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

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

○ Oral presentation
● Paper enclosed
●● Paper to follow
●●● Paper at meeting
IN Information
DEC Decision required
** Guidance required
*** Discussion

Time (min)	#	ITEM	REFERENCE	RESPONSIBILITY	STATUS	
4:30pm (03)	**1.**	**CALL TO ORDER** **WELCOME & INTRODUCTIONS**		L. Leikin	○	IN
4:33pm (02)	**2.**	**AGENDA AND PREVIOUS MINUTES**	a) Acceptance of Agenda	All	●	DEC
			b) Approval of Previous Minutes	All	●	DEC
4:35pm (30)	**3.**	**OTHER REPORTS**	a) Innovation Council Report	K. Corace	○●	IN
			b) Research Committee Report	F. Dzierszinski	○●	IN
			c) Research Ethics Board Report	A-M. O'Brien	●	IN
5:05pm (05)	**4.**	**FOLLOW UP FROM GOVERNANCE COMMITTEE**	a) Sharing Meeting Materials and Sending Delegates to Meetings	L. Leikin	○●	IN
5:10pm (20)	**5.**	**COVID-19 UPDATES**	a) High-level Overview of Operational Changes that Impact Patient Care	E. Millar	○●	IN
			b) Occupational Health & Safety Report - Covid-19 Impact on Patient Safety and Clinical Care	C. Crocker	○●	IN
5:30pm (30)	**6.**	**QUALITY UPDATES**	a) Quality Updates	R. Bhatla D. Simpson	○●	IN
			b) Annual Quality Improvement Plan	R. Bhatla D. Simpson	○●	DEC
6:00pm (05)	**7.**	**DECISION/INFORMATION ITEMS**	a) EHR Updates	C. Crocker	○	IN
			b) Integrated Risk Management Framework *(Quarterly)*	C. Crocker J. Lambley	○●	DEC
	8.	**CORPORATE POLICY & PROCEDURES**	*None*			
6:05pm (05)	**9.**	**CONSENT AGENDA**	a) Strategic Plan – Quality Indicators	J. Lambley	●	IN
			b) Mental Health & Addictions Quality Initiative Comparison Scorecard (MHAQI)	M. Webb	●	IN

			c) Corporate Patient Safety Report	D. Simpson	●	IN
6:10pm	**10.**	**ADJOURNMENT**	Next meeting: June 7, 2021	L. Leikin	○	DEC

Dr. L. Leikin, Chair, Quality Committee of the Board Regrets to Patricia.Robb@theroyal.ca; Phone: 613-722-6521 x6323

MINUTES
ROYAL OTTAWA HEALTH CARE GROUP
QUALITY COMMITTEE
December 7, 2020, at 4:30 p.m.
via Zoom (details in calendar)

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

#	ITEM	REFERENCE	ACTION REQUIRED
1.	**CALL TO ORDER** **WELCOME & INTRODUCTIONS**	The meeting began with L. Leikin, Chair, acknowledging that the land on which we gather is the traditional and unceded territory of the Algonquin nation. He then called the meeting to order at 4:32 p.m. and declared it to have been regularly called and properly constituted for the transaction of business. All members were welcomed. S. Joynt was welcomed as a guest presenting with S. Farrell and R. Bhatla.	
2.	**AGENDA AND PREVIOUS MINUTES**	a) Acceptance of Agenda	
		Moved by S. Squire and seconded by D. Somppi **BE IT RESOLVED THAT** the agenda of December 7 2020 be accepted as presented. **CARRIED**	
		b) Approval of Previous Minutes	All
		Moved by A. Graham and seconded by S. Squire	

		BE IT RESOLVED THAT the minutes of September 14, 2020 be approved as presented. **CARRIED**	
3.	**PRESENTATION**	a) Telemedicine Services – S. Farrell, S. Joynt, R. Bhatla	
		An excellent overview of Telemedicine Services at the Royal was provided. A copy of the materials was included in the meeting package. The service had been in operation for some time, prior to Covid, and is distinct from virtual health care currently in use due to the pandemic. Telemedicine has historically been used to serve under-served communities, through partnerships. It is expected that the service will expand. The Chair then opened the floor for discussion. Comments and issues addressed were: - The digital divide and access to technology will be a limiter in being able to support under-served communities. There is a movement to break down that divide in rural. communities. This is an advocacy opportunity for the Board to promote the benefits of and to improve access to care in disadvantaged and under-served communities. - The issue of efficacy in telemedical care in comparison to usual care was flagged. There may be those who need to feel/be with another person rather than through electronic means. - Measurement and collection of outcome data is important to evaluate service effectiveness. As platforms grow, the team was encouraged to make a concerted effort to assess this modality of treatment/consultation effectiveness in order to determine that it works as well as care as usual. - The value of leveraging synergies with IMHR was flagged, as was the value of research capacity within the care model. - Given the importance of cyber concerns, there needs to be a back-up plan in order to protect and continue offering service. R. Bhatla, S. Farrell and S. Joynt were thanked for their presentation. The Committee was eager to hear more on this topic going forward. *S. Joynt departed the meeting.*	
4.	**COVID-19 UPDATES**	a) High-level Overview of Operational Changes that Impact Patient Care – E. Millar	
		A copy of the presentation was included in the meeting package. Four challenges were noted:	

		1) Accountability: Many of the traditional ways that data is captured is not sufficient to track accountability in the new world of working remotely. 2) Time. Covid has taken an inordinate amount of time from staff. This results in less time being available for quality initiatives, projects etc. 3) Pandemic burnout: As expected, the pandemic has had a negative impact on population mental health. There has been a higher volume and acuity of patients seeking help for mental health issues. This has also impacted staff and leadership. A functional model of staffing has been developed in order to enable the Royal to continue to provide care that is safe for both the patients and staff. In its most fulsome implementation, the progress through treatment can be delayed. 4) The impact on leadership. Regular work day and weekends off have disappeared, which has created exhaustion. Zoom meetings have a negative impact as some people are losing the human connectedness. There is concern about the overall impacts on functioning, which has been flagged from a quality perspective. As the pandemic rolls further out, the recovery period will be protracted. It may be months to years for full recovery. There is uncertainty in the timelines and process, creating a requirement for staff to have time to grieve what has been lost. Frank discussion raised the following issues, including: - Concern for our population/clientele and any worsening in presentation because of Covid-19. - The pandemic has divided those who have and those who have not. The wedge this pandemic has created is great. - Employees who usually work in office settings, tend to get comfortable with the idea of working from home and may forget others at the front line helping clients. The need to keep them engaged with the front line in order to keep that connected was identified. When the pandemic hit, The Royal initiated a work-from-home policy for those able to, for physical distancing and safety reasons. It is effective, but there are challenges with keeping connected and a strategy is currently being developed with Human Resources. The Committee acknowledged the presentation and the sobering realities of providing care during the pandemic, and wanted to convey the message of support of being heard by the Board.	
		b) Occupational Health & Safety Report – C. Crocker - Covid-19 Impact on Patient Safety and Clinical Care	

		C. Crocker provided a brief update. A copy of the Occupational Health & Safety Report was included in the meeting package. The amazing work that is being done at the Royal is a testament to the physicians and employees we have in the organization. EAP counselling numbers from staff are going up. There is currently a project with the Centre of Excellence (CoE) around moral stress relating to Covid-19. The Royal has partnered with them to look at this issue, the benefits available to physicians and staff, and to determine where the gaps are and how to close them, and to communicate to staff the benefits we currently have. Since the pandemic began it has been a challenge to hire any staff as many workplaces are on a hiring mode and the talent pool is disappearing. Organizationally, casuals have been put on permanent status. The priority is keep those on staff, and to encourage new staff to come to this organization. The Royal is continuing with training about respectful workplace and mental health. C. Crocker was thanked for his remarks. The Committee acknowledged that these are unprecedented times to deliver healthcare.	
5.	**QUALITY UPDATES**	a) Quality Updates – D. Simpson, R. Bhatla	
		D. Simpson provided a summary of the ongoing quality initiatives. A Briefing Note was provided and was included in the meeting package. Going forward, there will be a change in the notification of critical incidents in the Corporate Patient Safety report. Discussion followed with the following comments and questions made: - Unknowns around suicide reporting. An explanation was provided that sometimes the Royal is notified by the family members of a patient's death and they are unsure of the cause of death. Obituary notices also do not always list cause of death. In these cases, the death is recorded and the Program is advised. If the cause of death is known, the Program is to let the incident review committee know. The regional coroner and staff check with Connecting Ontario, which has data on where someone is receiving care. If there is a mental health aspect involving the Royal, we will be notified. - Suicide reporting. The Committee appreciated the level of information which addressed the issue over the last year and a half to identify areas where there is opportunity to improve. - Safety. Points in the building that are non-visible on camera or a dead end have been identified. The Royal	

		tries to make sure there are no blind spots. Cameras have been installed and are monitored by Security and have a play-back feature. Mirrors have also been installed on dead-end corridors. - Quality culture. The Committee noted increased emphasis on quality throughout the organization. Suggestion was made that accreditation readiness model should possibly be called a quality readiness model instead. There is still an opportunity to change the title and this will be explored. - Priorities. Is the quality improvement culture taking a back seat to the Royal keeping its head above water during the pandemic? The Committee requested feedback on expectations to advance quality initiatives at the same time as trying to manage the impact of the pandemic. Continued alignment of activities will improve quality. The quality improvement teams are also a key driver on how quality continues at the program level. These teams have started meeting again, but are not as far along because of the pandemic. - The Research Committee is holding meetings in line with the strategy plan. The issue of synergy between the hospital Quality Committee, the Innovation Council and the Research Committee was identified. It was recommended that at minimum an Innovation Council report to this Committee as it relates to quality initiatives (similar to the risk report) would be helpful. The need for alignment between each of the committees, and the value added of the Innovation Council and Research Committee membership on the Board's Quality Committee was flagged as important. The matter was to be taken under advisement by SMT.	J. Bezzubetz to SMT
6.	**CLIENT & FAMILY**	a) Reports on Client and Family: Client and Family Feedback System, Ontario Perception of Care Client Survey, Family Satisfaction Survey *(Bi-Annual)* – J. Desrochers	
		The client and family feedback is an annual report with the full report available at the April. An update was provided on OPOC as follows. The May survey was deferred due to the pandemic. It was shifted to surveying clients and families virtually, which worked quite well as more people were reached. The survey was welcomed as a way to connect families and the Royal. Health Records and IT provided support to assist. A target of 250 responses for outpatients was set and to date 429 were received. A target of 160 inpatients was set and to date 176 received. A target of 50 caregivers was set and to date 81 received. The survey period ended on November 27, 2020, but more time will be given to allow for mailed and emailed surveys to come in. A report will be ready at the end of the fiscal year.	J. Desrochers

		Interpreters were used, which allowed access to a broader demographic of clients and families and this worked quite well. One person was dedicated to inpatient surveying, who was able to build rapport very quickly and reach targets more efficiently than in the past. Going forward, the ~~usual~~ OPOC surveys for clients and caregivers will be done jointly during all survey periods. J. Desrochers was thanked for her presentation and she departed the meeting.	
7.	**DECISION/ INFORMATION ITEMS**	a) EHR Reporting – C. Crocker	
		There will be three major projects over the next 18 months. 1) The patient portal. About 15 patients are in the process of signing up. Looking forward to continuing to roll this out. Patients/clients will have direct access to charts. 2) Community-wide scheduling. This is administrative, but it also has a benefit to patients. It has features that will be implemented over time to check scheduling. 3) Web ambulatory, which will make all of the Royal's community teams integrated in the health records and ties into the patient portal for information to make available to patient/clients. These projects have all been done in partnership with Ontario Shores and Waypoint.	
		b) Integrated Risk Management Framework (IRMF) *(Quarterly)* C. Crocker, J. Lambley	
		J. Lambley provided a brief update. 18 risks were identified with 10 being noted as very high or high. Many action plans are ongoing. As requested by the Board, the process of adding timelines was started. The IRMF is usually also discussed at the Finance Committee, but was not this cycle. For 2021, reviews will align. Cyber security risk management has received considerable recent attention. Virtual care opens the organization up to increased risk. The cyber security consultants provided the Finance Committee with an overview of solutions and recommendations. A schedule regarding implementation of those recommendations will follow. Moved by J. McRae and seconded by P. Johnston. **BE IT RESOLVED THAT** the *Integrated Risk Management Framework* be accepted as presented and brought forward to the next Board of Trustees meeting for final approval. **CARRIED**	
		c) Research Ethics Board (REB) Update – F. Dzierszinski	

		In line with the revised REB Terms of Reference that were approved by the Board recently, a call for expressions of interest for the REB chair position was made in September. After having done their due diligence, the Executive Committee as defined by the ToR, composed of the ROHCG President & CEO, IMHR President/ROHCG Vice-President Research, ROHCG Psychiatrist in Chief/Chief of Staff and the Centre of Excellence President & CEO, are recommending Ann-Marie O'Brien for this position. Her application meets all the desired skills, competencies, experience and compliance requirements, as identified in the skills matrix included in the agenda package. By way of background, the Chair reminded the Committee that the REB reports to the Quality Committee as a mechanism of governance through to the Board. The REB operates at arms length in terms of its work and its decision making process. It is staffed independently and has experts on research, ethics and mental health. The Quality Committee is not asked to vet, but to receive the information and provide oversight on processes.	
		i. Appointment of REB Chair	
		A copy of a briefing note was included in the meeting package. Moved by D. Somppi and seconded by J. Gallant **BE IT RESOLVED** that as recommended by the ROHCG President & CEO, IMHR President/ROHCG Vice-President Research, ROHCG Psychiatrist in Chief/Chief of Staff and the Centre of Excellence President & CEO, the appointment of Ann-Marie O'Brien be approved as presented and brought forward to the next Board of Trustees meeting for final approval. **CARRIED**	
		ii. Research and Ethical Review of Human Participants Studies Policy – CORP III-120	
		A copy of a briefing note and the policy (clean and track changed) was included in the meeting package. Moved by D. Somppi and seconded by J. MacRae **BE IT RESOLVED** that the Research and Ethical Review of Human Participants Studies CORPIII-120 be approved as presented and brought forward to the next Board of Trustees meeting for final approval. **CARRIED**	
		iii. Responsible Conduct of Research Policy – CORP III-140	
		A copy of the policy (clean and track changed) was included in the meeting package. The Chair encouraged members to familiarize themselves with the policy regarding REB ethics approval and investigations. This is a new responsibility for the Committee, and members should be familiar with the policies (CORP 120 and 140).	

		Moved by P. Johnston and seconded by S. Squire **BE IT RESOLVED THAT** the Responsible Conduct of Research Policy – CORP III-140 be approved as presented and brought forward to the next Board of Trustees meeting for final approval. **CARRIED**	
8.	**CORPORATE POLICY & PROCEDURES**	a) Recording and Managing Client and Family Feedback CORP VI-ii 110 – R. Bhatla	
		A copy of the policy (clean, tracked changes and approval form) was included in the meeting package. Moved by J. McRae and seconded by P. Johnston **BE IT RESOLVED** that the Recording and Managing Client and Family Feedback CORP VI-ii 110 Policy, be approved as presented and brought forward to the next Board of Trustees meeting for final approval. **CARRIED**	
		b) Welcoming Visitors at the Royal, ROHCG, CORP X-ii-130	
		A copy of the policy (clean, tracked changes and approval form) was included in the meeting package. Moved by D. Somppi and seconded by S. Squire **BE IT RESOLVED** that the Welcoming Visitors at the Royal CORP X-ii-130 Policy be approved as presented and brought forward to the next Board of Trustees meeting for final approval. **CARRIED**	
		c) Policy Development, Revision, Approval and Implementation CORP I-100	
		In future, there needs to be clarification whether this policy is a Quality Committee matter for approval or that of another Committee of the Board. J. Bezzubetz reviewed a framework based on other jurisdictions on how to co-create and co-design hospital policies, which come to the Senior Management Team for review, and to client and family members for input. The Royal will look for ways to baseline and measure policy design and effectiveness. J. Bezzubetz will share this with D. Somppi. A copy of the policy (clean, tracked changes and approval form) was included in the meeting package. Moved by D. Somppi and seconded by S. Squire **BE IT RESOLVED** that the Policy Development, Revision, Approval and Implementation CORP I-100 Policy be approved as presented and brought forward to the next Board of Trustees meeting for final approval. **CARRIED**	R. Bhatla

9.	**CONSENT AGENDA**	Moved by J. McRae and seconded by J. Gallant **BE IT RESOLVED THAT** the Consent Agenda, including the items outlined therein, be accepted, as presented. **CARRIED** There were no items removed from the Consent Agenda. The Corporate Patient Safety report was moved into the Consent Agenda for this meeting and going forward. If any members have any thoughts on the contents of the Consent Agenda or on the quality updates, they are to reach out to R. Bhatla or to the Chair. a) Strategic Plan – Quality Indicators b) Mental Health & Addictions Quality Initiative Comparison Scorecard c) Corporate Patient Safety Report	
10.	**ADJOURNMENT**	The Chair noted that the impacts of Covid-19 have been unprecedented on clients, families and on staff. The Royal will undoubtedly face increasing pressures on its services as community demand will continue to grow throughout the pandemic. These pressures are not lost on Board members, as they are felt on our clients and families, and on the dedicated staff who deliver care throughout the Royal. On behalf of the Board, staff were thanked for their extraordinary efforts during the last nine months, and to their families for allowing us to have them. Next meeting: February 8, 2021	
		There being no further business, the meeting was adjourned at 6:45 p.m.	

