital, Barry's Bay, Ontario
- December 2016 - Royal Bank of Canada – gave \$100,000. dollars to use technology to reach underserved communities in our Region.
- December 2019 – RBC - \$250,000. to increase access to specialized mental health services for Algonquin College and Youth Services Bureau
- Provided direct mental health consultation to patients/ case consultation to primary care/ on-going mental health education to primary care / allied health care
- Evaluation done to date demonstrates patient satisfaction was 97% with their virtual care experience and providers liked it 96% - published Canadian Journal of Rural Medicine 2019

# Stepped-Care

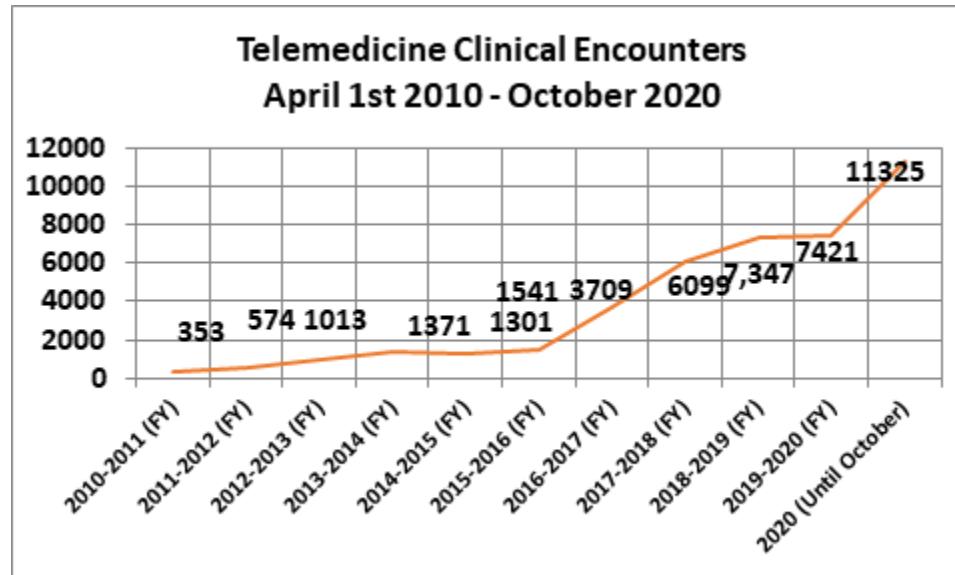
Diagnostic Based

Symptoms Based



# Telemedicine at the Royal

- Telemedicine is used by all programs deliver current services.
- Telemedicine allowed the development of specific services:
  - Telemedicine Regional Clinic 19 Partnerships
  - Telemedicine Correctional Clinic 7 partnerships
  - Development of New Partnerships



# Full Listing of Telemedicine Partners

- Seaway Valley CHC
- CMHA Champlain East (Cornwall/Hawkesbury/Casselman)
- Glengarry Nurse Practitioner-Led Clinic
- Hawkesbury General Hospital
- Petawawa Centennial Family Health Centre
- Whitewater Bromley Community Health Centre
- Upstream Ottawa Community Mental Health Support
- Winchester Hospital
- CSC – l’Estrice
- Counselling Services – Hearst/Kapuskasing/Smooth Rock Falls
- RAAM – Rapid Access Medicine – Timmins/Cochrane
- CMHA, Cochrane Timiskaming Branch
- Youth Services Bureau
- Algonquin College
- Carleton University
- University of Ottawa
- Paramedics, City of Ottawa
- Central North Correctional Centre
- Central East Correctional Centre
- Brockville Jail
- Stratford Jail
- Kenora Jail
- Fort Francis Jail
- Ottawa Carleton Detention Centre

# Listing of Presentations

Page 32 of 59

## International Conferences:

- May 2012 – North American – American Telemedicine Association (ATA) - San Jose, CA
- September 2012 – North American - American Telemedicine Association (ATA) Telemental Health Special Interest Group Consensus Workshop – Invited Expert - New Orleans, Louisiana
- May 2013 – North American – American Telemedicine Association (ATA) – Austin, TX
- November 2013 – International - Telemedicine Conference - Jaipur, India
- April 2017 – International – Telemedicine Conference – Luxembourg

