HÔTEL-DIEU GRACE
HEALTHCARE

HDGH Board of Directors Meeting

May 22, 2024

1453 Prince Road, East Wing Admin Boardroom (2nd Floor EW-2312)

Windsor, N9C 3Z4

HÔTEL-DIEU GRACE HEALTHCARE

May 22, 2024 HDGH Board of Directors Meeting

Agenda

4:30PM	**1.0 Call to order**		K. Blanchette
	1.1 Land Acknowledgement and Prayer/Reflection - 3		K. Blanchette
	1.2 Confirmation of Quorum		K. Blanchette
	1.3 Declaration of Conflict of Interest/Duty		K. Blanchette
4:35PM	**2.0 Board Education; EDI/WMS/Spiritual Health**	Information	Nicole Crozier, Patrick Kolowicz, Judy Lear-Zylstra, Martin Thompson, Hilton Gomes, Olfat Sakr, Nick Metivier
4:55PM	**3.0 Consent Agenda** MOTION: THAT the Consent Agenda for the May 22, 2024 HDGH Board of Directors Meeting, consisting of the recommendations and reports be approved as presented	Approval	K. Blanchette
	3.1 Items for Approval		
	3.1.1. Agenda; May 22, 2024		
	3.1.2 Minutes of Previous Meeting; March 20, 2024 - 4		
	3.2 Items to be Received		
	3.2.1 Chief Nursing Executive Report - 7		
	4.0 Board Decisions/Oversight		
5:00PM	4.1 2024 Annual Report to the Sponsor - 9 Suggested Motion: THAT the 20224 Annual Report to the Sponsor be submitted as distributed.	Approval	K. Blanchette
	5.0 Executive Highlights		
5:05PM	5.1 Chief of Staff Report	Information	Dr. A. Steen
5:10PM	5.2 President and Chief Executive Officer Report	Information	B. Marra
	(i) Inquest Report - 17		
	(ii) OHA Strategic Plan 2023-2027 - 31		
5:25PM	5.3 Board Chair Report	Information	K. Blanchette
	(i) Special Presentation		
5:30PM	**6.0 Adjournment** Next Meeting: June 26, 2024		K. Blanchette
5:30PM-5:45PM	**Break and Media Questions**		

HÔTEL-DIEU GRACE
ESTD HEALTHCARE 1888

Land Acknowledgement

We would like to acknowledge that we are meeting in the traditional territory of the Three Fires Confederacy of First Nations, which includes the Anishinaabe (Ah-nish-in-ah-bay), the Odawa (O-da-wa), and the Potawatomie (Pon-A-Wata-Me). people.

We also acknowledge that many Indigenous people crossed this area in their travels due to the surrounding waterways.

Prayer

Enlighten each one of us as we are called to help and to serve those around us,
May our decisions and actions bring forth justice and healing.
May we embrace those around us with the same tenderness that we ourselves require,
We pray for God's supportive love, wisdom and peace in all that we do.
Amen

Directors Present
K. Blanchette, Chair, P. Soulliere, Vice Chair, B. Payne, Past Chair, J. Clark (virtual), A. Daher, M. Galvin, L. Haugh, C. Stan, D. Wellington
Directors Absent
K. Bortolin, C. Gallant, M. Winterton
Ex-Officio Present
B. Masotti, Patient Family Advisory Rep. (virtual), J. Topliffe, Patient Family Advisory Rep., F. Bagatto, CHI Director, L. Lombardo, CHI Director , B. Marra, Chief Executive Officer, Dr. A. Steen, Chief of Staff
Ex-Officio Absent
J. Dawson, Chief Nursing Executive
Administration Present
C. Kondratowicz (Recording Secretary), S. Laframboise, S. McGeen
Guests
Various Media, Dr. Larry Jacobs, Schulich School of Medicine and Dentistry

1.0 Call to Order

The Board Chair called the meeting to order at 4:45PM.

1.1 Land Acknowledgement & Prayer/Reflection
The Chair read the land acknowledgement followed by the HDGH prayer.

1.2 Confirmation of Quorum
Confirmed.

1.3 Declaration of Conflict of Interest/Duty
None.

2.0 Board Education

2.1 Schizophrenia Demo Project
Dr. A. Steen provided an update to the information provided in the package.
The materials in the package were provided the Mental Health Patient Family Advisory Council (PFAC). Staff have completed training for CBT for Psychosis, Physician engagement has been completed. Will be starting with counselling and patient enrollment for April 1, 2024. A family counselling treatment program training will be held in September 2024.

3.0 Consent Agenda

The Chair asked if anyone wished to remove anything from the Consent agenda to the full agenda for discussion.

3.1 Items for Approval
- 3.1.1 Agenda; March 20, 2024
- 3.1.2 Minutes of the Previous Meetings; January 24, 2024

3.2 Items to be Received
- 3.2.1 Chief Nursing Executive Report

Upon motion duly made, seconded, and unanimously carried, the March 20, 2024 Consent Agenda, consisting of the recommendations and reports be approved as presented.

4.0 Board Decisions/Oversight

4.1 Schulich School of Medicine and Dentistry

Dr. Larry Jacobs attended the meeting to provide the Board an annual update.

- Theme for medical education locally is a period of growth.
- Growing footprint; Medical school spots in Windsor have increased; up to 42 students this year with expectations of an increase next year and phased gradual expansion up to 50 students = 200 medical students within in Windsor in a few years.
- Have also increased post graduate spots.
- Psychiatry program has grown to 4 per year = Over 5 year training will have 20 residents in Windsor with Psychiatry skills. Gives an opportunity to mentor within areas of need in Windsor.
- Expanded Internal Medicine Training – accepted 2 residents in recruitment.
- Match day where 4th year students find out what they will be doing in residency; 100% match rate this year. Goal in Windsor is 50% choosing family medicine (17/36 chose), 7/36 chose internal medicine and others are scattered around surgeons, pediatricians, etc. London campus had 98% match rate.
- Facilities at Windsor – at point of review, have started some large renovations at the UofW.
- Historically most physicians were adjunct faculty; moving forward, we will be moving some physicians into fulltime academic category.

Dr. Jacobs left at 5:03PM

4.2 Quality Committee Recommendations

Dr. A. Steen presented the 2024/2025 QIP provided in the package on behalf of the Quality Committee:

- Narrative, Workplan and Progress Report provided for information and review.
- The Quality Committee held a special education session in February to review draft QIP. The final document was presented to the Quality Council in March and approved. The plan has also been reviewed by MQA, MAC, SMC and PFAC.
- A QIP report will be presented quarterly to the Quality Committee to track indicators.

Upon motion duly made, seconded, and unanimously carried, the 2024/2025 Quality Improvement Plan (QIP) was approved as presented.

4.3 Appointment of Dr. Priya Sharma, President of Professional Staff Association

Dr. A. Steen advised that she is one of the psychiatrists working primarily in Geriatric Mental Health Outreach program (GMHOT) as well as Geriatric Assessment Program.

Upon motion duly made, seconded, and unanimously carried, the Board of Directors appoint Dr. Priya Sharma, President of the Professional Staff Association, as ex-officio to the Board of Directors for a one (1) year term 2024/2025 as recommended by the Medical Advisory Committee.

5.0 Executive Highlights

5.1 Chief of Staff Report

Dr. A. Steen had no updates to provide.

5.2 President and Chief Executive Officer Report

B. Marra provided a verbal report highlighting the following:

- HDGH has formally rescinded the Code Grey as of 4PM today.
- Acknowledgement was made to staff recognizing the tremendous amount of pressure during the cyber-attack. These last few months have specifically been challenging for IT and back office support staff. On behalf of the Board, P. Soulliere provided a special thanks to Alison Murray for her work during the cyber incident.