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L. Leikin
Chair

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J. Bezzubetz
Secretary, Board of Trustees

Quality Meeting Action Items

Action Item	Individual Responsible	Status
December 7, 2020		
The issue of synergy between the hospital Quality Committee, the Innovation Council and the Research Committee was identified. It was recommended that at minimum an Innovation Council report to this Committee as it relates to quality initiatives (similar to the risk report) would be helpful. The need for alignment between each of the committees, and the value added of the Innovation Council and Research Committee membership on the Board's Quality Committee was flagged as important. The matter was to be taken under advisement by SMT.	J. Bezzebutz to SMT	
The OPOC report will be ready at the end of the fiscal year.	J. Desrochers	June 7, 2021
In future, there needs to be clarification whether the Policy Development Policy is a Quality Committee matter for approval or that of another Committee of the Board	R. Bhatla	
September 14, 2020		
QIP: The issue of Workplace Violence Incident reporting was raised, and whether data is under reported. The Committee agreed it would be worthwhile in future reports to identify a program specific definition so the Committee knows what data they are looking at.	D. Simpson	COMPLETED December 7, 2020
Quality Framework/Quadruple Aim: There was general support from the Committee on the model and language. The need to better understand implementation on the ground, and the organizational structure for quality was flagged. This will come back to the Committee for clarification and discussion. The importance of measuring penetration and uptake in various areas of the hospital was raised.	D. Simpson	COMPLETED December 7, 2020
Corporate Patient Safety Report: Results from quality care reviews and recommendations will be brought forward to future Committee meetings in order to evaluate how they are being incorporated into practice and what, if any, difference they are making to the quality of care.	D. Simpson	COMPLETED December 7, 2020
Terms of Reference: The paragraph on 'Structure of Meetings' is to be struck from the Terms of Reference as it was agreed that this was not needed. The presentations were considered useful and will continue, but context and format may change as the Committee determines.	P. Robb	COMPLETED
Prevention and Management of Violence in the Workplace Policy: A question was raised about psychological safety and whether it is mentioned enough in the policy. C. Crocker will	C. Crocker	

have someone look at the wording to ensure it is clear in the policy.		
June 1, 2020		
There is a proposed Quality framework which will be reviewed at the next meeting.	R. Bhatla	COMPLETED September 14, 2020
REB Terms of Reference - to propose other language to provide more clarity for item 4.4. It was recommended that 'then approved by the Board' should be added.	F. Dzierszinski	COMPLETED September 14, 2020
The suicide prevention strategy presentation will be continued as a Part 2 at the next in-person meeting.	R. Bhatla	COMPLETED ~~September 14, 2020~~ Will be presented at Board only on September 24, 2020
Moved from March 10, 2020 Governance Committee		
To do more work regarding the REB Board and Chair terms and come back to the Board with some recommendations. To work on the objectives that the REB Chair performance evaluation will be measured against and bring back to this Committee. The objectives will be based on the Terms of Reference.	J. Bezzubetz F. Dzierszinski	~~March 26, 2020~~ ~~May 21, 2020 no meeting due to Covid~~ ~~June 1, 2020~~ COMPLETED September 14, 2020
March 5, 2020		
To update language on the 2020-2021 Quality Improvement Work Plan as amended in minutes above.	D. Simpson F. Dzierszinski (for indicator #1)	COMPLETED Before end of March 2020
February 4, 2020		
To present at the next Committee meeting on the corporate suicide strategy.	R. Bhatla	COMPLETED June 1, 2020
The Committee remains interested in identifying patient safety trends, as well as tolerance levels for safety indicators. It was agreed that patient safety monitoring has been satisfactory, but further attention is required to develop standards and tolerance levels with indicators. Comparisons of the Royal's patient safety data with relevant population norms and other hospitals, and program specific examination of safety data, is necessary in order to fully assess Royal patient safety and to create thresholds for tolerance. This exercise will be scheduled after the Quality Improvement Plan has been completed.	D. Simpson	

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

The Committee agreed to the motion accepting the IRMF, with the recommendation that the impact for suicide be adjusted as high.	J. Lambley	COMPLETED February 4, 2020 The recommended change will be made in the next iteration of the report
The importance of moving the organization's suicide strategy will be put on the next meeting agenda as a presentation.	L. Leikin R. Bhatla P. Robb	~~June 1, 2020~~ COMPLETED ~~September 14, 2020~~ Will be brought to Board only on September 24, 2020
November 4, 2019		
The Quality Committee Terms of Reference will be sent back to the Governance Committee to bring to the Board of Trustees in February for final approval.	P. Robb	COMPLETED January 23, 2020 Governance Committee COMPLETED February 20, 2020 Board of Trustees meeting
The full comments by Committee members on the generative discussions on the QIP were captured by K. Lepinskie and will be provided to D. Simpson and her team, who will translate them into themes and determine how they can be measured. There will be a report back to the Committee on the progress of this process at the December Committee meeting by D. Simpson and a verbal report to the Board as part of the Quality Committee report.	K. Lepinskie D. Simpson P. Robb	COMPLETED December 2, 2019 Quality Committee meeting COMPLETED December 12, 2019 Board of Trustees meeting
September 9, 2019		
To add item on Assessing Individual Board Member Performance to the Governance Committee agenda	P. Robb	COMPLETED
Questions relating to the Quality Committee Terms of Reference will be added to the next Governance Committee agenda	P. Robb	COMPLETED
To bring the matter of the IRMF at both the Quality and Finance Committees to the Governance Committee for clarification	P. Robb	COMPLETED
To put forward a proposal about increased meeting frequency for review by members	L. Leikin	COMPLETED

Briefing Note

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

To: The Quality Committee of the Board
Date: March 1, 2021
Subject: Innovation Council Status Update
From: Dr. Kim Corace & Dr. Florence Dzierszinski

I. Purpose:
The purpose of this briefing note is to inform the Quality Committee of the Board on the status of the Innovation Council.

II. Background:
The Innovation Council kicked off its important work on November 23, 2020. Twenty-one team members from across the entire enterprise met to discuss the role of the Innovation Council in supporting the Royal's new strategy through further development of Innovation.
The council is working closely with the Research Committee and its focus is to encourage, foster and promote innovation across the enterprise. Defined as ***New or Better ways of implementing valued things***.

III. Present status and Activities to date:
Three exciting sub-working groups are working as a follow-up to the Council kick-off meeting

- The Proposal working group developed a call for proposal template that was released to the organization on January 8 to find innovative solutions, and projects.
    - 15 Submissions received by the deadline
    - 6 are recommended from the working group to be presented at the next Council meeting
    - The remainder will be provided feedback to further develop the ideas
- The second working group is working on recommendations for the development of an Innovation Dashboard.
    - This work will continue to evolve and include a dashboard of innovation projects, where they are in the innovation cycle and how they fit in the strategy.
    - Part of this sub-group is also working on new ideas for measuring hope
- The third group is a joint Advisory group formed from the Innovation Council and Research Committee volunteers that is advising on a program evaluation review project. More specifically, the project is reviewing program evaluation models in academic hospital settings to inform the development of a program evaluation model for The Royal
    - The Advisory group is working with the Program Evaluation Review Project Core team to review materials and recommendations put forward as part of the review.

IV. Next Steps:

- Identify and prioritize the projects to be presented at the next Innovation Council meeting
- Continue work on recommendations for an Innovation Dashboard and potential innovative measures of hope
- Complete the work of the Joint Advisory group by the end of March
- Research Committee and Innovation Council will continue to work together and collaborate on initiatives, including joint working groups
- Next Innovation Council meeting **March 9, 2021 from 1 – 3 PM**.

The work of the Innovation Council, including support to innovation development for care, and establishment of indicators to follow this development, naturally supports the work and the goals of the Quality Committee of the BoT.

Briefing Note

To: The Quality Committee of the Board
Date: March 01, 2021
Subject: ROHCG Research Committee - Status Update
From: Dr. Florence Dzierszinski & Dr. Kim Corace

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

I. Purpose:
The purpose of this briefing note is to provide the Quality Committee of the Board with an activity report from the ROHCG Research Committee.

II. Background:
- The inaugural meeting of the Research Committee took place on December 01, 2020. This inter-professional committee is composed of thirty eight (38) team members from across the entire enterprise, who will develop research and academic activities and plans to drive success in line with The Royal's strategy, including client- and family-oriented research to improve care and outcomes.

- The Research Committee works closely with the Innovation Council to encourage, foster and promote innovation across the enterprise.

- It is understood that the missions of the research and innovation portfolios at The ROHCG, and more broadly in academic hospitals, are synergistic, as per their definitions and mandates.

Research portfolio: generation of new knowledge through hypothesis-driven research and evaluation endeavors, and transfer of knowledge generated by discovery and applied research and evaluation; activities are peer-reviewed and require REB approval.

Innovation portfolio: 'Implementing new or better ways of doing valued things'; activities may be peer-reviewed, and parts of the activities may require REB approval.

III. Present status and Activities to date:

From the membership of the Research Committee, four inter-professional working groups were formed in January 2021; others will develop over time to support The Royal's Strategy.

1) Co-create a framework for client- and family-oriented research:
- Co-chairs: Peter Winfield (Clients), Michele Langlois (Families), Tammy Beaudoin (clinical research administration); executive sponsor: F Dzierszinski
- Kick off meeting: February 22, 2021
- Short term: develop penultimate version of framework (target May / June 2021)
- Medium term: environment design for implementation of the framework in line with The Royal's strategy

2) Academic working group: this standing working group will address a number of portfolios, including but not limited to academic appointments and re-appointments, education and learning, peer review, academic partnerships, etc. The working group will also benchmark and design initiatives to encourage and support an academic culture across the organization.

3) Framework: Artificial Intelligence / Machine Learning (AI/ML): ethics and trust, data governance: as we know, AI has the potential to transform (or, is already transforming in some instances) how healthcare is delivered. It is critical to better understand how AI can be implemented safely and ethically to support improvements in outcomes, experience, and access. This standing working group will keep abreast of trends and developments and will provide recommendations in terms of AI ethics and trust, and data governance at The Royal. The working group will focus on governance and education; recommendations and implementations will be carried out in partnership with other committees at The Royal, including the Innovation Council.

4) Joint Advisory group formed from the Innovation Council and Research Committee: advising on a review of program evaluation models in academic hospital settings to inform the development of a program evaluation model for The Royal.

- Next ROHCG Research Committee meeting: **March 9, 2021, 10:30am – 12pm**.

The work of the Research Committee, including support to research development for care, and establishment of indicators to follow this development, naturally supports the work and the goals of the Quality committee of the Board of Trustees. As a specific example, the framework for client- and family-oriented research will further develop the Quality Indicator (QIP) "Percent of clinical research projects involving clients and families". Other research initiatives, as described in the QIP reports, will contribute to the evolution of this indicator, and others, in support of evidence-based care for instance.

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

The Royal Ottawa Health Care Group
Research Ethics Board Quarterly Report
Q3 – October 1, 2020 to December 31, 2020

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

The REB Administration Office

The REB Administration Office is responsible for managing the day-to-day activities related to research ethics oversight.

The Research Ethics Board

The REB meets once a month to review clinical research applications. The Board is a multidisciplinary team consisting of 17 members, two of whom are community representatives.

QUARTERLY ACTIVITY

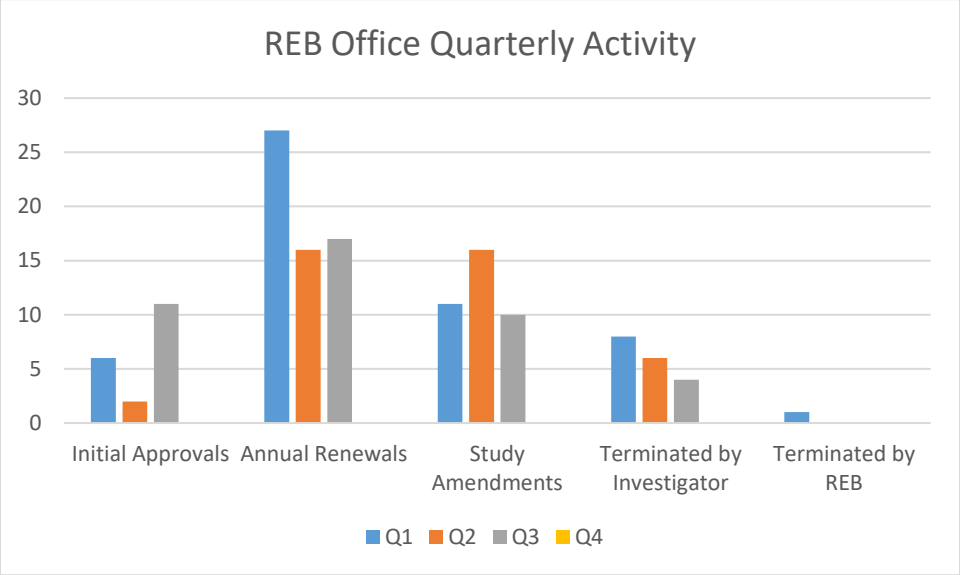
The REB received 8 new study applications in Q3. Due to the ongoing pandemic all REB meetings and reviews are conducted virtually via Zoom and electronically via Email.

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

Other REB Activity

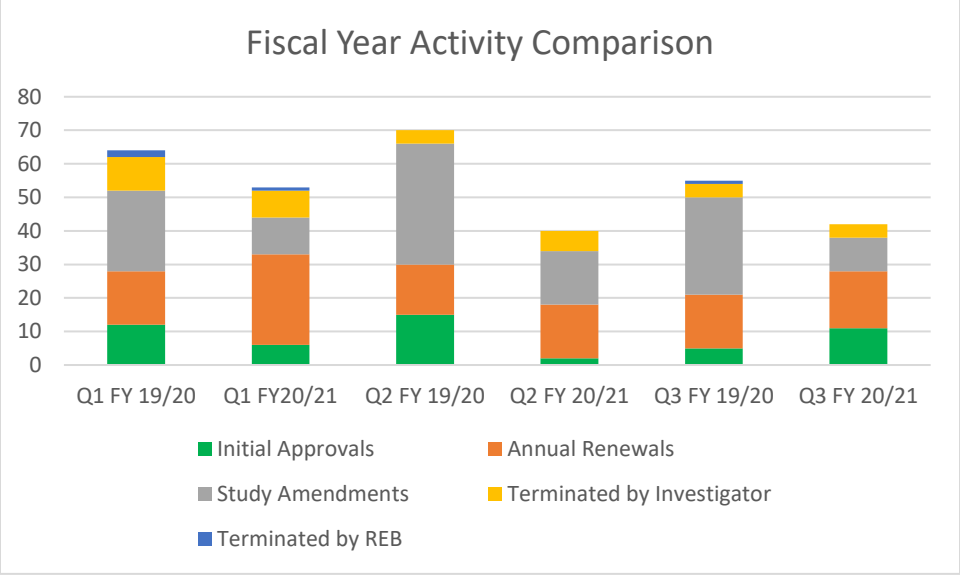
The chart below (Graph 1.0) illustrates the REB Office quarterly review activities. Compared to Q1 and Q2, there is a significant increase in the number of new studies being approved by the REB. Researchers are becoming more comfortable with virtual research and are designing new studies that align with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

Graph 1.0



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

Graph 1.1



Quality Improvement and Program Evaluation Projects

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

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

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

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

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

Active Studies and Recruitment Metrics – December 31, 2020

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

**28 studies have not yet reached the one-year renewal point and therefore recruitment numbers for these studies are not available and not reported in the totals above. 31 of the total active studies were chart review research and are not included in the N for total enrollments.*

N = studies that are approved, recruiting and have renewed approval and provided recruitment numbers in 2020.

IMPORTANT HIGHLIGHTS

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

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

Tammy Beaudoin
Director, Clinical Research Administration

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

Briefing Note

To: Lewis Leikin, Quality Committee	Date: March 1, 2021
From: Catherine Coulter, Chair, Governance Committee	Prepared By: Patricia Robb
CC to:	
Subject: - Sharing of Quality Committee Meeting Materials - Sending Delegates to Quality Committee meetings	

Purpose *(mark an X beside the appropriate choice)*

For approval		For Information	X	For Decision		Other	

Issue:

A request was made by M. Langlois, Chair, FAC, to L. Leikin, Chair, Quality Committee, asking whether she could share the Quality Committee materials with the Family Advisory Council members. She also asked whether she could send a delegate in her place to the Quality Committee meetings, when necessary.

The Governance Committee met on January 26, 2021 and after review of the relevant legal opinions agreed as follows. L. Leikin has followed up with M. Langlois.