## National Conferences:

- May 2012 – National - E-health Conference - Vancouver, British Columbia
- November 2012 – National - 3rd Annual Canadian Military and Veteran Health Research Forum, Kingston, ON
- April 2014 – National – Telemedicine Conference, Toronto, ON



# Listing of Presentations

Page 38 of 50

## **National Conferences con't:**

- May 2014 – National – Ehealth Conference, Vancouver, BC
- April 2015 – National - Telemedicine Conference, Toronto, ON
- January 2016 – National - 12th Annual Mobile Healthcare Summit, Toronto, ON
- November 2016 – National - Canadian Institute for Military and Veterans Health Research (CIMVHR) Forum 2016, Vancouver, BC
- May 2018 – National – Ehealth Conference, Vancouver, BC
- May 2019 – National – Mental Health Collaborative Care Conference, Vancouver, BC
- May 2019 – National – Ehealth Conference, Toronto, ON

## **Provincial Conferences:**

- November 2015 – Provincial - OTN Champion of Telemedicine Award, Champlain LHIN, 2015
- February 2017 – Provincial - Ontario Shores Research Day

# New Partnerships

- Post-Secondary Institutions
  - Algonquin College
  - University of Ottawa
  - Carleton University
- Community Agencies
  - Youth Services Bureau
  - CMHA North
- First Responders
  - Ottawa Paramedic Services Peer Support Members

# Additional Academic Partnerships

- University of Ottawa Department of Psychiatry
  - Psychiatry Residency rotation in Telemedicine
- Northern Ontario Francophone Psychiatry Program (Provincial program)

# Virtual Education Series

- Mental Health Education Series with Post-Secondary Institutions has grown to share with 24 other colleges across Ontario
- Mental Health Education partnership Solicitor-General with 25 jails and correctional institutions across Ontario
- Provide virtual supervision to Counselling staff at Algonquin College

# Opportunities

- Additional partnerships
- EHR inter-operability
- Digital Health

# Summary

- Telemedicine gives virtual care to populations previously without access
- Patients have better outcomes because of more timely access to specialists who can apply the evidence based care
- Services provide a range of benefits
  - Direct virtual care
  - Building mental health capacity in primary care providers and student counselling staff
  - Innovative method for delivering education
- Potential for many areas of expansion and close alignment to Strategy 2025

## NAVIGATION

Corporate Results

Results by Theme

Results by Question

72%

2020

68%

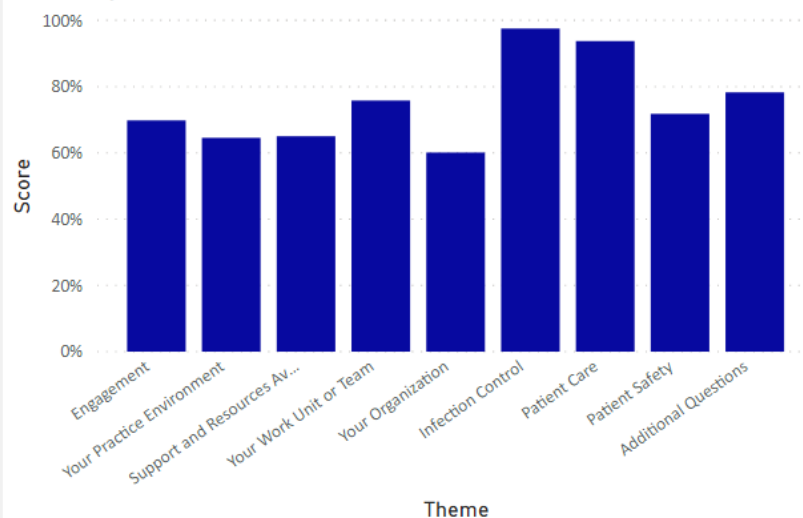
2018

41

Total Participants

## Corporate Results

Scores by Theme



## 2020 Physician Engagement Survey

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%
<b>Total</b>	<b>72%</b>	<b>68%</b>	<b>4%</b>