ACTION – An open letter be drafted on behalf of the Board thanking them for their work and support during the cyber-attack.

5.3 Board Chair Report

K. Blanchette provided a brief update, outlining the following.

- Bishop Fabbro was on site last week and F. Bagatto, L. Lombardo, K. Blanchette and Administration attended a luncheon. Bishop Fabbro let a mass for staff on campus as well as a private mass for one of our palliative patients.

6.0 Date of Next Meeting

May 22, 2024

7.0 Adjournment

The Board Chair adjourned the open meeting at 5:20PM

_____ _____

Bill Marra, Secretary Ken Blanchette, Board Chair

HÔTEL-DIEU GRACE
ESTD HEALTHCARE 1888

CNE Report for Board of Directors Meeting

☐ **FOR DECISION** ☐ **FOR ACTION** X **FOR INFORMATION** ☐ **FOR TRACKING**

Date: May 22, 2024

Author: T. Caston on behalf of Kathy Quinlan, Interim CNE Director of Professional Practice, Pharmacy, IPAC and Geriatric Services

Subject: CNE Report

UPDATE

As interim Chief Nursing Executive, I am pleased to provide the Board with my very first report. Entering into the 5th month of the year one of our goals of focus continues to be staff development. As described through our strategic initiate "ensuring we provide our employees with formal and informal education and training to feel confident in providing the highest level of quality care and service". Some of our clinical highlights include:

Toldo Neurobehavioural Institute (TNI) Highlights

An opportunity to provide refresher training was identified by our staff for nursing and respiratory therapists working within the Electroconvulsive Therapy (ECT) program. In alignment with this, HDGH facilitated refresher training around Advanced Cardiovascular Life Support (ACLS) using a hybrid format of online modules and on site in-person training at HDGH. In addition to training, through learnings from the ECT's unique mock code-blues the benefit of reviewing medications available for emergency use was identified. A review was conducted by HDGH's Pharmacy and Clinical Practice team resulting in optimization around medication availability, implementation of visual aids, and storage that align with our acute care partners.

Assertive Community Treatment (ACT) Highlights

ACT nursing staff received education sessions with community partners from CareRX Pharmacy for mental health outpatient medication administration review as well as Canadian Mental Health Association's Community Treatment Order (CTO) coordinator for CTO community process education, updates, and learnings.

This month the program initiated a standardized ACT Nursing Touch Base for the nursing staff from both teams to come together and review process improvement initiatives, learnings from safety reports, standardization or processes between the two teams, etc. In addition this month two RN's from the ACT teams participated in Family Intervention Therapy (FIT) Training and will begin offering this therapy service by the end of month, in conjunction with the Schizophrenia Project organized by the Mental Health Commission of Canada and Ontario Shores. As a final point, the ACT teams will be offered a set of 4 Assertive Community Treatment Virtual Learning Seminars organized by Ontario Association for ACT & FACT that provide live education sessions with topics like Therapeutic Boundary Setting, Concurrent Treatment of Psychiatric and Substance Use Disorders, and Supporting Connection in a World of Disconnect.

Wellness Program for Extended Psychosis (WEP) Highlights

This month the RN's from the WPEP program participated in Cognitive Behavioural Therapy for Psychosis (CBTp) and Family Intervention Therapy (FIT) Training and will begin offering these two new therapy services by the end of month, in conjunction with the Schizophrenia Project organized by the Mental Health Commission of Canada and Ontario Shores.

HÔTEL-DIEU GRACE
ESTD HEALTHCARE 1888

Dual Diagnosis Highlights

This month the Dual Diagnosis RNs have paid focus to quality improvements to their referral and waitlist processes to ensure efficiency, strong communication between themselves and the referring providers as well as the clients and families, and standardized approaches to referral review and waitlist maintenance.

Restorative Care Highlights

The Restorative program participated in the Hill-Rom International Pressure Ulcer/Injury Prevalence Survey (IPUP) at the end of March, an assessment of all of our inpatients within Complex Medical Care and Rehabilitation units. The survey is one of the largest global running pressure ulcer/injury databases, with over 1,300 facilities participating annually and surveying more than 100,000 patients each year. The main purpose of the IPUP survey is to help facilities identify areas they can focus on and make positive changes to improve patient care. HDGH will receive a comprehensive report in May and national benchmarks to aid in process improvement.

Last but not least, our annual Pharmacy Accreditation through Ontario College of Pharmacists is on Wednesday April 17th. This process reviews all Pharmacy standards of Operation and Medication safety, procurement, storage, preparation and administration. There are 383 Standards that we will be measured on to ensure we meet our Accreditation.

Respectfully submitted by:
Kathy Quinlan, Interim CNE, Director of Professional Practice, Pharmacy, IPAC and Geriatric Services

Process / Processus

The following survey should be reviewed by the CEO/Executive Director/Administrator/Facility Representative with their Board/Advisory/Trustees prior to it's completion. A PDF copy is provided for this review. Submission of the report should be done online through the survey link which is sent annually by email to the CEO/Executive Director/Administrator/Facility Representative.

Le sondage que voici devra avoir être étudié par le/la PDG / DG / l'administrateur ou administratrice / le représentant ou la représentante de l'établissement avec leur conseil d'administration ou leur comité consultatif. Un fichier PDF doit justement servir à cet examen. Le rapport devra être transmis en ligne en utilisant l'hyperlien pour le sondage, qu'on envoie par courriel chaque année au PDG / DG / à l'administrateur ou l'administratrice / au représentant ou à la représentante de l'établissement.

* 1. Facility Corporate Name / Dénomination sociale de l'établissement

Hôtel-Dieu Grace Healthcare

2. Facility Address / Adresse de l'établissement

1453 Prince Road, Windsor, ON N9C 3Z4

Mission / La Mission

* 3. When was your Mission Statement last reviewed by your Board/Advisory/Trustees ? If there were any changes please state your new Mission Statement / Quand votre conseil d'administration ou votre comité consultatif a-t-il révisé votre énoncé de mission pour la dernière fois ? S'il y a apporté des changements, veuillez nous communiquer le texte de votre nouvel Énoncé de mission.

May 15th, 2023 - no changes since this approval by HDGH Board of Directors' CHI Members Meeting approval on February 29, 2024

* 4. Your organizations mission, vision, values and CHAC Health Ethics Guide/USCCB Ethical Religious Directives are integrated into operations, including decisions related to governance, administration, staff and services / La mission, la vision, les valeurs de vos organisations ainsi que le Guide d'éthique de la santé de l'ACCS / les lignes directrices en éthique religieuse de l'USCCB (conférence épiscopale des États-Unis) sont intégrés au fonctionnement, et notamment aux décisions relatives à la gouvernance, à l'administration, au personnel et aux services.

- [x] Yes/Oui
- [ ] No/Non
- [ ] Don't Know/Ne sais pas

5. How can CHI help you with your mission / Comment SCI pourrait-elle vous aider dans votre mission?

Currently our Director of Communications and Mission sits at the CHI Mission Pillar and we find great value in being a part of these conversations.

6. Has your organization had to deal with any major patient/client complaints, community concerns or lawsuits over the past year? / Votre organisation a-t-elle dû faire face à des plaintes importantes de patients/clients, à des préoccupations exprimées dans la collectivité ou à des poursuites judiciaires au cours de la dernière année ?

- [x] Yes/Oui
- [ ] No/Non

If yes, please provide more detail / Si oui, veuillez fournir plus de détails :

Recently a complaint regarding Bill 7 was a public facing complaint that HDGH received. Aside from that, HDGH maintains a Full-time Patient Advocate and Ethics lead who responds promptly to all complaints.
In Dec. 2023, HDGH was served with a class action lawsuit arising from the 2023 Cyber Attack. All five hospitals within the region and TSSO were named. Legal representation is being provided by BLG; Patrick Hawkins and Cindy Clark.