From: Coulter, Catherine <catherine.coulter@dentons.com>
Sent: January 29, 2021 5:29 PM
To: Lewis Leikin <drleikin@rogers.com>
Cc: Patricia Robb <Patricia.Robb@theroyal.ca>; David Somppi <d.somppi@primus.ca>
Subject: 2019-03-01 Quality Committee matters

Hi Lewis. Hope all is well!

We had our Governance Committee earlier this week and I wanted to write back to you to summarize where things are at in relation to a couple of items that came to us from the Quality Committee.

Further to the advice given in the legal opinions to the Governance Committee, a confidentiality agreement has been sent to the Chairs of the Family and Client Advisory Councils in order that approved meeting materials can be shared with the Councils, when required.

In addition, delegates (other than those already allowed for in the Quality Committee Terms of Reference – restricted to delegates of several executive/staff members) will not be allowed to attend Quality Committee meetings. That said, someone from FAC and/or CAC can be invited to attend the Quality Committee by the Chair, in exceptional or limited circumstances. By way of example, if the chair of either committee can't make it and they let you know that they will not be attending, it will be up to you as Chair, to decide whether or not to invite them. That said, this should not be a regular occurrence. If it is the wish of the Quality Committee that you be permitted to invite someone in the absence of the FAC and or CAC Chair(s), it is recommended that the

Committee's Terms of Reference be amended accordingly.

Have a great weekend!

Catherine

An email was sent to the Chairs of the FAC and CAC with confidentiality agreements as follows:

From: Jacquie Dagher <Jacquie.Dagher@theroyal.ca>
Sent: January 14, 2021 1:41 PM
To: Glenda O'hara <Glenda.Ohara@theroyal.ca>; 'Michele Langlois' <michele.lea.langlois@gmail.com>
Cc: Suzanne Pelletier <Suzanne.Pelletier@theroyal.ca>; Joanne Bezzubetz <Joanne.Bezzubetz@theroyal.ca>; Jacqueline Desrochers <Jacqueline.Desrochers@theroyal.ca>; Patricia Robb <Patricia.Robb@theroyal.ca>
Subject: 2021-01-26 Sharing of materials

Good afternoon Glenda and Michele,

Further to Pat's email, please see attached the Confidentiality Agreement. Please let me know if you have any questions regarding the content. I would be happy to discuss with the both of you over the phone.

Best,
Jacquie

From: Patricia Robb <Patricia.Robb@theroyal.ca>
Sent: December 2, 2020 12:02 PM
To: Glenda O'hara <Glenda.Ohara@theroyal.ca>; 'Michele Langlois' <michele.lea.langlois@gmail.com>
Cc: Jacquie Dagher <Jacquie.Dagher@theroyal.ca>; Suzanne Pelletier <Suzanne.Pelletier@theroyal.ca>; Joanne Bezzubetz <Joanne.Bezzubetz@theroyal.ca>; Jacqueline.Desrochers@theroyal.ca
Subject: Sharing of materials

Hi Michele and Glenda,

Further to a request from Michele to share some Quality Committee materials with the Family Advisory Council members, the Chair of the Quality Committee recently reached out to her and advised that the materials could be shared, but to expect to hear from me regarding a Confidentiality Agreement. The Governance Committee also discussed it and agreed that this should be for both the Family Advisory Council and the Client Advisory Council in the event that other requests are made from either group and is why I included Glenda on this email.

In that regard, The Royal's lawyer, Jacquie Dagher (copied), is in the process of preparing a Confidentiality Agreement to be signed by yourselves and all Council members. The purpose is to ensure that each member understands their obligations towards confidential information obtained through any meeting. It will be straight-forward and will not require much explanation. However, Jacquie has indicated that she is willing to meet with the two of you to go through the Confidentiality Agreement if required. You will both be responsible to ensure that the members sign the Agreement before sharing any information with them. Please advise if you have any questions in the meantime. The Confidentiality Agreement will follow shortly.

Patricia

Discussion:

The Governance Committee Chair reported on this matter to the Board at their February 18, 2021 meeting.

Attachment:
FAC and CAC Confidentiality Agreements

ROYAL OTTAWA HEALTHCARE GROUP
Family Advisory Council Confidentiality Undertaking

Confidentiality undertaking by a member of the Family Advisory Council of the Royal Ottawa Healthcare Group (the "**Corporation**")

I, the undersigned, a member of the Corporation's Family Advisory Council (hereinafter the "**FAC Member**") in connection with my position as a FAC Member acknowledge that I will have access to and on occasion receive proprietary and confidential information belonging to the Corporation and, therefore, hereby undertake towards the Corporation the following:

1. I shall, at all times, preserve the confidentiality of the Corporation's confidential information obtained in my capacity as a FAC Member, the deliberations of the Family Advisory Council as well as all other information of a confidential nature related to the Corporation and its activities.

2. I shall not reveal, disclose or communicate to any person other than a FAC Member, at any time, any confidential information which has been revealed, disclosed, communicated to me or that I have otherwise acquired in my capacity as a FAC Member (the "**Confidential Information**").

3. I shall not use the Confidential Information for personal gain nor for purposes other than those related to my duties and functions as a FAC Member.

4. I shall carry out my duties and functions in connection with the position as FAC Member with integrity, independence, loyalty and good faith, in an objective, vigorous and independent manner.

I agree that a failure to comply with any undertaking of this Agreement may cause the Corporation irreparable harm and that the Corporation shall be entitled to an injunction, a restraining order or other relief in order to enforce any provision of this undertaking, which right shall be in addition, to, and not in lieu of, any other remedy to which the Corporation will be entitled under applicable law.

_____
Date

_____
Signature

_____
Print name in full

_____

ROYAL OTTAWA HEALTHCARE GROUP
Client Advisory Council Confidentiality Undertaking

Confidentiality undertaking by a member of the Client Advisory Council of the Royal Ottawa Healthcare Group (the "**Corporation**")

I, the undersigned, a member of the Corporation's Client Advisory Council (hereinafter the "**CAC Member**") in connection with my position as a CAC Member acknowledge that I will have access to and on occasion receive proprietary and confidential information belonging to the Corporation and, therefore, hereby undertake towards the Corporation the following:

5. I shall, at all times, preserve the confidentiality of the Corporation's confidential information obtained in my capacity as a CAC Member, the deliberations of the Client Advisory Council as well as all other information of a confidential nature related to the Corporation and its activities.

6. I shall not reveal, disclose or communicate to any person other than a CAC Member, at any time, any confidential information which has been revealed, disclosed, communicated to me or that I have otherwise acquired in my capacity as a CAC Member (the "**Confidential Information**").

7. I shall not use the Confidential Information for personal gain nor for purposes other than those related to my duties and functions as a CAC Member.

8. I shall carry out my duties and functions in connection with the position as CAC Member with integrity, independence, loyalty and good faith, in an objective, vigorous and independent manner.

I agree that a failure to comply with any undertaking of this Agreement may cause the Corporation irreparable harm and that the Corporation shall be entitled to an injunction, a restraining order or other relief in order to enforce any provision of this undertaking, which right shall be in addition, to, and not in lieu of, any other remedy to which the Corporation will be entitled under applicable law.

_____
Date

_____
Signature

_____
Print name in full

Briefing Note

To: Quality Committee of the Board – for Information
Date: March 2020
Prepared by: Esther Millar, V.P. PCS, and CNE & Professional Practice.
Dr. Susan Farrell, V.P. PCS & Community Mental Health

Action: For Information

SUBJECT: Operational Changes Due to Covid- 19 Affecting Patient Care.

Background:
The organization began responding to the Covid 19 Pandemic at the end of February 2020, implementing a multitude of measures to keep both clients and staff safe and to continue to provide as many services as possible. Since the December meeting of the Quality Committee of the Board, Ontario experienced the second wave of the Pandemic. Refreshed Emergency Orders accompanied the second wave from the Province and an extended lock down order, which was lifted February 16. In response, the Royal re-instated many of the protective measures from Wave 1 and continued to refine processes to adapt to the ever-changing landscape.

Changes to Clinical Operations Resulting from the Emergency Order
Resumption of More Stringent Covid Protocols

- Visiting for in-patients was suspended until February 22 at which time one visitor per patient was allowed.
- Levels of Activity were restricted for in-patients enabling only facility and grounds accompanied by staff. Effective Feb. 22 the restrictions were eased to enable in-patient access to facility and grounds unaccompanied for up to 1 hour. Off grounds accompanied by staff for therapeutic activities for a max of 2 hours also allowed. This is being revisited weekly and supported by a Levels of Activity algorithm.

Staffing Safety

- Participation in the regional vaccination sequencing. Patient facing health care workers in geriatrics, Long term Care and some community programs completed. Work continues to implement the vaccine sequencing as directed by the province and the region.
- Enhanced PPE practices to include protective eyewear
- Some staff returned to working from home where and when possible.
- Continued audits of hand hygiene and PPE (Personal Protective Equipment) compliance demonstrate compliance levels above 90% across sites and programs.

Service Enhancements

- Provision of webinars on the Mental Health Effects of Covid to the Region and Province
- Implemented the Prompt Clinic

- Re-instated Outpatient Neuropsychological Service.
- Meeting with Client and Family Advisors to discuss the changes resulting from the Emergency Order.
- On February 17, the Resumption of Services working group was restarted to operationalize the recovery from Wave 2.

Current State:

- Royal Ottawa Place had one outbreak commencing January 1st due to staff members testing positive for Covid. No transmission within the building and the outbreak was resolved January 15th. During this time, additional Infection Prevention and Control practices were implemented.
- Remainder of the Royal continues to be outbreak free although considerable activity and concern for an outbreak continues particularly in light of the increased transmissibility of the new variants.
- Screening protocols and staff education enable staff who have tested positive or are symptomatic to remain off site until negative status confirmed.
- Staffing levels have remained sufficient and there has been no need to implement the Functional Model of Staffing. Staffing remains a function of occupancy and acuity.
- All other clinical services continue as re-instated in the recovery phase from Wave 1.
- Planning continues to ensure the most recent evidence and public health guidance are implemented. Further changes to PPE practices can be expected related to the recovery of wave 2 and preparation for a wave 3.
- Bi-weekly meetings with the clinical managers and directors of patient care services to support the changes and identify emerging issues
- The managers and directors of patient care services have started work on post pandemic culture and supporting teams.

Royal Ottawa Health Care Group

3rd Quarter

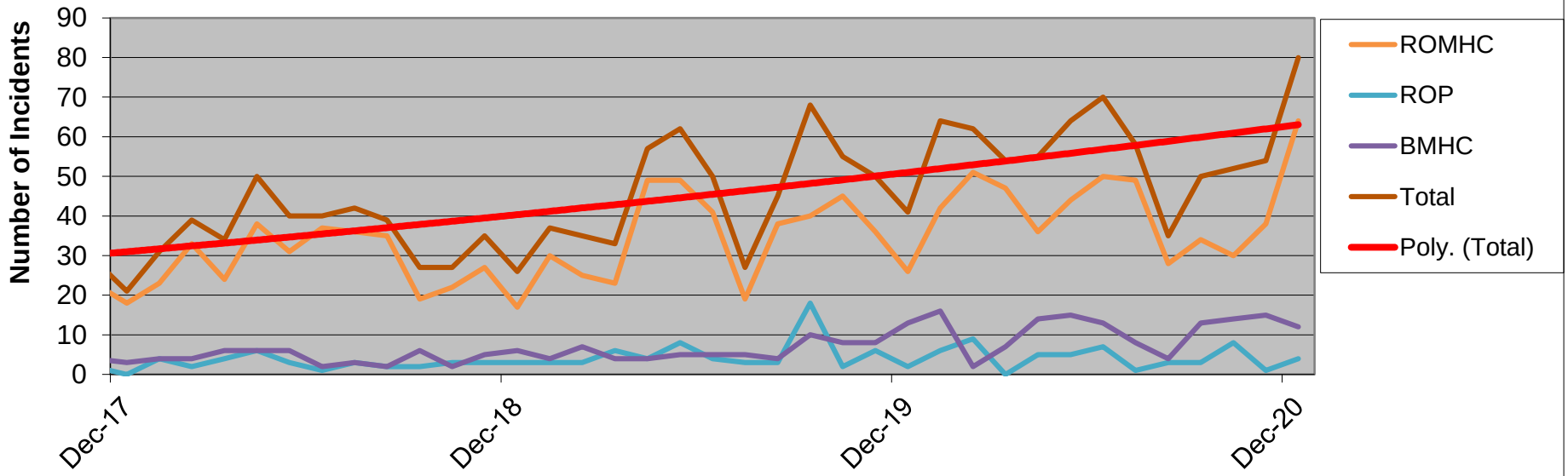
Incident & Days Lost Trend Statistics

Oct 1, 2020 to Dec 31, 2020

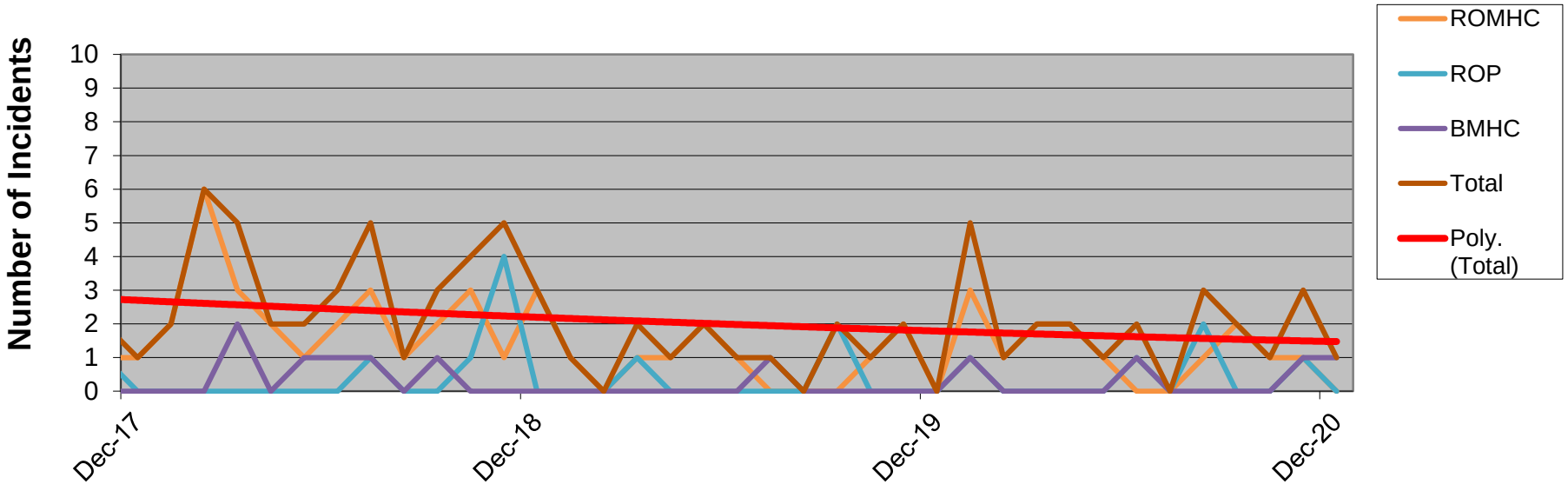
Overview

1. Increase total incident reports in Q3.
2. Musculoskeletal incidents remain low.
3. Reported assaultive behaviour incidents increased mainly in Geriatrics.
4. Lost time days are slightly lower.