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

# Physicians – Year in Review 2020-2021

March 2021



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



# 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%)

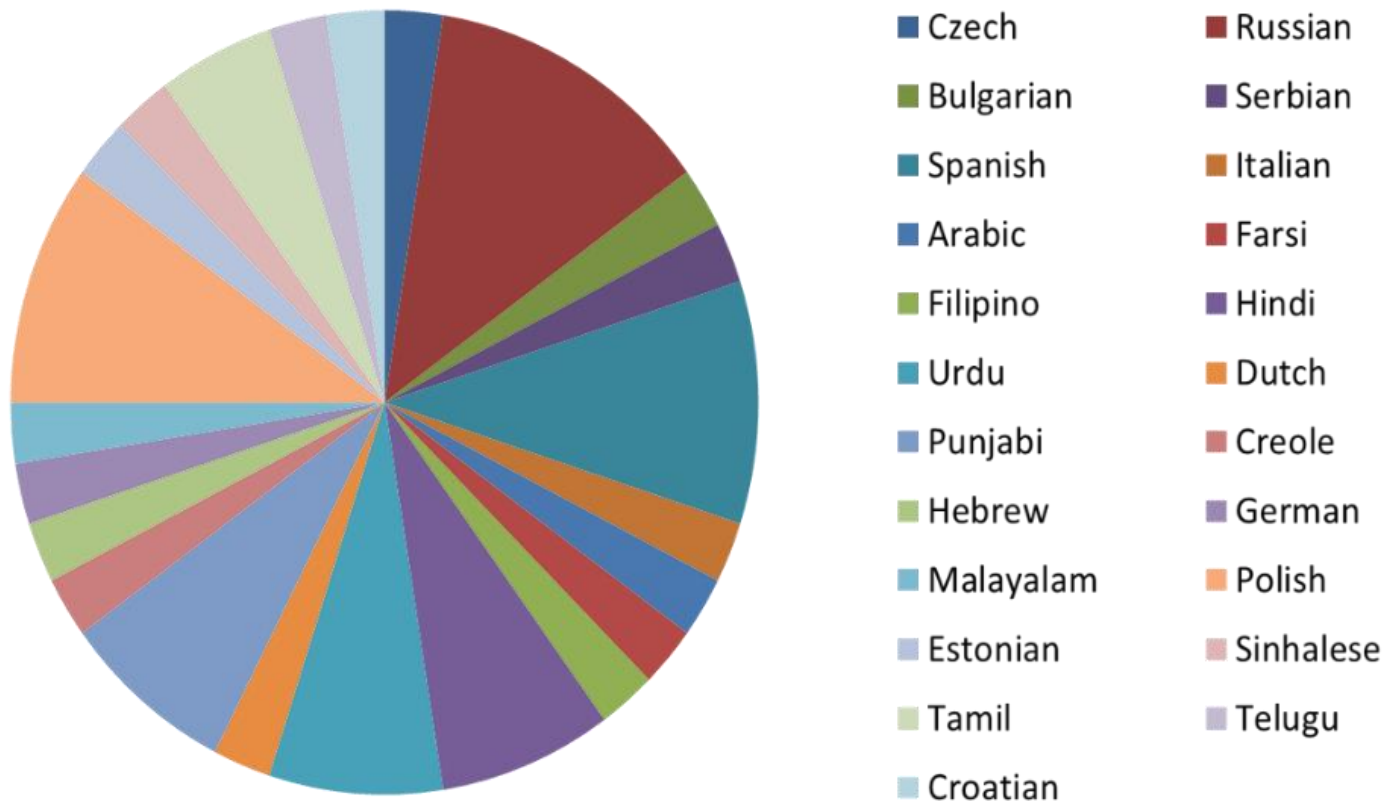
- English & French



Other languages spoken;

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

# 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](mailto: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

Faculty of Medicine

Faculty Wellness Program  
[med.uOttawa.ca](http://med.uOttawa.ca)



uOttawa

## 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](mailto: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](mailto: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](tel:1-866-HELP-DOC)
- **Employee and Family Assistance Program** – counselling/supports  
Morneau Shepell: 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](mailto: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 30<sup>th</sup> Email: [Diane.Meschino@wchospital.ca](mailto: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 24<sup>th</sup> Email: [Jennifer.hirsch@sinaihealth.ca](mailto: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 25<sup>th</sup> Email [Mary.Elliott@uhn.ca](mailto: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 26<sup>th</sup> Email [Orit.Zamir@sinaihealth.ca](mailto: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.