7. Decisions of the organization reflect Catholic social teachings with special attention to those most in need / Les décisions de l'organisation reflètent l'enseignement catholique et on accorde une attention particulière aux plus déshérités.

- [x] Yes/Oui
- [ ] No/Non
- [ ] Needs improvement/Besoin d'amélioration

Please provide an example from the past year / Veuillez donner un exemple de ce que vous avez fait à cet égard pendant la dernière année:

A variety of our program offerings support the Catholic social teachings. Two projects that are operated out of our Mission portfolio particular focus on supporting the most vulnerable and marginalized in our community.

First, is our Patient Benevolent fund. The purpose of the Benevolent Fund is to provide support and assistance in the relief of severe but temporary financial hardship and/or unforeseen circumstances outside the control of the individual patient or dependents.

The HDGH Patient and Family Advisory Council (PFAC) works in partnership with HDGH staff to ensure that the needs and priorities for Person-Centred Care are considered and incorporated into matters that impact patients and their families. The PFAC is comprised of community members who were former patients or family/caregivers of HDGH or a similar hospital. The PFAC will review all applications submitted to the Fund and, with support from the organization, will make the decisions regarding the applicants' requests.

Urgent requests will be part of the consensus based decision process. The fund is supported through the HDGH Foundation.

The second project, is the HDGH Clothing Closet. While the closet has existed for many years within our Mental Health and Addictions inpatient program, this past year saw the closets expand to our Complex Medical, Rehab, Regional Children's Centre and outpatient programs. Most recently a member of HDGH's security team assisted with securing a relationship with the local Value Village store that will assist us with keeping our closets stocked all year round.

8. Values: additional comments / Les Valeurs: commentaires additionnels

Our Values are the cornerstone of our Vision and Mission. They include Kindness; Teamwork; Expertise and Social Responsibility. They underscore and align with our strategic goals and our three Drivers: Culture - Care - and Connections

https://youtu.be/j2Q2eXqLY60 - Living our Mission, Strengthening our Legacy

9. Orientation provided to staff includes the following topics: (check all that apply) / L'orientation du personnel comprend les sujets suivants: (veuillez cocher tous les éléments pertinents)

- [x] Mission/La mission
- [x] Values/Les valeurs
- [x] Heritage/L'héritage
- [x] Catholic Health International - as sponsor / Santé catholique internationale, en qualité de parrain
- [x] Ethics/L'héthique
- [ ] No, we do not have an orientation program for staff / Non, nous n'offrons pas d'orientation au CA / comité consultatif

Please describe your orientation process as it relates to mission, vision and values/ Veuillez décrire votre processus d'orientation en ce qui concerne la mission, la vision et les valeurs :

Orientation goes into depth about the history of the hospital, the various services we offer on campus and off campus for our patients/clients, various resources that we provide to employees (i.e. EAP, Staff discounts, etc.), how the new employees can get involved in the campus through various committees and managers coming to meet their staff at the start of orientation and answer any unit specific questions

Mission, Vision and Values are also represented in the presentations from various departments; patient advocate, spiritual care, safe workplace advocate, EDII, Security. All go into depth on their role, and the supports provided.

10. Education: additional comments / L'éducation: commentaires additionnels

The Board continues to receive education at each meeting. Various topics include; Ethics, EDII, Spiritual Health, and Programs and Services.

The Mission and People Committee and Board will be receiving presentation on EDI/WMS/Spiritual Health & partnerships and support provided to clients.

Our Leadership Team are in the process of completing a Leadership Training course provided by Vokes Leadership as well as EDII Training (including EIDA-R Education, Indigenous Culture Safety and Awareness Education, and French Language Services) and learnings will be shared with our Board.

Bi-monthly Ethics Grand Rounds are offered to staff and physicians.

Ethics / L'éthique

11. An ethics committee and/or consultation services are in place to review and advise / Il existe un comité d'éthique ou des services de consultation pour étudier à des fins d'étude et de recommandation.

- [x] Yes/Oui
- [ ] No/Non
- [ ] NA/SO

How often does your committee meet?À quelle fréquence votre comité se réunit-il ?
How often do you utilize consultation services?
À quelle fréquence avez-vous recours à des services-conseils ?

Committee meets bi-monthly
Consultation services are utilized as needed. The PA and Ethics Lead connects with our Bioethicist on a regular occurrence however, not every connection results in a formal ethics consult.

12. Board/Advisory/Trustees is informed regarding significant ethical issues / Le conseil d'administration ou le comité consultatif est informé des enjeux éthiques importants.

- [x] Always/Toujours
- [ ] Never/Jamais
- [ ] Sometimes/Parfois

13. The Bishop is informed regarding significant ethical issues. / L'évêque est informé des enjeux éthiques importants.

- [x] Always/Toujours
- [ ] Never/Jamais
- [ ] Sometimes/Parfois

14. Ethics: Additional Comments / L'éthique: Commentaires additionnels

Dr. Hazel Markwell is the contract Ethicist for HDGH. She is regularly engaged for all ethical consults and Ethics Committee meetings.
HDGH has ground rounds every other month that is offered to staff on various ethical topics (such as Consent and Capacity, Stigma, SDM and etc.). In March 2024, our Ethicist, Hazel Markwell rounded with Administration to various inpatient and outpatient programs to talk about Ethics and possible ethical themes that are staff encountered. Themes that we are seeing are mostly around Discharge and Substitute Decision Making, Capacity and POA.

15. Your facility acts in accordance with all applicable legislation, civil and canon law, accreditation requirements, internal policies and by-laws / Votre établissement se conforme à toutes les lois civiles et canoniques, aux exigences d'accréditation, aux politiques internes et aux règlements administratifs en vigueur.

- [x] Yes/Oui
- [ ] No/Non
- [ ] Unsure/Pas certain.e.

16. Is your board/advisory/trustees familiar with your bylaws? / Votre conseil d'administration ou votre comité consultatif est-il au fait de votre règlement administratif (statuts) ?

- [x] Yes
- [ ] No
- [ ] Unsure/Pas certain.e.

17. The Auditors Year end financial statements and management Letter are reviewed with the Board/Trustees to oversee the financial performance and viability of your Corporation to ensure resources and assets are used effectively and are protected /Les auditeurs présentent des états financiers de fin d'année et une lettre sur la gestion; le conseil d'administration étudie ces documents pour surveiller les résultats financiers et s'assurer de la viabilité de votre corporation, et aussi pour veiller à ce que les ressources et les actifs soient utilisés efficacement et bien protégés.

- [x] Yes/Oui
- [ ] No/Non
- [ ] NA/SO

18. The strategic plan and action plan reflects mission and values operationally / Le plan stratégique et le plan d'action reflètent la mission et les valeurs sur le plan du fonctionnement (opérations).

- [x] Yes/Oui
- [ ] No/Non
- [ ] Somewhat/Un peu

Please cite one or more examples over the past year / Veuillez donner un ou plusieurs exemples pour l'année dernière:

https://youtu.be/j2Q2eXqLY60 - Living our Mission, Strengthening our Legacy.

The 2024 Strategic Plan - Living our Mission, Strengthening our Legacy, has 12 strategic initiatives. While all of them live out our HDGH mission, the two initiatives focused on Equity, Diversity, and Inclusion and Indigenous Health really aim at serving the most vulnerable and the most disenfranchised in our community.

19. Governance: additional comments / La gouvernance: commentaires additionnels

20. What specific examples can you share that exemplifies the mission, values and spiritual care being lived in your organization?/Quels exemples précis pouvez-vous nous donner pour illustrer la mission, les valeurs et les soins spirituels vécus dans votre organisation ?