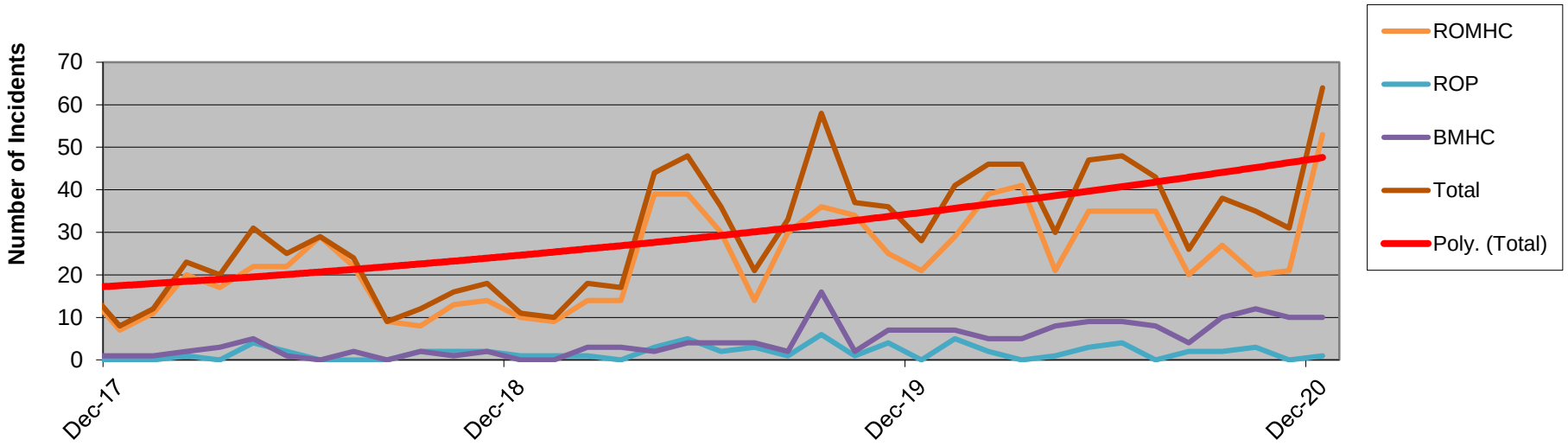
All Reported Incidents
Dec 1, 2017 to Dec 31, 2020

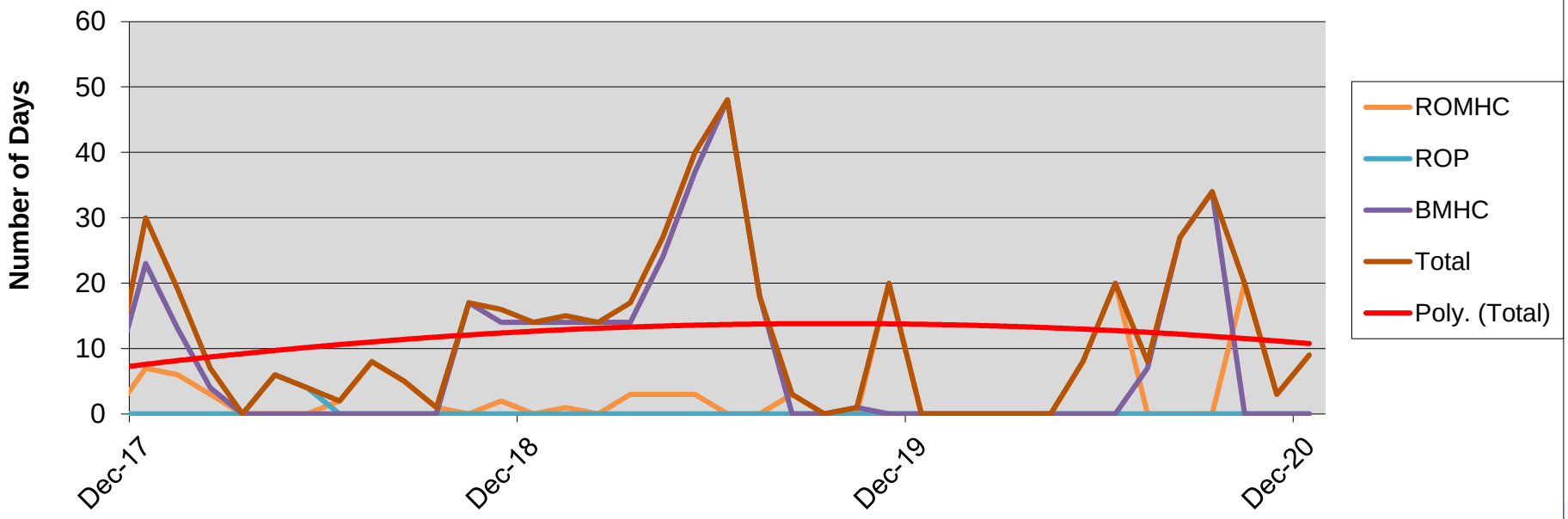


Musculoskeletal Disorder Related Incidents
Dec 1, 2017 to Dec 31, 2020



Assaultive Behaviours
Dec 1, 2017 to Dec 31, 2020




Number of New Lost Time Days by Month
Dec 1, 2017 to Dec 31, 2020
Number of Days
60
50
40
30
20
10
0
Dec-17
Dec-18
Dec-19
Dec-20
ROMHC
ROP
BMHC
Total
Poly. (Total)

Prepared for: Quality Committee of the Board

Title: Q3 Update on Quality at The Royal

Purpose: To update the Quality Committee of the Board on the ongoing quality work at The Royal, including the QIP.

Date: February 8, 2020

Introduction

Quality work at The Royal covers a broad spectrum of activity. In order to try and provide Board members with an overview of the ongoing work related to the QIP, as well as the other activities undertaken in the Quality & Patient Safety portfolio, a briefing note is prepared to highlight this work.

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.

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 1st 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 propose to keep the same indicators from 2020-2021 into 2021-2022 to ensure that the important work to achieve those targets continues. Importantly, Health Quality Ontario, who oversees the development of QIP's in the province, has not opened up this year's online portal to allow hospitals to submit their QIPs, and has

provided no communication regarding whether or not a submission of last year's progress or this year's indicators is required. Regardless, The Royal will be carrying on its work on the QIP as it remains an important driver of quality in our organization.

The QIP Narrative Report and QIP indicators for 2021-2022 can be found in additional section of the meeting package.

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 vaccine 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 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.

Notifying the Board of Critical Incidents

Critical Incidents in Q2

There was one suicide, which occurred in Q2 that was reported to The Royal in Q3. The patient was an outpatient of The Royal's and was in the care of a residential treatment program at the time of their death. A summary of the incidents and recommendations for improvement from three reviews that took place in Q3 for incidents that occurred in Q2 can be found in Appendix 3.

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. As there were no critical incidents in this quarter, the revised process has yet to be trialed. 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:

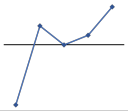
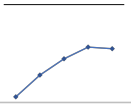
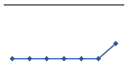
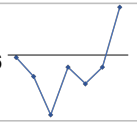
Raj Bhatla, Chief of Staff & Danielle Simpson, Director, Quality & Patient Safety

Appendix 1

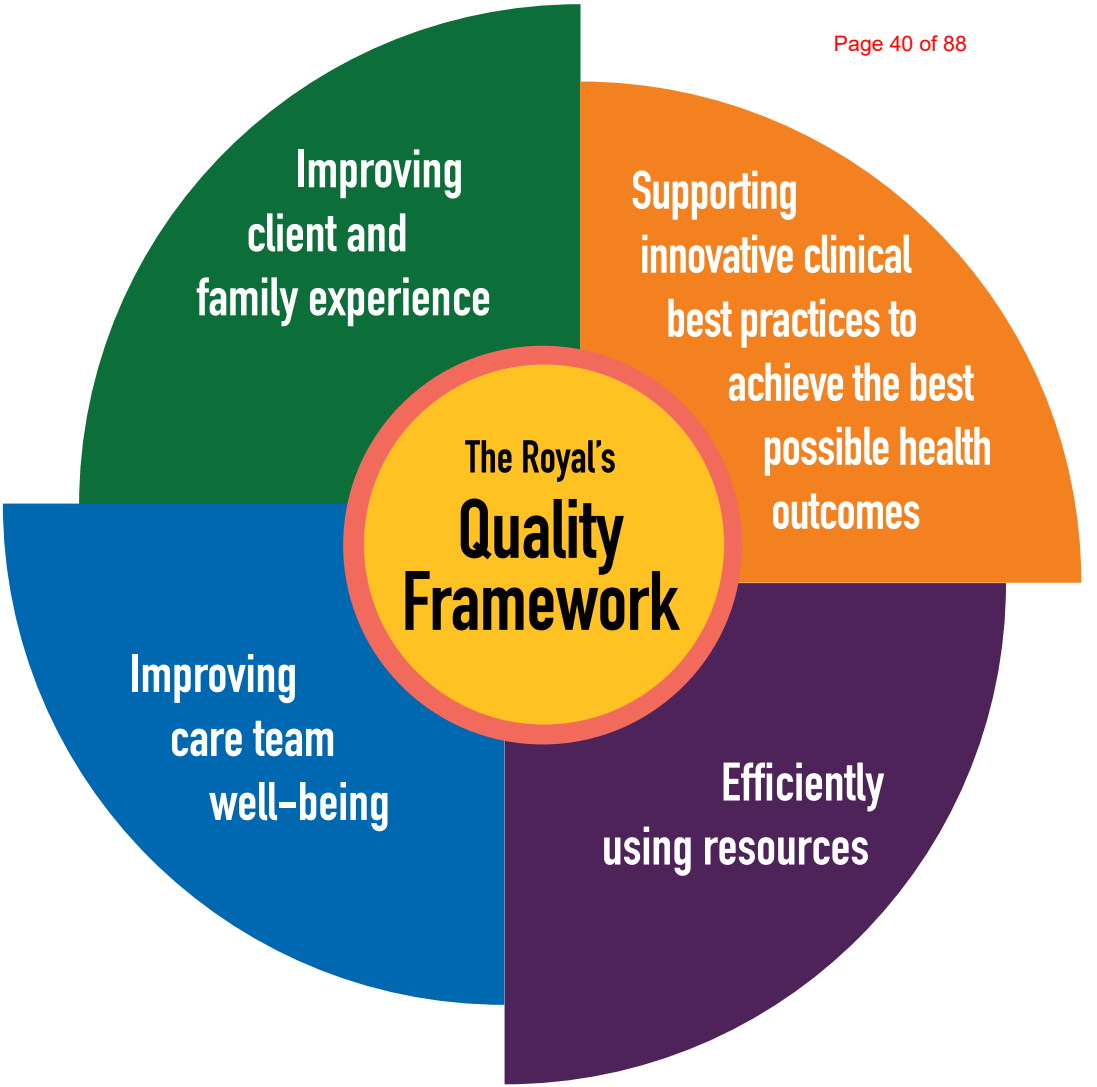
QIP Monthly Dashboard

Updated January 2020

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

Indicator	June	July	Aug	Sept	Oct	Nov	Dec	Trend	Target	Notes
Updated CAPS every 28 days in the Recovery Plan of Care Tool	30% ⚠	50% ⚠	35%	36%	28%	31%	32%		60%	The Recovery Plan of Care education plan has begun to be rolled out with a focus on maximizing the usage and knowledge for all clinicians. Throughout the month of February, an intensive focus on education will continue to support an increase of usage.
Med Rec - BPHM completed by pharmacy techs (outpts Geri/Schiz/MAP)	N/A	84%	92%	90%	91%	94%	100%		90%	BPMH 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.
Mec Rec - BPHM confirmed by attending physician (outpts Geri/Schiz/MAP)	N/A	34%	47%	57%	64%	63%	62%		90%	Med rec completion for patients when medication is a large component of treatment is continuing to improve and has maintained an average above 60% in Q3. Physician EHR training resources remain available to facilitate this work flow requirement.
Clinical outcome measurement used to drive service improvement	4	4	4	4	4	4	6		11	All QI teams have resumed meeting and are working on this indicator.Two additional programs are now meeting this indicator definition. All other programs are collecting data, and working on improving the frequency of its review.
Clinical research projects involving clients and families at The Royal	64%	64%	65%	65%	65%	65%	66%		61%	This indicator has consistently been above target for seven months. Anticipated this number will continue to increase with increased messaging on being an academic health sciences centre.
Number of workplace violence incidents (overall - goal is an increase in reporting)	65	57	41	61	54	61	86		66	The importance of reporting incidents was discussed at the Workplace Violence and JHSC meeting. This indicator is on track to meet the yearly target.
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	N/A		100%	Have received permission to use the Palliative Performance Scale and it has now been integrated into Point Click Care. Data available in Q4

⚠ *Indicates that data was in validation for these months*


Improving client and family experience
Supporting innovative clinical best practices to achieve the best possible health outcomes
The Royal's Quality Framework
Improving care team well-being
Efficiently using resources

Critical Incidents

There was one Suicide that of an OSI outpatient that occurred last quarter however was not reported to the Royal until this quarter. There were two other deaths that occurred and reported in Q2 that were reviewed this quarter. There was one critical incident in Q2 in which a resident at STU was found unresponsive, and the review took place in Q3.

Table 1: Deaths

Program	Cause	Response
OSI	1. Suicide	Reviewed by the Incident Review Committee. Program-level quality of care review was conducted; no system/process issues were identified. This an outpatient who was involved in a residential care treatment program in another facility at the time of death.

Table 2: Q3 – Corporate-level Quality of Care Review Recommendations and Status

#	Program	Incident Summary	Recommendation(s)
1	Forensic Rehabilitation Inpatient	Death occurred in Q2 however review was held Oct 08 2020.	Connect with the leadership of Paramedic/Emergency Medical Services (EMS) to discuss opportunities for improvement related to • Navigating to and within The Royal to ensure timely response to calls Education to providers regarding mental health services
			Consider having an agreement with The Ottawa Hospital that would allow The Royal to transfer a patient in an acute medical situation directly to TOH Civic campus, given its proximity to The Royal.
			Expand camera and security footage to capture all angles of the hospital and its premises, and in particular those areas where patients are known to congregate because of known lack of visibility and close-caption monitoring. Trim and/or cut down the trees around the tennis court
			Communicate the expectation to staff that, in the event of a medical emergency, call 911 first followed by the call to the on-call physician.
			Equip each unit with its own defibrillator

#	Program	Incident Summary	Recommendation(s)
			Make staff aware that, when a room search is conducted, documentation in the clinical record should include the time of the search, by whom, and what was found, if anything.
			Consider forming a working group to look at the administration of Narcan, knowing there is a history of substance abuse/use with many of The Royal's patients.
			Share the recommendations from the review with the patient's family.
2.	Schizophrenia Outpatient	Death Occurred in Q2 however review was held on Oct 15th	Connect with the Coroner to clarify and advocate for the Coroner's office to notify The Royal of a person's death in the community, when that person is a known client of The Royal.
			Advocate for Ottawa Police Services (OPS) to notify The Royal when they become aware of a person's death in the community. This would enable the appropriate clinical team at The Royal to reach out to the person's family, if that person is a client of The Royal, in a timely manner.
			Implement a short huddle with the clinical team, client & family relations, and legal to address and provide a timely response to a family member's concern after a critical incident
			Request that The Royal's Foundation informs the clinical program's leadership and/or the Manager, Client & Family Relations when an in Memorium donation is directed to The Royal, in memory of a program's client.
			Share the recommendations from the review with the patient's family.
3.	STU Resident	Resident found with bedsheets tied around neck	Ensure a hard copy of the on-call schedule is kept in the nursing station and create a process for keeping this up hard copy up to date. Request a short-cut icon for on call calendar be embedded on each computer desktop in nursing station.
			Education for all BMHC staff on after-hours switchboard procedure. Ensure all BMHC staff know when calling switchboard afterhours to identify from which site they are calling.
			Explore education options for staff working with challenging patient behaviour including frequency, modalities and specialized needs. Explore other skill development necessary for staff related to protected factors.
			Encourage frequent mini case conferences/kardex when dealing with a complex resident and create a communication process for staff who cannot attend kardex to have clear understanding of case updates.

#	Program	Incident Summary	Recommendation(s)
			Standardize and implement a debriefing process to ensure debriefs occur with all individuals involved in serious incident in real time.
			Create a process for regular maintenance to occur on 911 knife.
			Ensure all clinicians complete a mandatory training on the crash cart, including practice with the 911 knife, on a regularly agreed upon time frame (annually, semi-annually, quarterly).
			Ensure adequate lightening in patient areas for nurses to be able to do safety check on nights.
			Share the recommendations from the review with the client

Let's Make Healthy Change Happen.

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

The Le Royal

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

2/17/2021

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

Overview

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

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

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

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

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

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

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

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

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

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

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

Collaboration and integration

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

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

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

Patient/client/resident partnering and relations

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

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

Workplace Violence Prevention

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

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

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

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

Virtual care

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

Telemedicine

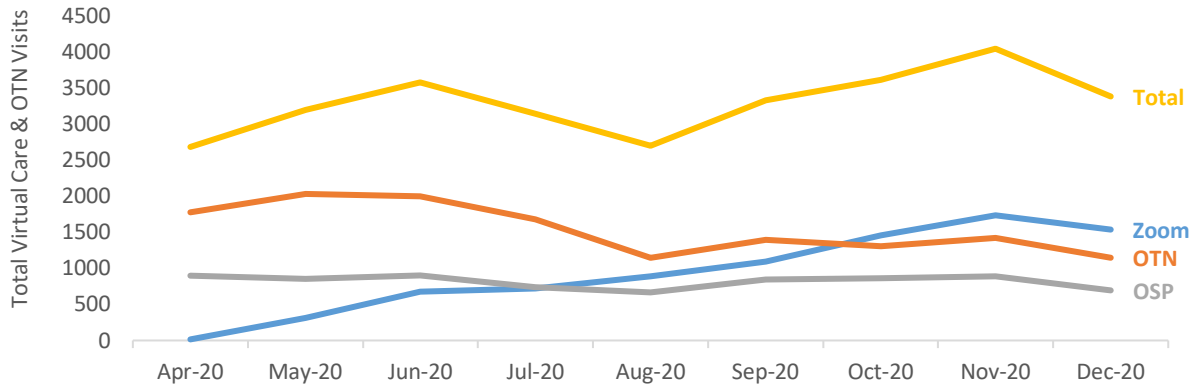
The Telemedicine program at The Royal has provided services for over 11 years and has built a network of community partnerships with organizations that have unique mental health needs including the University of Ottawa, Carleton University, Algonquin College, the Ottawa Paramedic Services, 15 community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

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

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

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

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



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

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

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

Executive Compensation

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

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

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

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

Contact Information

Danielle Simpson
Director, Quality and Patient Safety
danielle.simpson@theroyal.ca

Sign-off

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

Board Chair Anne Graham _____ (signature)

Board Quality Committee Chair Lewis Leikin _____ (signature)

Chief Executive Officer Joanne Bezzubetz _____ (signature)

Chief of Staff Dr. Raj Bhatla _____ (signature)

Indicators for the QIP 2020-2021 & 2021-2022

A robust consultation process took place to select the QIP indicators for 2020-2021. Due to the pandemic, the progress on the QIP was slower to launch than originally anticipated, with momentum gaining starting in Q3. In order to continue the progress, the indicators from 2020-2021 fiscal year will be carried forward into 2021-2022. Health Quality Ontario did not announced any updates or changes to the QIP program for 2021-2022. All executive sponsors and leads of the indicators remain the same.