## Schedule A

Confidential

Royal Ottawa Health Care Group Psychiatrist-in-Chief & Chief of  
Staff Proposed Performance Plan – 2021-2022

Proposed % BONUS	PERFORMANCE OBJECTIVE	TARGET/OUTCOME	MID-TERM STATUS REPORT NOVEMBER 2021	STATUS REPORT APRIL 2022	STATUS REPORT JUNE 2022
	1. Compliance with and Implementation of Quality Improvement Plan	Improvements in all indicators with a focus on Recovery Plan of Care and Medication Reconciliation.		November and April updates to the Board are in writing, but other updates can be verbal	
	2. Quality Organization	<p>The Royal is prepared for Accreditation Canada's new Continuous Readiness Model of Assessment.</p> <p>Data literacy learning modules are developed by the Quality team in order to assist staff, working with clients, to improve outcomes and experiences.</p> <p>Further evolve EHR to Web Ambulatory (with CWS as a prerequisite).</p>			
	3. Innovate and shape care to Client and Family needs and connect care for a more	As newer models of care and other innovations are developed and made available, (ie. Virtual forms of care, groups, apps, blended care, e-consults, algorithms, mindfulness, peer support, self-			

	accessible system	management, etc.), explore more sophisticated ways to assess access to care.  MAP (&related) 45 days Youth 50 days Schizophrenia 90 days			
	4. Advance specialized care and integrate research, education, practice, and lived expertise to improve Client and Family-oriented outcomes and experiences.	Esketamine/ketamine is integrated into clinical and research activities at The Royal.  Coordinated and supported technological platforms are prioritized in the development of interventional psychiatry platforms (ie. EEG, ECT, esketamine, rTMS).  Suicide prevention activities are prioritized as The Royal rolls out HQO quality standard statements.  Creation of program, service, and organizational dashboards in order to improve outcomes and experiences.			
	5. Advocate and partner for systemic equity	Advocate for MH&A equity within the health care and social services sectors.			

		Data informed activities to address potential inequities at The Royal (ie. Possibly Indigenous, men, LGBTQ2S, BIPOC).			
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19 April 2018

**CONFIDENTIAL**

Dr. Raj Bhatla  
Psychiatrist-in-Chief/Chief of Staff  
Royal Ottawa Health Care Group  
1145 Carling Avenue  
Ottawa, ON K1Z 7K4

Dear Dr. Bhatla,

**RE: Letter of Reappointment**

On behalf of the Board of Trustees of the Royal Ottawa Health Care Group, we are very pleased to confirm your reappointment to the position of Psychiatrist-in-Chief/Chief of Staff of the Royal Ottawa Health Care Group for another five years from October 9, 2018 to October 8, 2023.

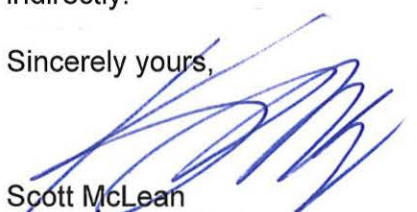
Further to our discussion on this third five year renewal, we agreed there would be a major mid-term review of the position and requirements in 2.5 years' time (i.e. in April 2021).

As you aware, our relationship with the University of Ottawa is critical to our academic health sciences status and that it would be important as part of your duties as Psychiatrist-in-Chief/Chief of Staff to continue to play a lead role within the Department of Psychiatry, Faculty of Medicine at the University of Ottawa.

All the terms, conditions and benefits as outlined in the original letter of appointment of September 29, 2008 and amended on December 18, 2009 (both attached as Appendix A) will continue to be in effect for the next five year term. The time commitment will remain 0.8 FTE (30 hours per week) and the balance will involve clinical work at the Royal. As you are aware, all hospital executives, of which you are a part, are subject to the current freeze on hospital compensation and therefore we are unable to consider a change to your base until such time as we are permitted by law.

The Board of Trustees is very pleased to have confirmed this reappointment and looks forward to working with you to further enhance the quality of our clinical work offered by the Royal to our patients either directly or indirectly.