This year, HDGH renamed their Spiritual Care team to Spiritual Health. Focusing on the philosophy that spiritual health is just as a important as physical health. The Spiritual Health team is comprised of three (3) Spiritual Health Practitioners. Over the last year, we have reinstated a number of services and masses that were paused through the pandemic. These include:

- Prayers for Strength and Comfort - daily prayer in our HDGH Chapel
- Weekly Sunday Mass
- Thanksgiving Service
- St. Joseph's Day Mass
- Easter Mass
- Christmas and New Years Mass
- Ramadan Reflection
- Ash Wednesday

In addition, our Spiritual Health team frequently completes a blessing of the hands with new hires, and our teams across the campus.

HÔTEL-DIEU GRACE HEALTHCARE
ESTD 1888

☒**FOR APPROVAL** ☐**FOR INFORMATION**

Date: May 24, 2024 **Author: Biagio (Bill) Marra**

Subject: Endorsement of Inquest Jury Recommendations 6 - 15

BACKGROUND

Chad William Romanick tragically died of a self-inflicted gunshot wound on September 15, 2017. Following his death, an inquest was conducted pursuant to the Coroners Act of Ontario. The inquest aimed to thoroughly investigate the circumstances surrounding his passing and identify any systemic issues or areas for improvement. Hotel Dieu Grace Healthcare requested and was granted standing in the Inquest.

INQUEST JURY VERDICT

The verdict of the inquest jury, composed of individuals selected to objectively review the case, yielded 15 non-binding recommendations. Ten of these recommendations directly and indirectly pertain to the operations and practices of Hotel Dieu Grace Healthcare, implicating potential areas where improvements could be made to enhance safety, support, and overall effectiveness of care provision.

RECOMMENDATION

I strongly advocate for the endorsement of Inquest Jury Recommendations 6 - 15 by the Hotel Dieu Grace Healthcare Board of Directors. These recommendations likely hold significant implications for our organization, both in terms of operational procedures and the quality of care we provide to our patients.

RATIONALE

Endorsing these recommendations not only demonstrates our commitment to continuous improvement. By endorsing these recommendations, we signal our willingness to take proactive measures to enhance the safety and well-being of both our patients and staff members.

NEXT STEPS

1. Review each of the recommendations carefully to gain a comprehensive understanding of their implications for our organization.
2. The V.P. Mental Health will be the Executive Lead and develop an action plan outlining specific steps, timelines, and responsible parties for each recommendation including but not limited to collaborating with the Mental Health and Addictions Network, a committee of the Windsor-Essex Ontario Health Team.
3. Monitor progress regularly and make adjustments as necessary to ensure effective implementation.

CONCLUSION

Endorsing the Inquest Jury Recommendations 6 - 15 aligns with our organizational values and commitment to providing the highest standard of care. By taking proactive steps to address any

identified shortcomings, we strengthen our position as a leader in (Mental Health and Addictions) healthcare provision while honouring the memory of Chad William Romanick and others who may have been affected by similar circumstances.

VERDICT EXPLANATION

Inquest into the Death of
Chad William ROMANICK

Selwyn A. Pieters, Presiding Officer
March 25 - April 04, 2024
Virtual Inquest

OPENING COMMENT

This verdict explanation is intended to give the reader a brief overview of the circumstances surrounding the death of Chad William Romanick along with some context for the verdict reached by the jury. The synopsis of events and comments are based on the evidence presented orally and in writing to assist in understanding the jury's basis for its recommendations.

PARTICIPANTS

Inquest Counsel:	Roger Shallow, Counsel Philip Tsui, Counsel Office of the Chief Coroner 25 Morton Shulman Ave. Toronto, ON M3M 0B1
Inquest Investigator and Constable:	Detective Constable Kelly Rees Ontario Provincial Police Office of the Chief Coroner 25 Morton Shulman Ave. Toronto, ON M3M 0B1
Recorder:	Kevin Vu First Class Conferencing Facilitation Inc. 61-1035 Victoria Road S Guelph ON N1L0H5

Parties with Standing:	Represented by:
Ministry of the Solicitor General and the Ontario Provincial Police	Claudia J. Brabazon, Senior Counsel Ministry of the Solicitor General 777 Memorial Avenue, Floor 3 Orillia, ON L3V 7V3 Claudia.Brabazon@ontario.ca Yun Alice Liu, Counsel Ministry of the Solicitor General 655 Bay Street, Floor 5, Suite 501 Toronto, ON M7A 0A8 Alice.Liu1@ontario.ca
Windsor Police Service Chief and Windsor Police Service Board, Sergeant John MacDougall, Sergeant James Hladki ("Involved Officers")	Bryce Chandler, Counsel Windsor Police Service 150 Goyeau St. Windsor, ON N9A 6Z9 bchandler@windsorpolice.ca
Windsor Regional Hospital	Aislinn Reid, Counsel Lipi Mishra, Counsel Osler, Hoskin & Harcourt LLP 1 First Canadian Place 6300 – 100 King St. W. PO Box 50 Toronto, ON M5X 1B8 Reid@osler.com LMishra@osler.com
Hotel Dieu Grace Healthcare	Shannon Tompkins, Counsel Hotel-Dieu Grace Healthcare 1453 Prince Road Windsor, ON N9C 3Z4 Shannon.Tompkins@hdgh.org

SUMMARY OF THE CIRCUMSTANCES OF THE DEATH

This inquest concerns the death of Chad William Romanick, 34 years old, who died on September 15, 2017, at his residence in Windsor, Ontario.

On September 15, 2017, members of the Amherstburg Police Service (APS), Windsor Police Service Emergency Services Unit (WPSESU), and the Repeat Offender Parole Enforcement Unit (ROPE) had set up a perimeter around Mr. Romanick residence and were attempting to safely arrest him for an attempted murder. The police had reasonable grounds to believe that Mr. Romanick was responsible for shooting a male with a shot gun in Amherstburg at approximately 2:30 earlier that morning.

As part of their planning and preparation, the police obtained information about Mr. Romanick's history from background checks they conducted through Windsor Police records management system, CPIC, and other databases, in addition to social media. None of the information the police obtained on the morning of September 15th revealed that just three days earlier on September 12th, members of the WPS service attended Mr. Romanick's residence twice as a result of two separate 911 calls that he made. The second police attendance was coded as a Person in Crisis (PIC) and resulted in Mr. Romanick being transported to the Emergency Department of the Windsor Regional Hospital (WRH) by ambulance, followed by a WPS officer. Details from that call included reference to Mr. Romanick having a plan to commit suicide the previous day.

As the investigation and containment planning progressed on the morning of September 15, 2017, police were confident that Mr. Romanick was somewhere inside the residence because his vehicle – earlier identified as the suspect vehicle – was in the driveway, and information obtained from a cellular phone provider confirmed that Mr. Romanick's cell phone was near his residence.

At about 10:27 a.m., the perimeter around Mr. Romanick's residence was contained and the ESU team leader began utilizing numerous methods to contact Mr. Romanick. These methods included calling his cell phone and leaving a message, sending a text message to his cell phone, speaking through a bull horn, and using the wail and horn from a police vehicle. Mr. Romanick did not provide the police with any type of response until 1:00 p.m. when officers, who were positioned to the rear of residence, heard a muffled gunshot from the detached garage. The ESU team leader was speaking on the phone with Mr. Romanick's father when this occurred.

Mr. Romanick's father provided information about mental health and addiction challenges that Mr. Romanick had been experiencing. During the conversation, Mr. Romanick's father received a text message from his son that suggested he was saying goodbye and advised the ESU team lead. Mr. Romanick had also sent a similar text message to his common-law spouse.

When the police were able to gain safe entry into the detached garage, they discovered Mr. Romanick on a couch with a shotgun and a bullet wound through his head. He was

pronounced dead at the scene at 2:11 p.m.