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

Strategic Plan Alignment	Quality Framework Alignment	Indicator	Rationale	HQO Indicator Type	Executive Sponsor	Lead
	~Supporting innovative clinical best practices to achieve the best possible health outcomes ~Improving client and family experience	**Number of programs who have implemented clinical outcome measurement that is both clinically appropriate to the client population and evidence based that is reviewed on a regular basis to drive service improvement**	Clinical outcomes was identified as the top priority for the Clinical Directors and Directors of Patient Care Services group. The Board has also asked for ways to know objectively if people are getting better through the treatments they receive here. Some programs consistently use outcome measurement in their programs while others do not. This is a process measure that would encourage programs to ensure that one is in place, while also respecting the differences between programs to ensure that outcome measurement that they use is clinically appropriate for their client population.	Custom	Dr. Susan Farrell	Danielle Simpson
	~Improving client and family experience ~Supporting innovative clinical best practices to achieve the best possible health outcomes ~Efficiently using resources	**% of clinical research projects involving clients and families at The Royal**	Research is an integral part of the work at The Royal. This will be the first year that the strategic plan incorporates the three arms of the The Royal, including the IMHR. This indicator aims to increase thepercentage of clinical research projects involving clients and families at The Royal. This may include clients and families who take part in the co-design of research projects as well as those directly involved as participants in the Research Ethics Boards approved research.	Custom	Dr. Florence Dzierszinski	Tammy Beaudoin

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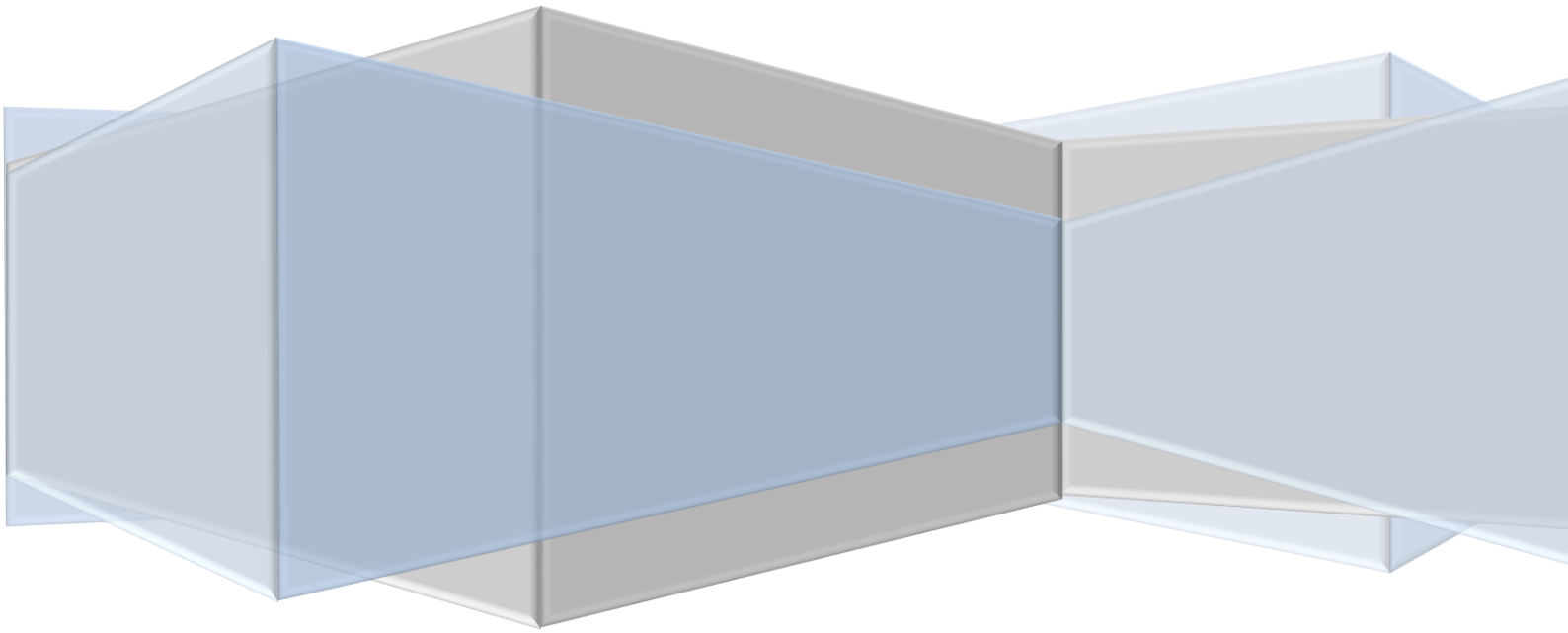
Santé mentale - Soins et recherche

Integrated Risk Management (IRM) Framework

Royal Ottawa Health Care Group

February 2021 Update

Jim Lambley, Director, Strategic Planning



Executive Summary – Integrated Risk Management Framework (IRMF)

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

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

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

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

Next Steps:

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

Appendix 1: HIROC Risk Sample Risk Assessment Scale

Potential Impact Scale

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

Likelihood Scale

Category	Very low	Low	Medium	High	Very high
Broad descriptors	• Will probably never occur/recur	• Do not expect it to happen/recur but it is possible	• Might happen or recur occasionally	• Will probably happen/recur	• Will undoubtedly happen/recur, possibly frequently
Time-frame	• Not expected to occur for years	• Expected to occur at least annually	• Expected to occur at least monthly	• Expected to occur at least weekly	• Expect to occur at least daily
Probability	• <0.1%	• 0.1-1%	• 1-10%	• 10-50%	• >50%

Adapted from NPSA, 2008

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

REF #	Risk category	Risk name	Senior Lead	Lead	Key strategy	Impact (current)	Likelihood (current)	Risk level (current)
2019-17	Care	Adverse events including Suicide	Bhatla, Raj	Simpson, Daneille	Care: Ensure a Safe Care Environment	High	Very High	Very High
2020-03	Community Health	Pandemic-Covid-19	Bezzubetz, Joanne	Millar, Esther, Farrell, Susan, Attwood, David	Care: Ensure a Safe Care Environment	Very High	High	Very High
2020-04	Care	Increased Medical Complexity and aging client population	Millar, Esther	Millar, Esther	Care: Ensure a Safe Care Environment	High	Medium	High
2019-18	Facilities	Infrastructure at the Brockville campus	Millar, Esther	Crocker, Cal	Care: Ensure a Safe Care Environment	High	High	High
2020-01	Regulatory	Regulatory and Ethical Compliance (human subjects research) (including Health Canada Regulated)	Dzierszinski, Florence	Dzierszinski, Florence	Discovery: Integrate Clinical Care and Research	High	Medium	High
2020-02	Financial	Royal Ottawa Foundation - Fundraising and Campaign Launch	Little, Cynthia	Little, Cynthia	Resources: Create New Funding Opportunities	High	Medium	High
2019-6	Financial	Funding Shortfall	Crocker, Cal	Kealey, Kim	Resources: Support Best Practices in Sustainability and Efficiency	Medium	High	High
2019-4	Human Resources	Occupational health, staff injury	Crocker, Cal	Addo, Nicholas	Care: Ensure a Safe Care Environment	Medium	High	High
2019-13	Information Management/Technology	Privacy and cyber-security	Crocker, Cal	Capelle, Guy	Resources: Leverage Technology for Best Outcomes	High	Medium	High

Appendix 3: Action Plans

REF #	Risk name	Description	Senior Lead	Key strategy	Action plans in place	Risk level (current)
2019-17	Adverse events including Suicide	Deaths by suicide continue to occur in both in-patient and out-patient clientele, despite our best clinical efforts.	Bhatla, Raj	Care: Ensure a Safe Care Environment	· Attempt to obtain comparable data from similar organizations · Monitor data related to suicide at The Royal · Continue The Royal's involvement with Suicide Prevention Ottawa · Implement a revised corporate critical incident review process at The Royal · Embed suicide prevention activities within strategic planning processes	Very High
2020-03	Pandemic-Covid-19	The Covid-19 Pandemic has created an unprecedented healthcare and economic environment across the globe. The breadth, scale, duration and speed of the event has made it difficult to adapt to the dynamic environment. Risk to the clinical operation, research enterprise and educational mandate will need to be mitigated.	Bezzubetz, Joanne	Care: Ensure a Safe Care Environment	· Staffing shortages continue to be the main concern on the second wave. Functional models have been developed by all programs to mitigate this risk. Recruitment efforts were heightened over the late summer and early fall, with additional orientation sessions being added. · PPE continues to be effective at curbing transmission and the supply is stable and sufficient. · Services re-opened have remained open and the provision of virtual delivery continues where appropriate. Visitation, screening, PPE and other protocols have continually been reviewed and updated to respond to the current state of transmission in the respective health units. Rapid antigen testing and vaccination plans are currently being implemented as guided by provincial and regional directions.	Very High

REF #	Risk name	Description	Senior Lead	Key strategy	Action plans in place	Risk level (current)
2019-6	Funding Shortfall	There are constant funding pressures created by: i. Inflation pressure around 2% and funding increase of 1% confirmed for 2020/21 ii. Demand for increased services in all areas of healthcare	Crocker, Cal	Resources: Support Best Practices in Sustainability and Efficiency	• Board approved balanced budget for fiscal 2020/21 and we are projecting there will be a small surplus at year-end as required to cover capital loans. (May 2021) • Additional revenue sources under review (ongoing) • Ensure we maintain benchmark of 70/30 re: Clinical to admin, as set out in the 2016 Auditor General report (ongoing) • 3 year budget projection completed for 2021/22 – 2023/24 (May2021) • All major contract expenditures publicly tendered (ongoing) • Member of HealthPro, a National group purchasing organization allowing us to take advantage of national purchasing power volume discounts (ongoing) • Ongoing review of staffing & operational efficiencies (Monthly) • Covid-19 related expenses being tracked in separate cost centres and submitted to LHIN on a monthly basis. Government has held up commitment to cover these new costs. (Monthly) • Positive Financial position at end of Q3	High
2020-04	Increased Medical Complexity and aging client population	As one of the four mental health partners, The Royal provides excellence in mental health care treatment to its clients. However, many of the clients, especially in the forensics setting are aging in place and have increasingly complex medical care needs. In addition, medical needs created by the strain on the overall system, including pandemics have created an increased medical acuity in mental health. This creates a challenge and a risk for nursing staff, physicians and other providers that have mainly focused on the mental health care of clients.	Millar, Esther	Care: Ensure a Safe Care Environment	Two Nurse Practitioners have joined the organization. One in Ottawa and one in Brockville to support the medical needs of clients and the current compliment of medical physicians. • Additional nursing training is being reviewed, in addition to a comprehensive approach to providing enhanced medical care in the mental health setting. The Nursing Professional Development committee was re-established and consulted on learning needs. The nursing education workplan will capture this feedback and will include acute care modules. The draft plan is due end of February. • Extensive training on IPAC principles and donning and doffing of PPE and physical assessments have been provided. Module provided on IV care • Survey nurses for topics to include in workplan-2021 • Detailed care plans completed for resident's co-existing physical health condition(s). • Investigate cost and utility of web based resource through Elsevier. This resource provides fundamental information on a comprehensive range of patient conditions & treatments, as well as nursing procedures and learning modules. • A prototype for a Rapid Response Team for medical emergencies is being formulated. The team would allow the Royal to maintain a higher level of medical surgical knowledge for a smaller team of practitioners. This team could be called to assist with the assessment, triage, care and transport of patients with changing status and to take a lead role after hours in Code Blues. This may be a more feasible solution to addressing the gap between medical complexity and the knowledge, skills and judgment of the psychiatric nurses.	High

REF #	Risk name	Description	Senior Lead	Key strategy	Action plans in place	Risk level (current)
2019-18	Infrastructure at the Brockville campus	Current FTU building inappropriate for providing leading patient care services. Units are institutional and lack of space for programming activities/personal. The current building was retrofitted in 2000 but for correctional use.	Millar, Esther	Care: Ensure a Safe Care Environment	• Brockville redevelopment Task Group set-up with membership including: Scott McLean, Past Chair Board ROHCG, Ester Millar, VP Professional Practice & CNE, Cal Crocker, COO & CFO, Dr Gulati, Brian Merkley, DPCS, Nicole Loreto, Senior Advisor. • Committee continues to meet and develop actions to further the redevelopment of the site. • New Business case developed for Minister Clarke outlining need and requesting Capital-planning money. • Exploring obligation of landlord (Infrastructure Ontario), as outlined in lease, to provide premise sufficient to support operations. (Report to Board February 2021) • Creating video tour to support discussion with political leaders and bureaucrats. • Follow-up meeting with Minister Clarke advised that FTU was not part of the Brockville development announcement. • Meeting of the task group agreed to provide more information to Minister Clarke and connect with the Board on next steps.	High
2019-13	Privacy and cyber-security	Negative consequences arising from a breach in privacy can be far-reaching and include lawsuits, reputational damage, and cyber-attacks.	Crocker, Cal	Resources: Leverage Technology for Best Outcomes	Organization: • Previous Organizational and Partnership plans have been completed; internal infrastructure review also completed Partnership: • External cyber security consultant has completed their review for our EHR partnership (Royal, Ontario Shores, Waypoint) and the recommendations are under review • Insurance for cybersecurity has been purchased ($3M policy)	High

REF #	Risk name	Description	Senior Lead	Key strategy	Action plans in place	Risk level (current)
2020-01	Regulatory and Ethical Compliance (human subjects research) (including Health Canada Regulated)	The regulatory environment surrounding human subjects' research is extensive and complex. Regulatory bodies reserve the right to audit the records and physical facilities of research organizations. Compliance to all relevant guidelines, legislation and regulations is critical.	Dzierszinski, Florence	Discovery: Integrate Clinical Care and Research	Direct Controls: The Research Ethics Board (REB) is dedicated to the ethical review of all clinical research conducted at the ROHCG Assessed via REB approval process and Quality Assurance for Research Excellence (QARE) program Joint Health and Safety Committee audits Monitoring by industry Sponsor(s) Inspection by Health Canada and/or FDA where applicable Action Plan: • Adherence to the 'Research and Ethical Review of Human Participant Studies' and 'Responsible Conduct of Research' policies - In place ; both policies have been reviewed (normal review cycle) and will be presented to the Boards in December 2020 (completed) • Researchers and research personnel wishing to conduct clinical research are required to complete the tutorial on the Tri-Council Policy Statement (TCPS2) regarding human subject research prior to initiating their research so they are aware of their ethical obligations - In place, continuous process; on track; on track • Research Ethics and Clinical Research Standard Operating Procedures (SOPs)- in place, reviewed periodically • Rigorous REB protocol review and approval process - In place; new REB Chair to be selected in December 2020 - completed (Ann-Marie O'Brien, appointment effective Feb 01, 2021; onboarding initiated) • REB incident reporting and follow-up - In place, continuous process -on track • Adherence to ICH Good Clinical Practices (ICH-GCP) and incident reporting to regulatory authorities- Process In place, continuous process -on track • Research and trainee training re: ICH-GCP, TCPS2 and regulatory guidelines; includes expected adherence to these guidelines - Process In place, continuous process -on track • Regular audits of Research Protocols through the QARE program based on institutional risk but may be for cause or as requested -Process In place, continuous process-on track • Adherence to relevant privacy legislation, including PHIPA -Process In place, continuous process -on track • Initiated partnership with TOH/OHRI Methods Center to establish a curriculum on research methods, including clinical trial designs, statistics, etc	High

REF #	Risk name	Description	Senior Lead	Key strategy	Action plans in place	Risk level (current)
2020-02	Royal Ottawa Foundation - Fundraising and Campaign Launch	Covid-19 and associated economic factors have created a challenging environment for fundraising. Many high dollar donors may have lost substantial amounts of money in the falling markets, and/or needed to close businesses and layoff staff members. There may be challenges to get necessary commitments in these uncertain times and to get focus when the virus situation is overwhelming.	Little, Cynthia	Resources: Create New Funding Opportunities	• The quiet phase of the campaign continues. • An anonymous donation for $1.5 million to support research has been confirmed. • The draft public case documents are reviewed but at the same time, management of the ROHCG is reviewing the campaign priorities and may recommend changes. • The marketing plan is ready for review and will be presented to the Foundation leadership at their next meeting. • The tripartite capital campaign committee comprising of the Foundation, IMHR and ROHCG held their first meeting and will be meeting a second time in December. The committee is reviewing the campaign plans and evaluating progress.	High