Sincerely yours,

  
Scott McLean  
Chair, Board of Directors  
ROHCG

  
George Weber  
President & CEO  
ROHCG

The above offer is hereby accepted:  
Signature: \_\_\_\_\_

Date: April 24, 2018



4 March 2013

Dr. Raj Bhatla  
Psychiatrist-in-Chief/Chief of Staff  
Royal Ottawa Health Care Group  
1145 Carling Avenue  
Ottawa, ON K1Z 7K4

Dear Dr. Bhatla,

**RE: Letter of Reappointment**

On behalf of the Board of Trustees of the Royal Ottawa Health Care Group, we are very pleased to confirm your reappointment to the position of Psychiatrist-in-Chief/Chief of Staff of the Royal Ottawa Health Care Group for another five years from October 9, 2013 to October 8, 2018. Renewal beyond five years will be in accordance with the by-laws in effect at that time.

As you are aware, our relationship with the University of Ottawa is critical for our academic health sciences status and that it would be important as part of your duties as Psychiatrist-in-Chief/Chief of Staff to continue to play a lead role within the Department of Psychiatry, Faculty of Medicine at the University of Ottawa.

All the terms, conditions and benefits as outlined in the original letter of appointment of September 29, 2008 and amended on December 18, 2009 (both attached as Appendix A) will continue to be in effect for the next five year term. As you are aware, all hospital executives, of which you are a part, are subject to the current freeze on hospital compensation and therefore we are unable to consider a change to your base until such time as we are permitted by law.

The Board of Trustees is very pleased to have confirmed this reappointment and looks forward to working with you to further enhance the quality of our clinical work offered by the Royal to our patients either directly or indirectly.

Sincerely yours,



Rob Notman  
Chair, Board of Trustees  
ROHCG



George Weber  
President & Chief Executive Officer  
ROHCG

The above offer is hereby accepted

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

March 5, 2013



Services de santé  
**Royal Ottawa**  
Health Care Group

Centre de santé mentale  
Royal Ottawa  
Mental Health Centre

Centre de santé mentale  
Brockville  
Mental Health Centre

Place  
Royal Ottawa  
Place

Fondation de santé mentale  
Royal Ottawa  
Foundation for Mental Health

University of Ottawa  
Institute of Mental  
Health Research

Institut de recherche  
en santé mentale  
de l'Université d'Ottawa

18 December 2009

Dr. Raj Bhatla  
Psychiatrist in Chief/Chief of Staff  
Royal Ottawa Health Care Group  
1145 Carling Avenue  
Ottawa, Ontario K1Z 7K4

Dear Raj,

**Re: An amendment to the terms of the letter of offer to Dr. Rajiv Bhatla as Psychiatrist-in-Chief dated September 29, 2008 accepted on October 9, 2008.**

This memo forms part of and is attached to the September 28<sup>th</sup>, 2008 letter of offer as an adjustment to the financial terms listed on page 2.

All other conditions in the letter of September 28, 2008 are valid and still in effect.

The revised financial terms are as follows:

- Compensation is \$260,000 per annum plus GST, for .8 full time equivalent full time equivalent, plus an additional 1.5% + GST added to the base effective October 1, 2009;
- Compensation shall be paid on a monthly basis to your company and you will be treated as an independent consultant;
- Future annual increases will be dependent on satisfactory achievement of agreed to and approved performance objectives and the organization's ability to pay;
- Entitlement to an education allotment of \$10,000 per annum;
- Reasonable out of pocket expenses, in line with current policy, in the performance of ROHCG duties, will be reimbursed;
- Support staff will remain in place in order for you to fully perform your duties;
- Participation in the Senior Management Team Incentive Plan when activated.