In addition to the unfolding of the events on September 15, 2017, the inquest explored the circumstances of Mr. Romanick's attendance at the Emergency Department of the WRH on July 11 and September 12, 2017.

On July 11, 2017, Mr. Romanick attended the WRH Emergency Department voluntarily with his common-law spouse for help with depression and addiction. At triage, he was requesting detox protocol for cocaine, crack and crystal meth use, and a psychiatric assessment. The hospital records indicated that a bed was available for him, however, the social worker progress notes indicate that Mr. Romanick advised that he had contacted Detox and was informed that it may be more appropriate for him to speak with a psychiatrist. Mr. Romanick advised that he had never been formally diagnosed with a mental illness and that he has a family history of mental illness - brother has depression, father has ADHD and depression. Ultimately, Mr. Romanick was provided with a referral to the Transitional Stability Center, a psychiatric consult, and advised to consider individual counselling.

The jury heard evidence that Mr. Romanick's common-law spouse was present with his consent during his interview with the social worker and that during the interview, Mr. Romanick advised that he had a plan to kill himself with a gun. The progress notes made no reference to that, and the social worker had no independent recollection of the July 11, 2017, meeting. She testified that her practice would have been to have made a note of such information, and that type of information would be relevant to a physician's decision to involuntarily admit Mr. Romanick for examination for up to 72 hours under Section 17 of *Ontario's Mental Health Act.* The social worker also testified that she had taken courses since 2017 that she found useful in equipping social workers with enhanced ways to probe suicidal ideations.

On September 12, 2017, after the second police attendance at his residence that day, Mr. Romanick was taken to the Emergency Department of the WRH, this time by ambulance, followed by a WPS officer. He was a person in crisis and in a delusional state.

His father, Clare Romanick, attended the hospital and spoke to both the social worker and the Emergency Room doctor urging them to admit his son as an in-patient. The jury heard that there was a disjuncture in the presentation of Mr. Romanick to the Social Worker and Emergency Physician versus what was communicated by Mr. Romanick's father and what was in the possession of the police. In particular, the police information that Mr. Romanick had a plan to hang himself with a guitar string the previous day appears not to have been passed on to the Emergency Room doctor or the social worker. The jury heard evidence that this information was relevant to a decision to involuntarily admit Mr. Romanick for examination for up to 72 hours under Section 17 of *Ontario's Mental Health Act.*

The jury heard that many changes designed to improve service delivery and support for persons with acute mental illness and/or psychosocial crisis have been implemented since

2017 in the healthcare and policing communities. The jury also heard evidence about the significant increase in demand for supports for persons in crisis, and the innovative initiatives and pilot programs that have been developed to assist with addressing the increased demands.

THE INQUEST

Dr. Elizabeth Urbantke, Regional Supervising Coroner, West Region, London Office, called a mandatory inquest into the death of Chad Romanick pursuant to section 10 of the *Coroners Act*.

The document outlining the scope of this inquest is attached as an Appendix.

The inquest was conducted in a virtual manner, with remote participation by parties with standing and remote testimony from all witnesses. In keeping with the open court principle, the inquest was streamed live.

The jury sat for seven days, heard evidence from 14 witnesses, reviewed 22 exhibits and deliberated for five hours in reaching a verdict.

VERDICT

Name of Deceased:	Chad William Romanick
Date and Time of Death:	15 September 2017 at 2:11 pm
Place of Death:	1502 Betts Ave, Windsor, ON N9B 3L3
Cause of Death:	Shotgun wound to the head
By What Means:	Suicide

RECOMMENDATIONS

To: Windsor Police Service (WPS)

1. Subject to operational exigencies, ensure that all calls for assistance and/or offers of assistance from the Windsor Police Service Emergency Services Unit that originate from an outside police service, be routed through the E911 Communications Centre to enhance information access, management, and facilitation of efficient communication among the agencies involved.

   Comment:

   The jury heard evidence from various witnesses on how the call for service of WPS was initiated by the Amherstburg Police Service (APS). Various law enforcement agencies were involved including the Windsor Police's Emergency Services Unit, members of the province's Repeat Offender and Parole Enforcement team and officers from the former Amherstburg Police. The jury heard that schools were concerned about the Windsor Police Emergency Services Unit presence on Betts Avenue in Windsor, on Friday, Sept. 15. 2017, of which the 911 dispatcher was not aware when a call in was made about how to deal with the school children who would have been leaving school. The jury also heard that protocols and standing orders exist for the deployment of police resources at WPS including the decision tree on what resources to be deployed and what, if any, information will be provided to the officers.

2. Incorporate the two 911 calls made by Chad Romanick into existing scenario-based training for 911 Communicators with respect to calls involving persons in crisis and consider developing a Checklist for communicators specific to persons in crisis.

   Comment:

   The jury heard evidence of Mr. Romanick's two calls to 911 on September 12, 2017, and how he presented to the operator: whispering and unresponsive for a lengthy period of time. It was apparent that he was not well. That information was not effectively communicated to the primary officers who attended the scene in response to two calls Mr. Romanick made for a break and enter. The second 911 call was handled by the same call-taker, in a less than ideal manner as the call-taker appears to have experienced frustration and ended the call prior to police arrival at Mr. Romanick's home. The WPS Communications Director testified that these calls would be useful to incorporate in training scenarios for 911 communicators.

3. Provide enhanced training for Windsor Police Service officers, 911 Communicators, dispatchers, and others accessing the CAD system on limitations

and query results. Generated by means of matrices or other reference chart(s), deliverable by memo and/or directive(s).

Comment:

The jury heard that responding police officers on September 15, 2017, were not able to view or have ready access to the WPS records regarding Mr. Romanick's interaction with police and hospital attendance on September 12, 2017. The officers responding were not aware of the report from the same address, days earlier, involving Mr. Romanick and that he was a person in crisis. This information, if available, could have potentially been useful to them had Mr. Romanick responded to them and from an officer safety perspective. The jury also heard evidence that the CAD system was already being upgraded to search by address and/or name; however, the Director of Communications for Windsor Police Service spoke of limitations in terms of accessing real time information and difficulties attached to searching by name.

4. Explore opportunities to enhance 911 Communicator training with scenario-based approaches that include role-playing situations where crisis intervention and de-escalation techniques are needed in cases where calls evolve into PIC (Persons-In-Crisis) calls.

Comment:

The jury heard evidence that training in crisis intervention and de-escalation techniques are not routinely provided to 911 operators. They also heard evidence that a call for service can quickly evolve into a person in crisis situation. The jury heard evidence that more training for call-takers and dispatchers could be useful.

5. Explore opportunities to implement continual refresher training plans or courses for 911 Communicators for crisis intervention and de-escalation techniques with scenario-based approaches that may include role-playing situations.

Comment:

The jury heard that 911 communicators receive mandatory training when hired. However, there was no schedule, standard or guideline to refresh and update dispatchers on the different approaches to crisis intervention and de-escalation techniques in dealing with persons in crisis.

To: Windsor Police Service (WPS), Windsor Regional Hospital (WRH), and Hotel Dieu Grace Healthcare (HDGH)

6. Working through the Police-Hospital Committee, that the Windsor Police Service consider adding the Crisis Response Team ("CRT"), which includes a social worker and/or Nurse Police Team ("NPT'), which includes a nurse and a patrol police officer, be added to the "Emergency Callout" list on Code 200 calls at the discretion of a Critical Incident Commander.

Comment:

The jury heard that the Emergency Service Unit can be dispatched to serious incidents that involve apprehension of wanted persons some of whom are in crisis. The jury heard evidence that Crisis Response Teams ("CRT") and/or Nurse Police Teams ("NPT") provide a rapid and effective response to situations involving a person in crisis. This recommendation contemplates adding these specialized teams to the Emergency Call Out list at the discretion of a Critical Incident Commander, having regard to relevant safety considerations, when a person known to be in crisis is required to be arrested for a serious offence.