2019-4	Human Resources	Occupational health, staff injury	Crocker, Cal	Care: Ensure a Safe Care Environment	Ongoing Initiatives such as: • Unit risk assessments • Mandatory training re: NCI and sharps • Orientation for new staff • Ongoing training on emergency codes • Workplace Violence Prevention Committee reviewing incidents and recommending change(s) • Personal safety devices • Joint Health and Safety Committee at ROMHC, BMHC, ROP and Carlingwood • Union and management members work together to review safety incidents on a monthly basis and recommend a process for all incidents and other suggestions they deem important	High

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

REF #	Risk category	Risk name	Senior Lead	Lead	Key strategy	Impact (current)	Likelihood (current)	Risk level (current)
2019-15	Leadership	Requirement for Innovation	Corace, Kim & Dzierszinski, Florence	Corace, Kim & Dzierszinski, Florence	Discovery: Integrate Clinical Care and Research	Medium	Medium	Medium
2019-16	Human Resources	Physician Recruitment & Retention	Bhatla, Raj	Gulati, Sanjiv	Resources: Support Best Practices in Sustainability and Efficiency	High	Low	Medium
2019-5	Human Resources	Staff and Physician Engagement	Crocker, Cal	Gulati, Sanjiv	Engagement: Engage Our Staff in the Success of Our Strategic Plan	Low	Medium	Medium
2019-7	Leadership	Evolving to a Just Culture & Learning Culture	Bezzubetz, Joanne	Gilchrist, Sarah	Engagement: Ensure a Safe and Positive Work Environment	Medium	Medium	Medium
2019-10	Leadership	Alignment of strategic plan objectives of The Royal, Foundation and IMHR	Bezzubetz, Joanne	Dzierszinski, Florence & Little, Cynthia	Resources: Support Best Practices in Sustainability and Efficiency	Medium	Low	Medium
2019-11	External Relations	Strategic Partnerships	Bezzubetz, Joanne	Monaghan, Karen	Partnerships: Advocate with Partners for System Improvement	Medium	Medium	Medium
2019-12	Information Management/Technology	Clinical Transformation	Crocker, Cal	Millar, Esther	Resources: Leverage Technology for Best Outcomes	High	Low	Medium
2019-19	External Relations	Reputation Risk	Bezzubetz, Joanne	Crocker, Cal	Partnerships: Advocate with Partners for System Improvement	Medium	Medium	Medium
2019-2	Care	Patient Flow	Bezzubetz, Joanne	Farrell, Susan	Partnerships: Improve Flow Throughout the System	High	Low	Medium

Royal Ottawa Health Care Group Strategic Plan 2015-2020

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

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

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

ROHCG Quality Committee of the Board
Performance Scorecard
FY 2020-21 Q3

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

TO: **ROHCG Quality Committee of the Board Members**

FROM: **Jim Lambley**
Director, Strategic Planning, ROHCG

DATE: **February 17th, 2020**

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

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

2020-21 Performance Scorecard:

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

Q3 Highlights:

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

Within the *Care* domain:

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

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

Indicators in the *Partnership* domain showed:

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

Staff-related indicators in the *Engagement* and *Resources* domains, showed:

- Productivity remains below target and still likely an under-estimate of actual productivity. However, improvement from previous quarter should be noted. The quarterly improvement can be attributed to strategies to prioritize workload capture at the Operations level, clear and consistent messaging from the Workload Measurement Committee and in-service sessions to support programs to have a deeper understanding of the data and information related to workload. It is expected, that these strategies will help continue improvement in future quarters, diminishing compliance issues and hence providing more accurate values of productivity.
- Performance appraisal cycles for 2019-20 had been extended until the end of calendar year 2020, and results show varied completion rates across the different applicable staff groups: management, union, physicians.
- Performance was within target for the two Workplace incidents related indicators as well as Absenteeism.

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

Jim Lambley
Director, Strategic Planning

The Royal's 2015 – 2020 Strategic Plan

Board of Trustees Performance Dashboard FY 2020-21 Q3 Reporting

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

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

CARE - Delivering Person and Family Centered Care, Quality & Safety
Objective: Ensure a Safe Care Environment

Indicator: Medication Reconciliation	Executive: R. Bhatla/ S. Farrell/ E. Millar	Data Contact: T. Burta	Reporting Frequency: Quarterly	STATUS: 2020-21 Q3

Summary

Significance Medication Reconciliation is a structured process to communicate accurate and complete information about patient medications at all transitions of care including inpatient admission, discharge, and outpatient admission to program / clinic.

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

Formula:

-Inpatient Admission:

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

-Inpatient Discharge:

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

-Outpatient Admission:

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

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

Data Source: Electronic Health Record.

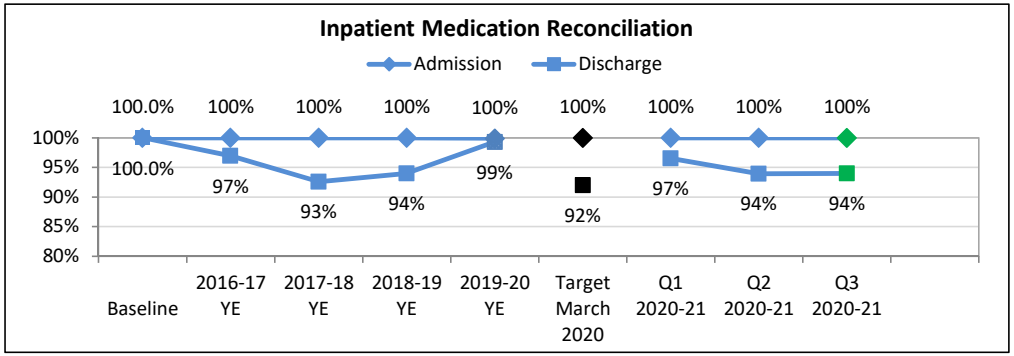
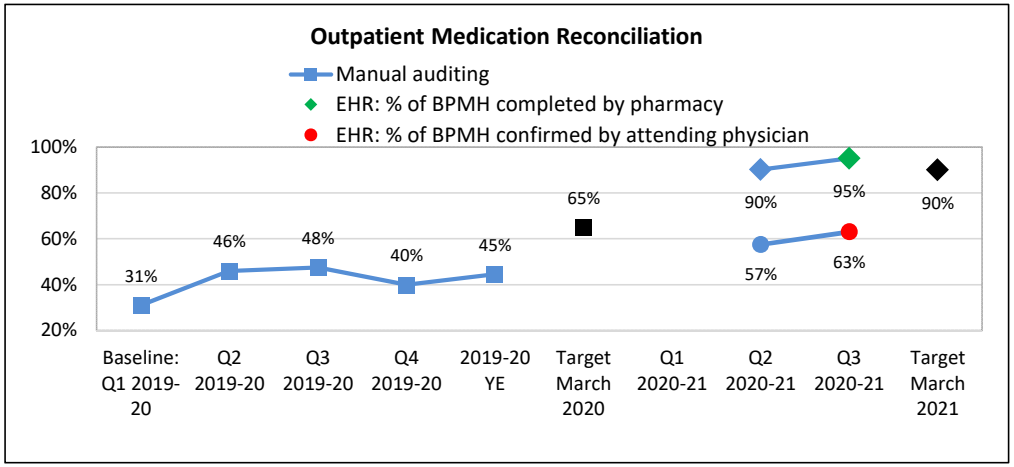
Results

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

Outpatient medication reconciliation

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

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

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

CARE - Delivering Person and Family Centered Care, Quality & Safety
Objective: Ensure a Safe Care Environment

Indicator: Acute Control Intervention	Executive: R. Bhatla/ S. Farrell/ E. Millar	Data Contact: M. Cardinal / M. Webb	Reporting Frequency: Quarterly	STATUS: 2020-21 Q3

SUMMARY

Significance: In rare instances restraint use has resulted in harm to the patient. The Royal supports a 'least restraint' approach to care, meaning that restraint should only be used in emergency situations. Factors, such as client presentation, safety, staffing and environmental factors may determine the use of acute physical, medication and seclusion interventions.
Definition: Percentage of patients whose RAI-MH admission assessment reported use of acute physical control procedures (includes physical/mechanical) or acute control medication in the last 3 days.
Formula: % inpatients for whom intervention was used at admission
Data Source: Inpatient Resident Assessment Instrument - Mental Health (RAI-MH)

RESULTS

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

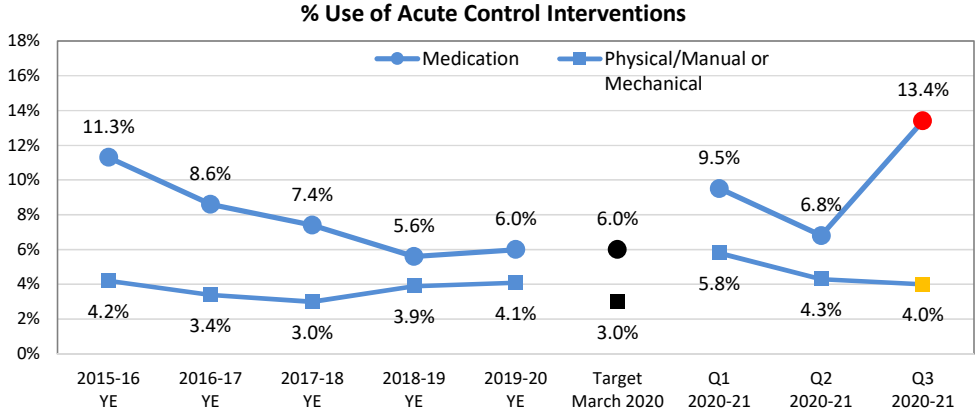
With The Royal's continued application of modified admission protocols in response to the pandemic, clinical procedures within certain units continue to be adapted accordingly. Additionally, admitted patient acuity was very high during the 2020-21 Q3 time period. With this, the specific units confirmed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

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

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

Initiatives and Mitigation Strategies

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



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

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

SUMMARY

Significance: The Level of Care Utilization System (LOCUS) helps match service intensity to client needs, based on their Risk of Harm; Functional Status; Co-Morbidity; Recovery Environment; Treatment/Recovery History; and Engagement. Inpatient services are typically appropriate for persons with a score of 5 or 6, corresponding to Medically Managed (or Monitored) Residential Services, versus the lower scores that correspond to non-residential or community-based services.
Definition: % inpatients with a LOCUS score at admission of 5 or above.
Formula: Number of inpatients with a LOCUS score of 5 or 6/ total number of inpatients assessed x 100.
Data Source: Manually collected.

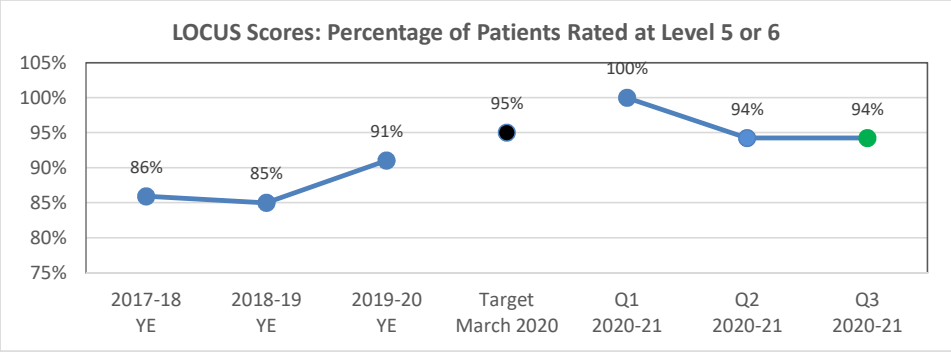
RESULTS

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

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

Initiatives and Mitigation Strategies

1. Baseline admission data collected through central intake.



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

Indicator: Wait Times	Executive: R. Bhatla/ S. Farrell/ E. Millar	Data Contact: H. Hussain / C. Slepanki	Reporting Frequency: Quarterly	STATUS: 2020-21 Q3

SUMMARY

Significance: Reducing wait times for treatment is essential to ensuring our clients receive the services they need when they need them.
Definition: Period of time from the date completed referral is received to date patient/client is seen by a clinician (focus on outpatient mood and anxiety program).
Formula: Total number of days between date completed referral received and date seen/ total number of patients.
Data Source: E.H.R./ program level data.

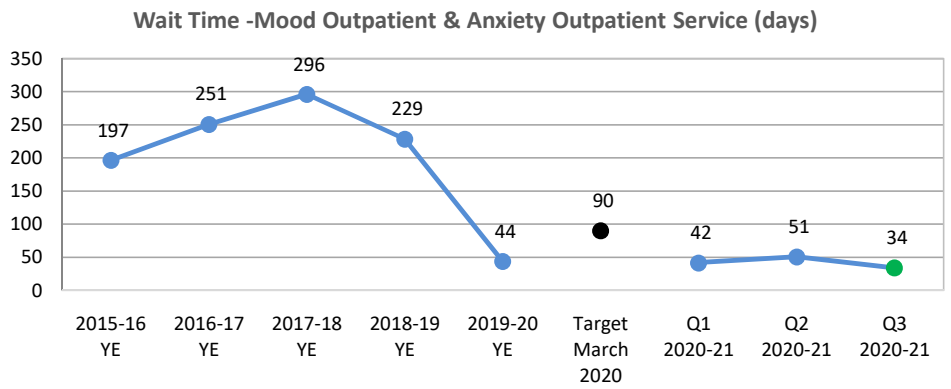
RESULTS

The average wait time in the Mood and Anxiety Outpatient Service during 2020-21 Q3, remains below previously established target and shows a decrease from the Q2 result. The flow of referrals to the program fluctuate greatly depending on the Covid landscape in the community. Although there are current fluctuations in demand, experts predict a significant future increase in public demand for mood and anxiety services.

The Mood and Anxiety Outpatient wait time is a combination of the more rapid access and higher volume secondary care service (consultation) and more tertiary care component (longer duration specialized/tertiary). We know that, as more secondary level services are developed (ie. Prompt, OSP, e-consult, on-line care) the overall wait time to the program will increase.

Initiatives and Mitigation Strategies

Program efforts continue to implement strategies to reduce and maintain wait times. Strategies include
a) Regular monitoring of wait times,
b) Fast-track process for re-referrals,
c) Increasing clarification of criteria for the program, and
d) Redirection to other services that are more appropriate



PARTNERSHIPS - Working Together to Increase Capacity in our Region
Objective: Advocate with Partners for System Improvement

Indicator: ALC Rate	Executive: R. Bhatla/ S. Farrell/ E. Millar	Data Contact: K. Kealey	Reporting Frequency: Quarterly	STATUS: 2020-21 Q3

SUMMARY

Significance: The majority of ALC patients are not able to leave the hospital until a suitable community placement is available. In addition to improving patient outcomes, pursuing and initiating partnerships with housing and other service providers is critical to improving system flow.
Definition: When patients occupy hospital beds but do not require inpatient services, they are designated as Alternate Level of Care.
Formula: # of Alternate Level of Care days during period/ # Mental Health patient days in period x 100.
Data Source: for The Royal: Finance; for the regional rate: Champlain Patient Flow Report (Prepared by: Champlain LHIN- Business Intelligence), for the regional discharge destination: Provincial Monthly Alternate Level of Care Performance Summary (Prepared by: Access to Care - ALC Informatics, CCO)

RESULTS

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

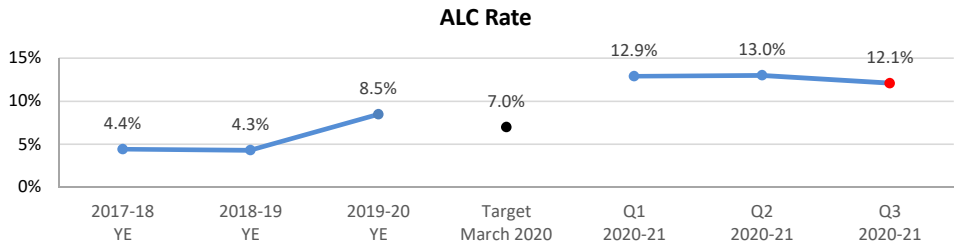
Client admissions to Long Term Care homes (LTCH), Residential and Subsidy Homes in the region are being impacted during the pandemic because of Ministry directives. The number of empty beds has continued to increase during Q3 (currently there are ~1200 vacant beds in Champlain, representing ~1 in 6 LTC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

In addition, the current state of the Long Term Care system and its capacity issue continues. The Royal awaits Ontario's Ministry of Long Term Care's Independent Commission review of Long Term Care. Moving the ALC metric related to patients waiting for LTC beds is difficult without a systemic change from the government.