Services de santé  
**Royal Ottawa**  
 Health Care Group

29 September 2008

Dr. Raj Bhatla  
 Psychiatrist in Chief/Chief of Staff  
 Royal Ottawa Health Care Group  
 1145 Carling Avenue  
 Ottawa, Ontario K1Z 7K4

Centre de santé mentale  
 Royal Ottawa  
 Mental Health Centre

Centre de santé mentale  
 Brockville  
 Mental Health Centre

Place  
 Royal Ottawa  
 Place

Fondation de santé mentale  
 Royal Ottawa  
 Foundation for Mental Health

University of Ottawa  
 Institute of Mental  
 Health Research

Institut de recherche  
 en santé mentale  
 de l'Université d'Ottawa

**RE: Letter of Offer**

Dear Dr. Bhatla:

On behalf of the Board of Trustees of the Royal Ottawa Health Care Group, we are pleased to offer you the appointment of the position of Psychiatrist in Chief/Chief of Staff of the ROHCG for a five (5) year renewable term. The renewable term shall be deemed to have occurred unless we give you notice to the contrary at least six months prior to the expiry of the initial term. We would like to thank you personally for your patience and cooperation throughout the recruitment process that has led to this appointment. We understand that concomitant with this offer, a similar offer of appointment is being undertaken by the University of Ottawa, through its Faculty of Medicine, to appoint you as Associate Chair, Department of Psychiatry uOttawa for a similar term. We are most supportive of the University's intent in this respect.

As Psychiatrist in Chief/Chief of Staff at the Royal Ottawa Health Care Group, in addition to responsibilities outlined in the ROHCG by laws, you will:

- Be accountable to the Board, CEO and Medical Advisory Committee for the overall quality of care in the institution
- Ensure the operationalization of the hospital's mission and values through all clinical programs
- Provide direction, clinical and academic leadership, and assure accountability of the clinical program directors
- Provide leadership in collaboration with the administration of the hospital, in the development of more effective and integrated mental health delivery systems
- Participate actively as a member of the hospital's senior management team in the development, implementation and evaluation of policies and planning
- Participate in an annual review of your performance.

We understand and agree that your work as Associate Chair, Department of Psychiatry, University of Ottawa will be done concurrently as ROHCG Psychiatrist in Chief. You are also encouraged to continue with your clinical duties.

.../2

The financial terms related to this offer are:

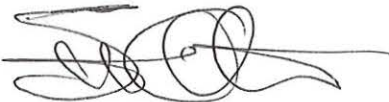
- Compensation is \$260,000 per annum plus GST, for .8 full time equivalent (fte).
- Compensation shall be paid on a monthly basis to your company and you will be treated as an independent consultant.
- Future annual increases will be dependent on satisfactory achievement of agreed to and approved performance objectives.
- Entitlement to an education allotment of \$10,000 per annum.
- Reasonable out of pocket expenses, in line with current policy, in the performance of ROHCG duties will be reimbursed.
- Support staff will remain in place in order for you to fully perform your duties.

The Executive Committee of the Board of Trustees, in consultation with you, will set the performance goals and objectives to be attained throughout each current fiscal year with reasonable appropriate performance measures and criteria. Representatives of the Executive Committee will meet with you to finalize mutually agreed to performance objectives for the current fiscal year.

Your appointment is subject to an earlier termination if the results of your annual performance review are not satisfactory, acting reasonably or in the event of cause.

On behalf of the Board of Trustees of the ROHCG, we are very excited about your appointment as Psychiatrist in Chief/Chief of Staff. We look forward to continuing to foster the positive and collaborative relationship established with you during your tenure as Acting Psychiatrist in Chief.

Sincerely yours,



Scott Eaton  
Chair, Board of Trustees  
Royal Ottawa Health Care Group



George Weber,  
President and CEO  
Royal Ottawa Health Care Group



The above offer is hereby accepted:

Signature/Date: Oct 9, 2008

ROYAL OTTAWA HEALTH CARE GROUP

**APPROVAL REQUEST**

**Compensation & Succession Planning Committee, April 7, 2021**

To oversee the annual performance review of the Psychiatrist-in-Chief/Chief of Staff and oversee the performance objectives for the next year

**MOTION FOR APPROVAL:**

**BE IT RESOLVED THAT** the Psychiatrist-in-Chief/Chief of Staff's 2021-2022 objectives (subject to feedback on June 3, 2021) and performance pay (a portion of the percentage set out in the Variable Compensation Plan for Senior Management) based on the achievement of his 2020-2021 objectives, be forwarded to the Board for approval.

**Moved by:**

**Seconded by:**

**Motion approved:**