7. Working through the Police-Hospital Committee, identify opportunities for additional coordination with the WRH, HDGH and WPS, including but not limited to:
   - Crisis response teams
   - Nurse Police Team (NPT)
   - Dedicated Hospital Officer/Code Crisis Pilot Project

   This would include establishing more formal arrangements /protocols to determine which mobile crisis team should be strategically deployed to a crisis call and optimizing hours of coverage to meet service demands.

Comment:

The jury heard evidence about the increased demand for specialized teams for persons in crisis and scarcity of resources and coverage to meet the increasing demand. The jury also heard evidence that it could be the case that both NPTs and CRTs attend at the same call. The jury considered that better collaboration and coordination amongst the hospitals and the WPS could help optimize coverage and avoid having two specialized teams attend the same call.

To: Windsor Regional Hospital (WRH) and Hotel Dieu Grace Healthcare (HDGH)

8. Explore the availability of training and/or resources to enhance the ability of healthcare professionals involved in assessing patients with mental health presentations in their ability to receive and assess the reliability, validity, and potential significance of collateral information, with a view to incorporating into existing training.

Comment:

Mr. Romanick was a person in crisis and in a delusional state when he was taken to the hospital escorted by the WPS. His father, Clare Romanick, spoke to both the social worker and the doctor urging the doctor to admit his son as an in-patient. The jury heard that there was a disjuncture in the presentation of Mr. Romanick to the Social Worker and Emergency Physician versus what was communicated by Mr. Romanick's father and what was in the possession of the police.

9. Review existing training to consider implementation of CALM (Counselling on Access to Lethal Means) training into the existing required training plan for mental health healthcare workers.

Comment:

The jury heard that no questions were asked by the Social Worker and Emergency Physician on whether Mr. Romanick had access to firearms and ammunition.

10. Collaborate with local mental health and addictions partners, in consultation with other relevant stakeholders, to share resources for families, caregivers, and loved ones of Persons in Crisis (PIC) that will assist with accessing the available supports in community mental health and addiction services.

Comment:

The jury heard from Mr. Romanick's common-law spouse of the difficulty in accessing mental health and addiction services. She testified that she would like a recommendation where there should be a one-stop, wrap-around mental health services for people in crisis who reach out for help.

11. Collaborate with local mental health and addictions partners, in consultation with other relevant stakeholders, to explore opportunities to expand existing follow-up services to include more touchpoints with patients to ensure referral plans are proceeding and to assist in accessing the available supports in community mental health and addiction services.

Comment:

See comment 10 above.

12. Collaborate with local mental health and addictions partners, in consultation with other relevant stakeholders, to explore feasibility to provide follow-up services for families, caregivers, and loved ones who have experienced trauma as a result of a loved one's mental illness and/or addiction offered through various means (examples include: card, brochure, text/call/email follow-up opt-in) to ensure multiple means of access to existing services in the community.

Comment:

The jury heard evidence regarding challenges with navigating and accessing mental health supports for families, caregivers, and loved ones of a person in crisis, and the vicarious and firsthand trauma that can be experienced because of a loved one's mental illness and/or addiction. The jury heard of various efforts to improve legibility and access to information for support to families, caregivers, and loved ones who labor under difficult circumstances.

13. Collaborate with relevant stakeholders on the feasibility of expanding the services offered through the Mental Health Addiction Urgent Care Clinic (MHAUCC) to provide 24-hour coverage for persons in crisis.

Comment:

Currently the MHAUCC, which offers walk-in service for anyone over the age of 16 "who cannot safely wait for community mental health and addiction support," is open between 11:00 a.m. and 7:00 p.m. The jury heard evidence from an Inspector about the difficulty police have when an apprehension is made outside of those hours and the challenges of persons who do not meet the criteria for apprehension under the Mental Health Act but require support. The jury heard that there is a need for real-time access to services for persons in crisis, which in turn would help ease the demand on the Windsor Regional Hospital Emergency Department. The jury also heard evidence that Hotel Dieu Grace Healthcare has been working to achieve a stand-alone 24-hour availability of MHAUCC for persons in crisis.

14. Collaborate with local mental health and addictions partners, in consultation with Ontario Health and other relevant stakeholders, to establish targets for timely access to mental health and addiction services. This should include developing and implementing evidence-based target timelines in the assessment and treatment of patients presenting with the most urgent categories of mental health and addiction concerns.

Comment:

The jury heard evidence that the coding system for patients in the Emergency Department can lead to difficult triage decisions as between a critically wounded or ill patient versus a person in crisis. The jury heard evidence regarding a Dedicated Hospital Officer/Code Crisis Pilot Project with the Windsor Police Service. This recommendation encourages all health care partners, Ontario Health, and other stakeholders to collaborate on prioritizing care for persons presenting with significant mental health and addiction concerns.

15. Collaborate with local mental health and addictions partners, in consultation with Ontario Health and other relevant stakeholders, to: (1) establish a common definition of "wait time" (as many organizations define and track wait times differently); and (2) make wait times available to partners to inform planning and referral.

Comment:

The need for a common understanding across healthcare partners of "wait times" in the context of referrals was evident from the evidence the jury heard.

CLOSING COMMENT

In closing, I would like to again express my condolences to the family, particularly Sherry Lamas and the children inclusive of the twins, and friends of Chad Romanick, for their profound loss. Hopefully this verdict explanation will provide him those answers.

I would like to thank the witnesses and parties to the inquest for their thoughtful participation, and to thank the inquest counsel, investigator, and constable for their hard work and expertise. I would also like to thank the members of the jury for their commitment to the inquest.

One purpose of an inquest is to make, where appropriate, recommendations to help prevent further deaths. Recommendations are sent to the named recipients for implementation and responses are expected within six months of receipt.

I hope that this verdict explanation helps interested parties understand the context for the jury's verdict and recommendations, with the goal of keeping Ontarians safer.

Selwyn A. Pieters April 23, 2024
Presiding Officer

APPENDIX

STATEMENT OF SCOPE

Inquest into the Death of
Chad William ROMANICK

This inquest will look into the circumstances of the death of Chad William Romanick and examine the events of his death on or about September 15, 2017, to assist the jury in answering the five mandatory questions set out in s. 31(1) of the *Coroners Act.*

(a) who the deceased was;
(b) how the deceased came to his or her death;
(c) when the deceased came to his or her death;
(d) where the deceased came to his or her death; and
(e) by what means the deceased came to his or her death

Specifically, beyond the facts required to accurately answer the five questions and understand the circumstances of the death, we will be addressing the following issues to the extent that these issues may have relevance to potential recommendations:

1. The circumstances surrounding the death of Chad William Romanick;
2. Police training concerning interaction with, and potential apprehension of, emotionally disturbed persons.
3. Services to families/loved ones with respect to accessing psychological/ psychiatric/medical carte for a person with suspected mental health issues.
4. Availability of MCIT teams as opposed to ESU in these circumstances.

Excluded from the scope will be any in-depth exploration of the following:

1. Emergency or first-aid response provided to Mr. Romanick after the self-inflicted gunshot;
2. The SIU investigation into the shooting.

Serving Ontario's Hospitals to Build a Better Health System

Strategic Plan 2023–2027

Ontario Hospital Association

Today the Ontario Hospital Association operates on land that has been the traditional territory of many Indigenous Nations over thousands of years – including the Huron-Wendat, the Haudenosaunee Confederacy and the Mississaugas of the Credit. This land is covered by Treaty 13 with the Mississaugas of the Credit.

We also acknowledge that this land – and the land on which hospitals across Ontario operate – is home to diverse First Nations, Inuit and Métis.