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

Initiatives and Mitigation Strategies

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



PARTNERSHIPS - Working Together to Increase Capacity in our Region
Objective: Advocate with Partners for System Improvement

Indicator: 30 Day Readmissions	Executive: R. Bhatla/ S. Farrell/ E. Millar	Data Contact: M. Cardinal / M. Webb	Reporting Frequency: Quarterly	STATUS: 2020-21 Q2

SUMMARY

Significance: High readmission rates may mean that patients were discharged too early, or that necessary supports for clients to remain in the community were not available (e.g., housing, significant others, services, etc.).
Definition: Percentage of patients readmitted to any facility for mental health treatment within 30 days of a previous discharge. NOTE excludes same day admissions and discharges.
Formula: Calculated by CIHI.
Data Source: Ontario Mental Health Reporting System (OMHRS)

Initiatives and Mitigation Strategies

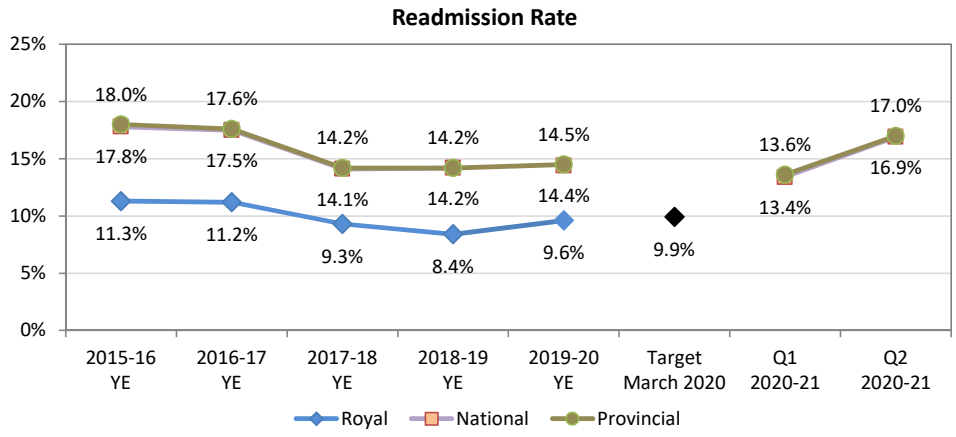
1. Data and Analytics and Clinical Records teams are continuing the necessary work towards solving the issues underlying the timeliness, completeness and quality of RAI assessment data.
2. Collaboration has started with the Data & Analytics team to support analysis for Readmission, and enable better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

RESULTS

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

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

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



	ENGAGEMENT - Fostering a Culture of Collaboration **Objective: Ensure a Safe & Positive Work Environment**			
	Indicator: Workplace Incidents	**Executive:** **C. Crocker**	**Data Contact:** **N. Addo / D. Klym**	**Reporting Frequency:** **Quarterly**	**STATUS:** **2020-21 Q3**

SUMMARY

Significance: Staff working in mental health facilities require specialized training and programs to be in place to ensure their safety and to minimize workplace incidents.

Definition: Percentage of serious incidents (i.e., resulting in lost time) from all workplace incidents reported by staff.

Formula: Total # of serious incidents / total # workplace incidents reported in the period (x100).

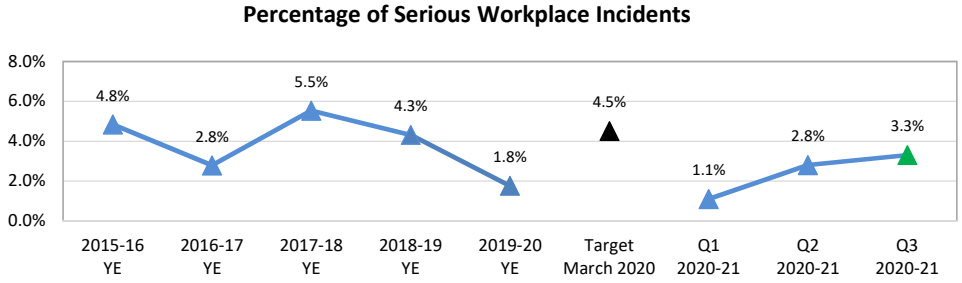
Data Source: Client Staff Incident and Feedback System (CSIF) for FY2019-20 and onward; and previously, the Employee Incident Reporting System (EIRS).

RESULTS

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

Initiatives and Mitigation Strategies

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



ENGAGEMENT - Fostering a Culture of Collaboration
Objective: Ensure a Safe & Positive Work Environment

Indicator: Lost Time Frequency Index	Executive: C. Crocker	Data Contact: N. Addo/K. Kealey	Reporting Frequency: Quarterly	STATUS: 2020-21 Q3

SUMMARY

Significance: Hospitals have a number of quality and safety programs in place to enhance the health and safety of staff, patients and community. Workplace Safety and Insurance Board (WSIB) claims provide an indication of how safe/positive The Royal's working environment is for staff.

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

Formula: # of Workplace Safety & Insurance Board (WSIB) lost time claims started in the reporting period, divided by total earned hours x expected hours for 100 FTE's annually (1950 x 100). NOTE:as of March, 2018, the target is based on this new calculation.

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

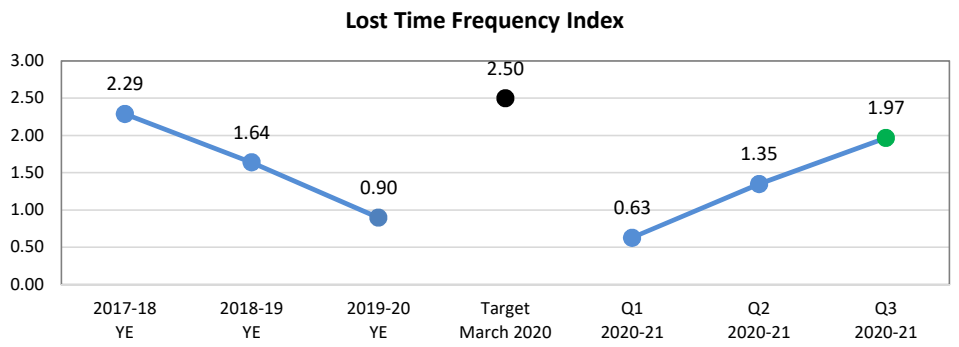
Initiatives and Mitigation Strategies

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

RESULTS

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

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



ENGAGEMENT - Fostering a Culture of Collaboration
Objective: Enhance Staff Recognition

Indicator: Performance Appraisals	Executive: C. Crocker/ R. Bhatla	Data Contact: R. Lashley/ D. Munroe	Reporting Frequency: Annual (YE)	STATUS: 2020

SUMMARY

Significance: Staff repeatedly tell us, through the employee and physician surveys, that they appreciate a performance appraisal. The appraisal is used to track performance, develop education plans and provide information for succession planning.

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

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

Data Source: PALMS

Initiatives and Mitigation Strategies

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

RESULTS

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

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

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

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

Performance Appraisal

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

RESOURCES - Effective Use of Resources to Support Quality Care
Objective: Support Best Practices in Sustainability & Efficiency

Indicator: Productivity	Executive: C. Crocker/ S. Farrell/ E. Millar	Data Contact: K. Kealey	Reporting Frequency: Quarterly	STATUS: 2020-21 Q3

SUMMARY

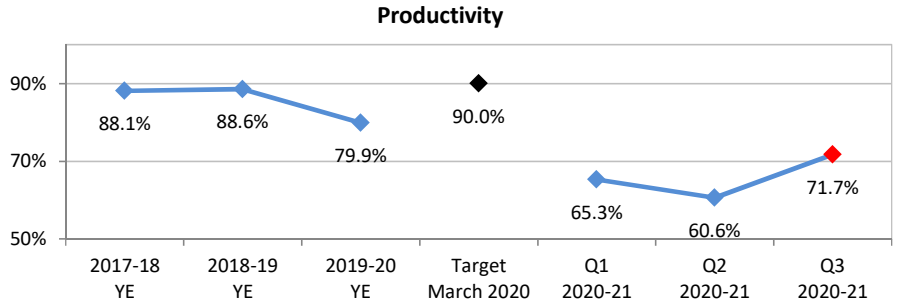
Significance: Improving our productivity means that each of us is making a full and positive contribution and those under-staffed areas can be properly resourced within our means. Workload measurement is also a requirement of the Ministry of Health and Long-term Care that may impact our funding in the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

RESULTS

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

Initiatives and Mitigation Strategies

1. Continue prioritizing workload measurement at the Operations level.



RESOURCES - Effective Use of Resources to Support Quality Care
Objective: Support Best Practices in Sustainability & Efficiency

Indicator: Absenteeism	Executive: C. Crocker	Data Contact: K. Kealey	Reporting Frequency: Quarterly	STATUS: 2020-21 Q3

SUMMARY

Significance: The health and well-being of every staff member is critical to the quality and continuity of care for our patients and for maintaining a positive work environment.
Definition: # of hours employees are off due to illness (entitled to paid sick leave)/total paid hours.
Formula: Total paid sick hours/total paid hours x 100.
Data Source: Finance.

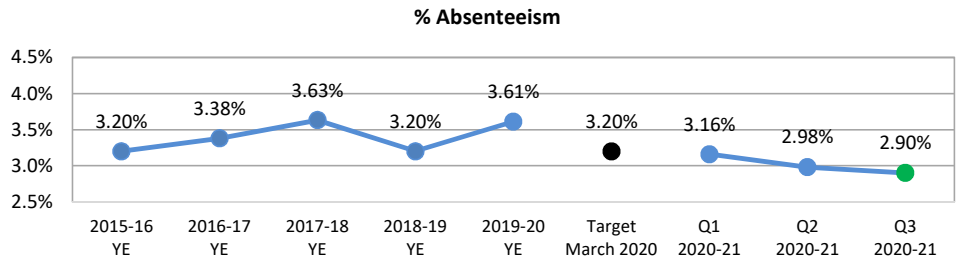
Initiatives and Mitigation Strategies

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

RESULTS

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

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



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ROHCG Board of Trustees Quality Committee

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

DATE: February 17th, 2021

Background

- *Initiative:* In 2010, four specialty Ontario provincial psychiatric hospitals (CAMH, The Royal, Waypoint Centre and Ontario Shores also known as The Mental Health Partners) embarked on a mental health and addictions quality initiative (MHAQI) to standardize the collection and reporting of quality-related performance indicators. In addition to the ongoing advocacy and system transformation work of The Mental Health Partners, the MHAQI supports a separate membership group of hospitals, including facilities in Quebec, Newfoundland, New Brunswick and Manitoba that compare results on a quarterly basis and engage in quality improvement discussions and activities.
- *Peer Scorecard*: The MHAQI Peer Scorecard is published with a delay of one reporting period (i.e., one quarter) due to the timing of results released by the Ontario Mental Health Reporting System – Canadian Institute for Health Information (OMHRS-CIHI). The scorecard compares results among The Mental Health Partners, and is published on their external websites[1]. According to CIHI, the MHAQI Peer Scorecard represents the only public reporting of institutional-level comparative mental health indicators in Canada, if not further afield.
- *Condensed version with rank ordering*: For the Quality Committee's consideration, the attached version of the report displays selected indicator results ordered by performance rank (i.e., Rank 1 indicates best performance).

Report Highlights – 2020-21 Q2

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

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

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

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

Melissa Webb,
Director, Data and Analytics

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

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

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Corporate Patient Safety Quarterly Report

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

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

Executive Summary

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

Timeline:
October 1 to December 31, 2020.

General

- 487 patient incidents were reported (this is a decrease of 37 incidents from the previous quarter).
- 89% of all reported incidents came from three main categories: *Threats/Assault/Aggression, Patient Accident,* and *Medication*. While the percentage may vary slightly (91% in Q1, 87% in Q2), these three incident categories have consistently been the most frequently reported incidents.
- Although the quarterly corporate report focuses on the top three incident categories plus Self-Harm, The Royal is tracking incidents in all categories (this includes Absconding/Missing Patient, Smoking & Substance Use, Exploitation, Privacy, Food & Nutrition, and Miscellaneous). Should any of these categories begin to experience special cause variation, they will be included in the report.
- 86% of *Patient Accident* incidents in this quarter were as a result of a fall.
- In 95% of all fall-related incidents in this quarter, the patient sustained no or mild injury.
- One Geriatric patient sustained a left hip femoral fracture as a result of a fall; the injury was treated surgically.

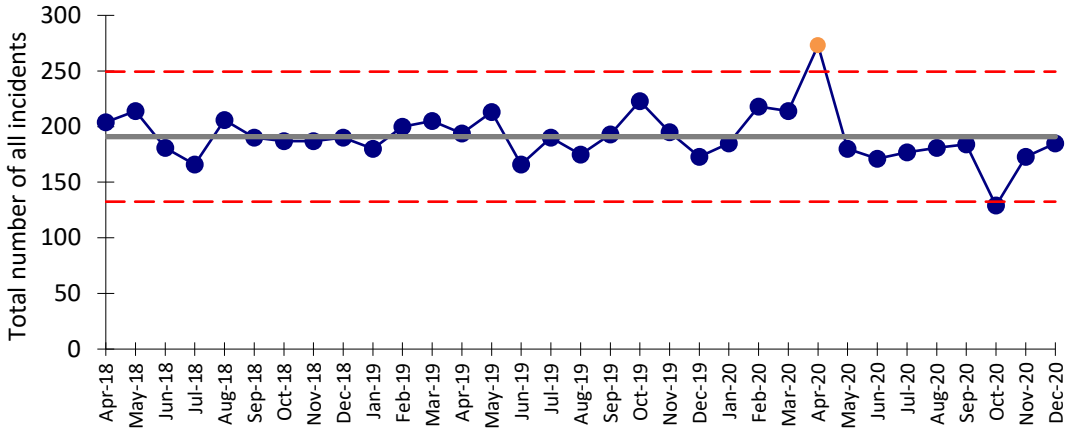
Quality Improvement

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

Key Corporate Patient Safety Metrics

Total number of incidents at The Royal remains stable.

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

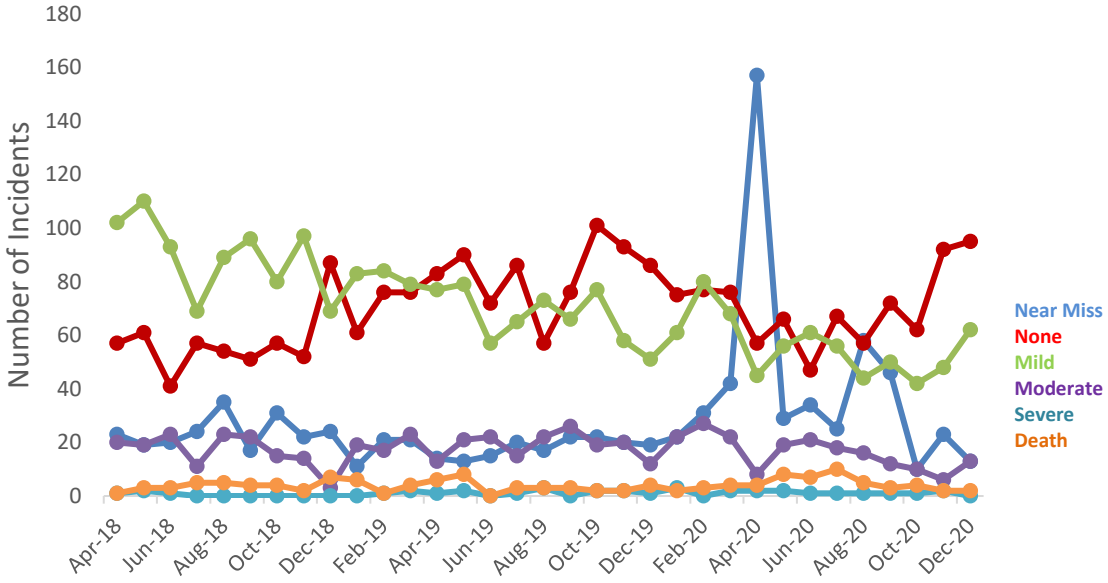


The mean number of incidents per month is 190.