We are grateful and humbled to have the opportunity to live, work and come together on these lands.

Our Purpose

Serving Ontario's hospitals to build a better health system.

Our Values

Our Future

The COVID-19 pandemic will leave a deep mark in the memories of people around the world, and Ontario is no exception.

In the face of extraordinary demands, the dedication and resilience that hospital teams exhibited to anchor Ontario's pandemic response and collaborate with their local partners have been nothing short of inspiring. At the Ontario Hospital Association (OHA), we are very proud to serve our members during the most serious health crisis and civil emergency in our own 100-year history.

Under our previous strategic plan, we made serving the full diversity of Ontario's hospitals our primary purpose. We enhanced the direct support and value we provide to members, responding to their most pressing needs, while also maintaining a system orientation on the questions facing the future of Ontario's health care system. Our work was made possible by timely and prudent efforts to modernize the OHA's organizational capabilities and our commitment to fostering strong, trusting relationships with our members.

PICTURED: William Osler Health System staff and patient. Photo courtesy of William Osler Health System's Annual Report.

We are in a truly remarkable time for our sector and our province.

While the challenges ahead are immense, the pandemic has reinforced that we cannot return to the status quo. We must seek to stabilize our health system and build it back stronger. There is an urgent need to build capacity in hospitals and across the continuum of care and find sustainable, system-wide solutions that address serious health human resources needs. Experience has proven that hospitals must play a key role in building a reliable, high-performing health care system for Ontario, and in shaping public conversations on health care issues. It also demonstrated the collective strength of the entire health system when government, providers, and organizations across civil society – including the OHA – are motivated by a single aim: protecting and improving the wellbeing of Ontarians.

With our new strategic plan, the OHA is focused on effecting positive change for our members, the health system, and our own organization.

It is imperative that we use lessons learned during the pandemic to plan to meet Ontarians' health service needs, not only over the next four years, but also ten or twenty years from now. To that end, we are fully committed to enhancing key services Ontario's hospitals have long relied on us for, and to ensuring they have a voice in reshaping the health care system.

The OHA is proud to support and amplify hospitals' evolution, innovation, and leadership as our system recovers and transforms. On behalf of the OHA Board of Directors, thank you to our members, team, and system partners for their contributions to shaping this strategic plan and the OHA's aspirations for the future.

Anthony Dale
President and CEO

Dominic Giroux
Board Chair

Our Journey

Our strategic plan was created under the careful guidance of our Board of Directors and a Special Committee of the Board for Strategic Planning.

This two-year process included several hundred inputs from system partners, hospital leaders, and our staff team.

System Partners

- Discussions with provincial and national organizations
- Insights from national and international thought leaders and conferences
- Conversations with academic partners

Hospital Leaders

- Facilitated discussions at OHA Board and Special Committee meetings
- Virtual engagement sessions with hospital leaders
- One-on-one hospital CEO outreach
- Analysis of member satisfaction survey feedback (2020-2022)
- Consultations with the OHA's provincial leadership networks

Staff Team

- Planning and engagement sessions with senior leadership
- Discussions at forums and division meetings
- Facilitated engagement sessions with matrix teams
- Interviews with issue leads

Our strategic planning process began while we supported our members with pandemic response activities. This gave us an opportunity to unpack our learnings and embed them into our long-term view of what we can achieve in the coming years.

This strategic plan represents an evolution of the strategic path the organization has been on for the past few years. Our purpose, values and three core pillars – Member, System and Organization – will continue to provide a framework in which our core mandates of Policy and Advocacy, Data and Analytics, and Labour Relations and Benefits can be best applied to serve our membership. Our new priorities – High-Performing Health Care System, Integrated Health Data, Indigenous Health, and Hospital-Enabled Research and Education – emerged as important opportunities that fit our mandates and capabilities. Holding our entire strategic plan together is our refreshed focus on member engagement and knowledge transfer, critical areas of support for our members.

With this strategic plan to guide us, the OHA is positioned to lead with confidence and humility in support of hospitals building a reliable, high-performing health care system that focuses on the needs of Ontarians.

We would like to thank the OHA Board of Directors for their support throughout the process of creating our new strategic plan, and the members of the Special Committee of the Board for Strategic Planning:

Helen Hayward
Committee Chair
Sunnybrook Health Sciences Centre

Dominic Giroux
Committee Vice Chair
Health Sciences North

Alex Munter
Children's Hospital of Eastern Ontario

Melissa Farrell
St. Joseph's Healthcare Hamilton

Julia Hanigsberg
Holland Bloorview Kids Rehabilitation Hospital

Carol Lambie
Waypoint Centre for Mental Health Care

Lynne Innes
Weeneebayko Area Health Authority

Sarah Downey
Centre for Addiction and Mental Health

Anthony Dale
Ontario Hospital Association

Member Engagement and Knowledge Transfer

We will modernize the ways in which we convene our members and support them in the application of knowledge to their unique environments.

Our members are at the heart of our work. They inspire us to innovate and create positive change in pursuit of a healthier Ontario.

The OHA's success is predicated on trust, honesty, and strong ties with our members. We are committed to timely and high-value engagement that helps us understand complex health system issues and facilitate actionable solutions. As our sector experiences pressures and challenges, we aim to empower and embolden hospital leaders across the province to lead, shape and influence health care priorities through a collective voice.

We remain grateful to the many members who volunteer their time and energy to support the OHA despite the pressures they face in their own organizations.

The increasing complexity of the hospital sector demands changes to some of our most fundamental thought processes and patterns of work. Our role in knowledge transfer will focus on making successful leading practices, tools, and resources accessible for local adaptation and adoption by hospital boards, CEOs and their senior teams, and clinical leaders. This important function will closely align with key areas throughout the strategic plan, leverage emerging technologies and practices, and be guided by the insights and perspectives of our members.

Our Pillars

Our member, system and organizational mandates form the strategic pillars of the OHA's plan to serve hospitals to build a better health system for Ontarians.

OUR MEMBERS >

OUR SYSTEM >

OUR ORGANIZATION >

Our Members

Our direct services to members are anchored in enhancing our core mandates of advocacy, labour relations and benefits, and data and analytics.

GOAL

The OHA will actively support our diverse membership.

PICTURED: Staff at St. Joseph's Heathcare Hamilton.

Policy and Advocacy

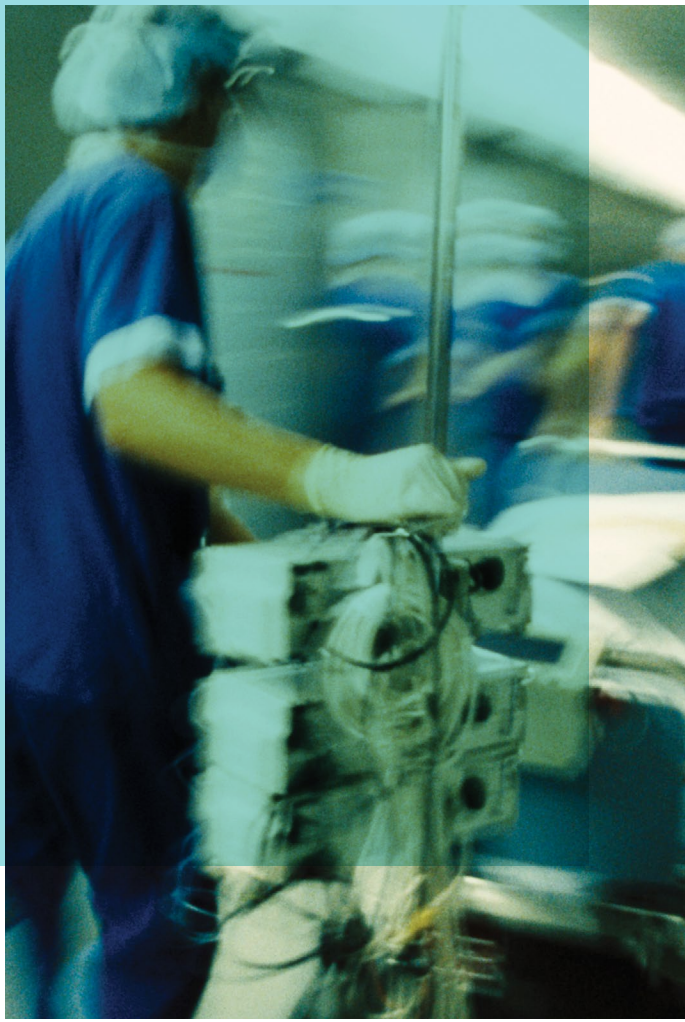
We will ensure that hospitals have a strong and respected voice in their relationship with the Ontario government, partners, and the public.