Special cause variation: None for this quarter

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

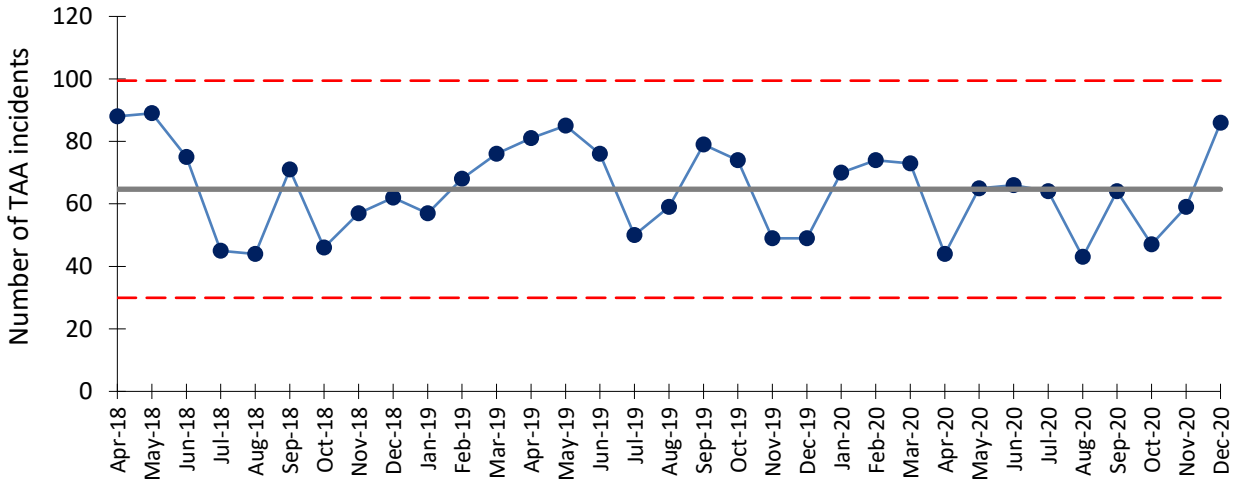
Date source: Level of severity (April 2018-Present)



Threats/Assault/Aggression (TAA)

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

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



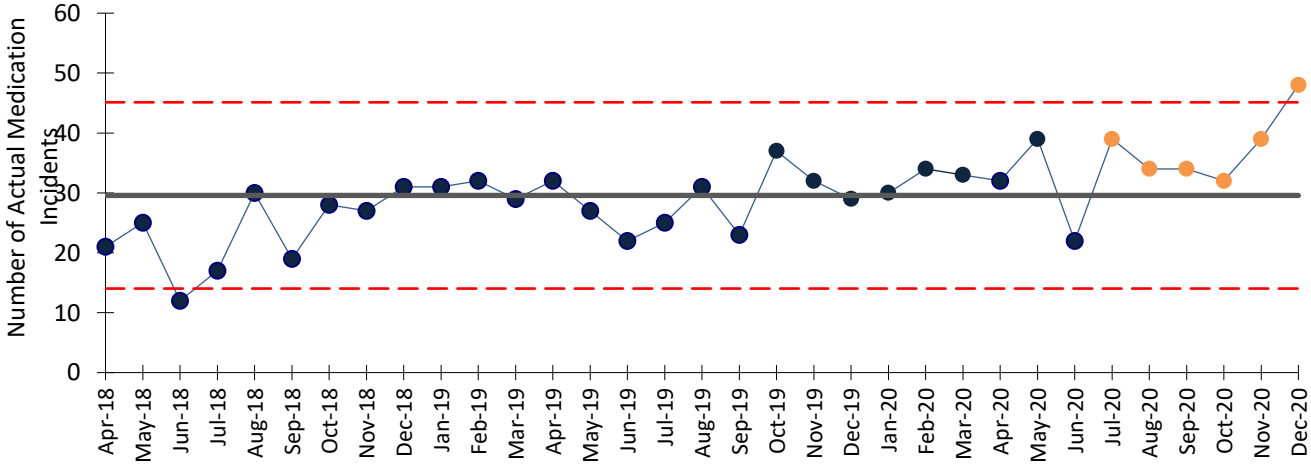
The mean or average number of TAA incidents per month is 64.69. In this quarter, 74% percent of incidents involved a physical altercation between patients and/or patient-to-staff or objects; in 82% of TAA incidents, there was no or mild harm.

Special cause variation: None

Medication

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

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

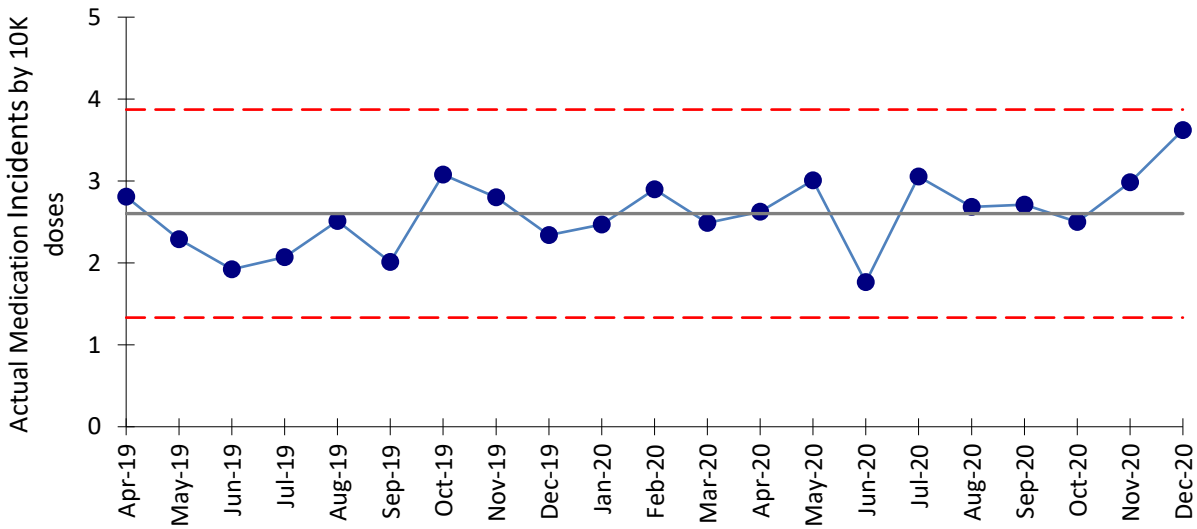


The mean or average number of medication incidents that reached the patient is 29.57 per month. A significant amount of work was done to bring awareness to the medication incident shift, and to develop ideas to support staff in all roles to improve safe medication practices. This included, as some examples,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

Special cause variation: Yes

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

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

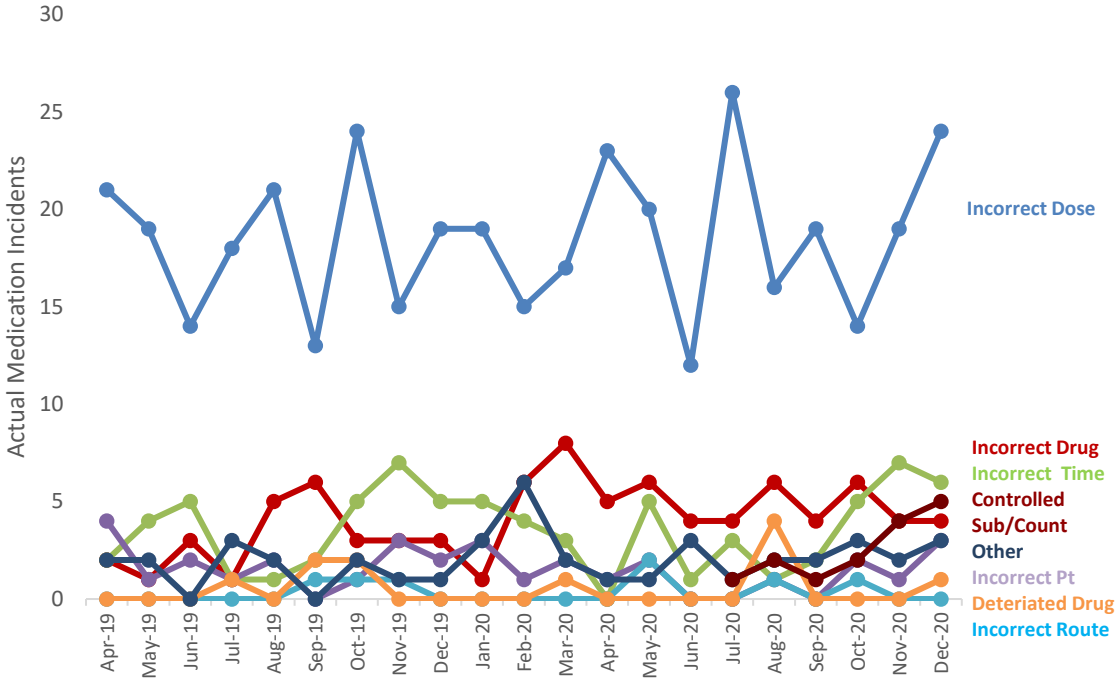


Mean or average number of actual Medication incidents, when calculated by 10K doses, is 2.60 per month.

Special cause variation: None

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

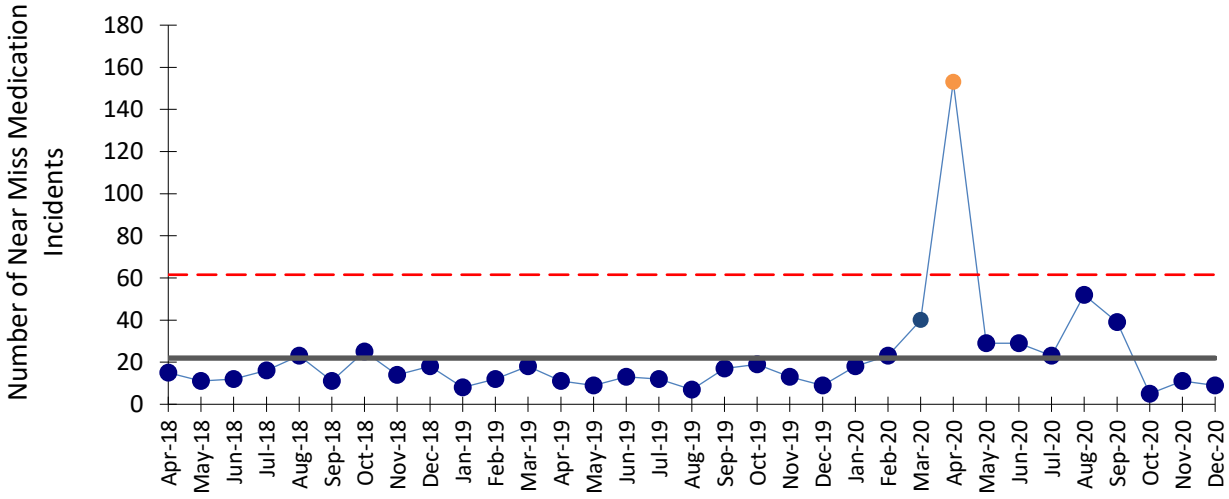
Data Source: Type of medication incident (April 2019-Present).



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

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

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



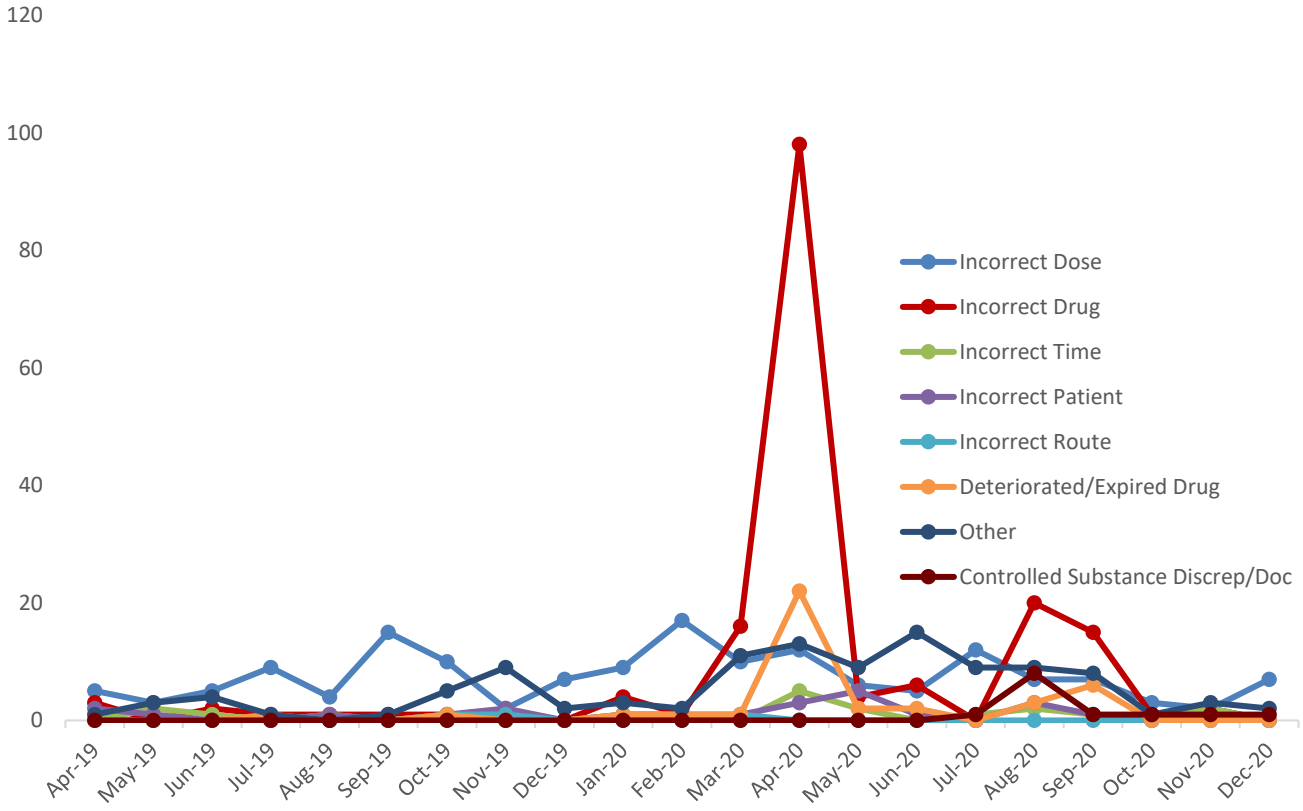
Near miss events provide a rich opportunity to learn how we can prevent future safety incidents from occurring; as such, reporting of near miss incidents in all incident categories and not just Medication

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

Special cause variation: None for this quarter

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

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



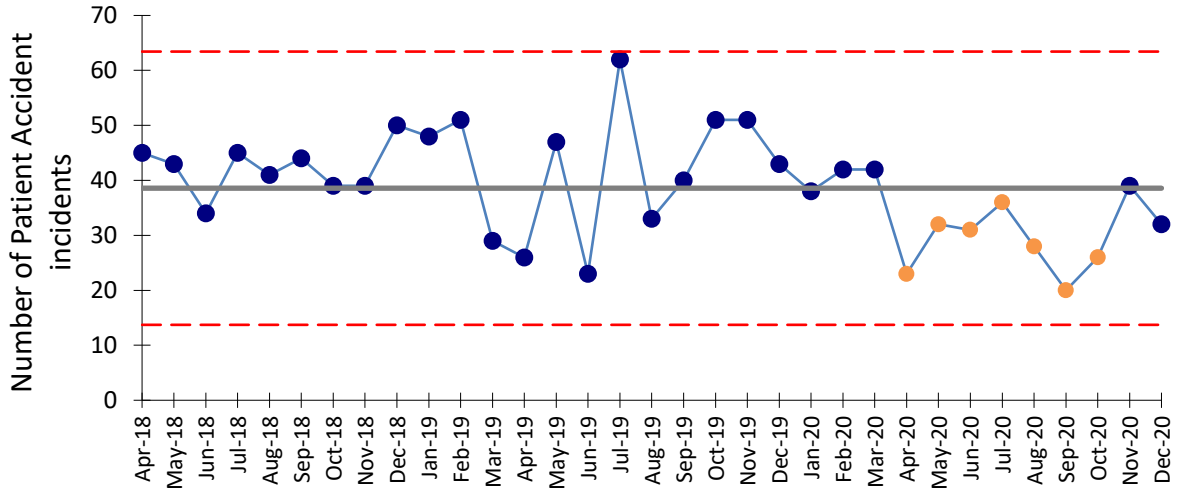
*Incorrect Dose includes dose omission, extra dose, incorrect dosage form, frequency and duration incidents

A medication is considered an "incorrect drug" if/when there is no order from the physician for the patient to be receiving that medication. This can occur when a medication the patient was receiving, is discontinued by the physician but is not removed by nursing staff from the patient's specific medication bin.

Patient Accidents

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

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

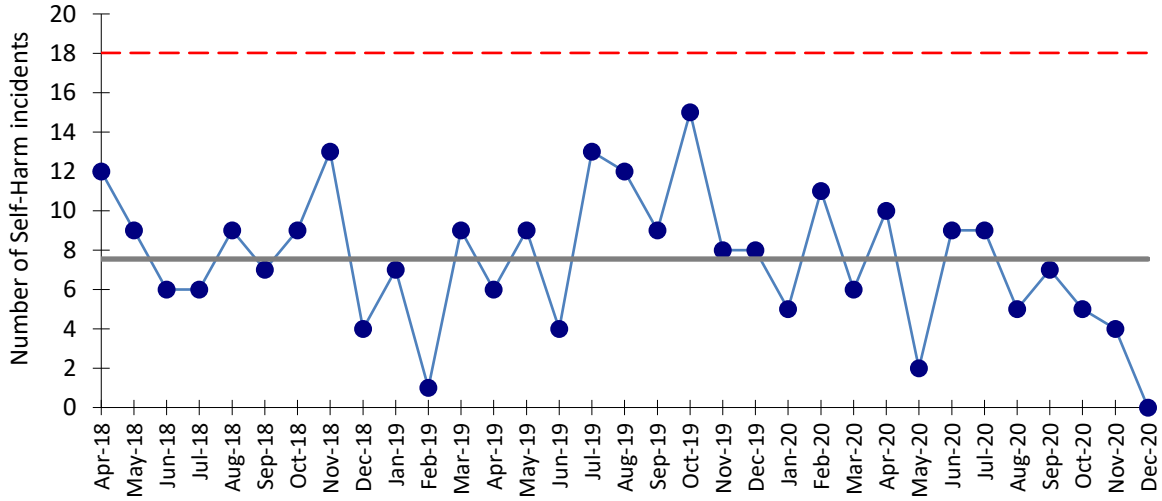


Special cause variation: Yes

Self-Harm

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

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



Special cause variation: None