Governments today operate in an unpredictable, highly complex environment and this can have a direct influence on how decisions are made. It is the OHA's responsibility to work with our diverse membership to ensure that government has a full perspective on the issues that matter most to hospitals and the health care system.

We will draw on research and evidence to develop targeted policy recommendations that address the challenges of today and proactively anticipate the needs of the future.

Our advocacy on provincial budgets, legislative and regulatory changes, and a range of policy matters will centre on the needs of hospitals while recognizing the critical value of collaboration with partners across the care continuum.

The most pressing issue identified by hospital leaders in recent years is health human resources. We are committed to continuing assertive efforts to address the contributors to health human resources challenges within hospitals and across the entire health system, which includes calling on the province to develop a funded, multi-stakeholder and evidence-based strategy. On this and other issues, the OHA will represent the strong collective voice of Ontario's hospitals, encouraging action that is in the best interest of patients, caregivers, and the broader health system.



PICTURED: Image from OHA's Here to Care campaign created to remind Ontarians that against adversity and beyond challenges, Ontario's hospitals have and will continue to be there for their communities.

Labour Relations and Benefits

We will deliver sustainable, sector-wide labour relations and benefits solutions that help hospitals support employees and meet their health human resources needs.

Ontario's hospitals are rapidly evolving organizations, with people at the heart of everything they do.

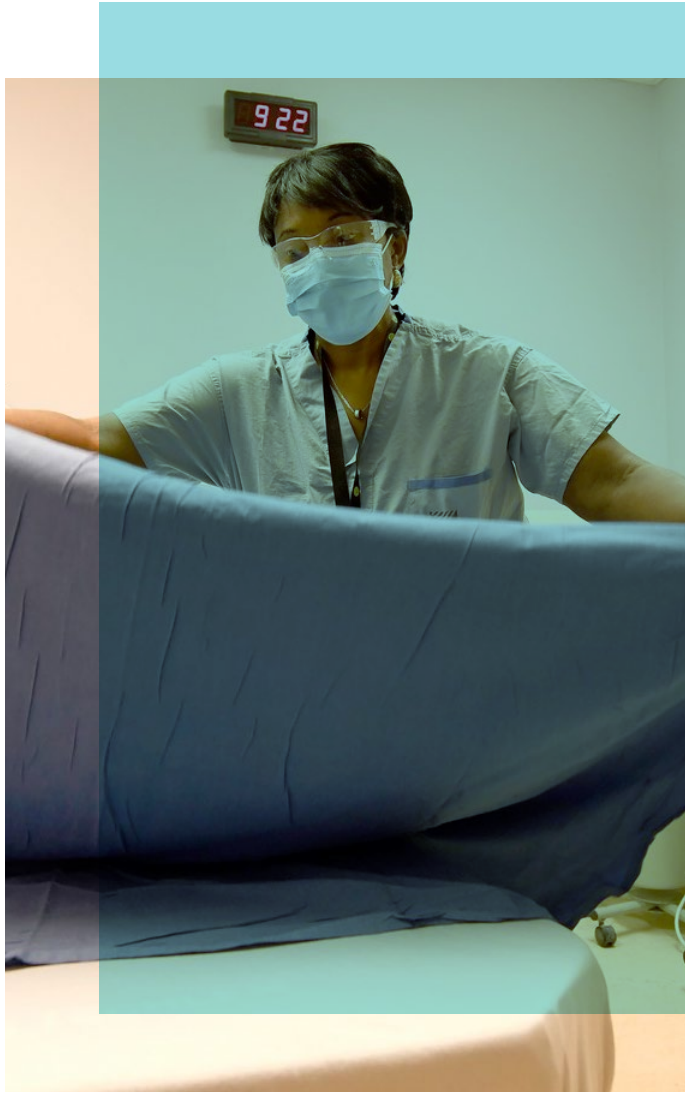
Hospital services rely on a highly skilled and dedicated workforce. Funding realities in Ontario have long necessitated that hospitals be as agile as possible, using hyper-efficient human resource models while maintaining high standards of care. This approach was severely disrupted by the COVID-19 pandemic, resulting in significantly increased staffing and cost pressures and further strain on our health care system.

Labour Relations

Collective bargaining has a significant impact on hospital finances and operations. Our deep understanding of these realities enables us to facilitate innovative and sustainable outcomes while seeking productive relationships with Ontario's health care unions. With the leadership and support of our members, we will address these complex issues through high-impact collective bargaining and sector-wide labour relations solutions.

Benefits

The cost of benefits and ongoing need to support employee health and wellness are critical issues for hospitals. Leveraging our significant experience in building system-wide solutions, and harnessing the power and expertise of the sector, we will seek to cultivate and grow group benefits solutions that address the complex issues of viability and sustainability of current benefits models.



PICTURED: William Osler Health System staff.
Photo courtesy of William Osler Health System's Annual Report.

Data and Analytics

We will support hospitals with accurate, timely and insightful data and tools to enable evidence-informed decision-making.

Ontario's health care system experiences continuous evolution, rapid growth and frequent innovations in data and analytics solutions.

Building on the OHA's foundational data and benchmarking platforms in finance, human resources, patient experience and governance, we will adapt to the evolving needs of hospitals and accelerate the translation of data and analytics into action. Our suite of tools will support members with accurate and insightful data to enable quick analysis by the end user. We will strive to further embrace the power of analytics by enabling innovative solutions paired with strategic insights to support members as they make evidence-informed decisions.

By being responsive to the sector and attuned to the data and analytics needs of our members, we are positioned to contribute to health system advancement and support hospitals as they generate positive change in their communities.

IDS Integrated Decision Support

READ ABOUT HOW WE BRING TOGETHER HEALTH DATA FROM PROVIDERS ACROSS ONTARIO ON PAGE 18

PICTURED: William Osler Health System's Operational Command Centre. Photo courtesy of William Osler Health System's Annual Report.

Our System

Building on the leadership of the hospital sector, the OHA works with our partners to improve the broader health system.

GOAL

The OHA will be an innovator and catalyst for vital change in Ontario's health system.

PICTURED: Client and staff member at the Geriatric Assessment and Rehabilitative Care Unit of St. Joseph's Care Group, St. Joseph's Hospital, Thunder Bay.

High-Performing Health Care System

We will collaborate with our members and partners to build a reliable, high-performing health care system with enough health services capacity to serve all Ontarians.

The COVID-19 pandemic has tested the limits of our health care system, exacerbating its long-standing gaps, especially for marginalized and vulnerable populations. At the same time, it motivated hospitals and other providers to work together across siloes to put the needs of patients and communities first. This collaboration highlights the importance of a new way forward, one that recognizes our system's shortfalls and leverages its strengths, welcoming innovation and purposeful change.

In late 2019, the OHA released our landmark report showing that the system was already reaching its limits. While investments since then have begun to build capacity, there is much more to do. Ontario's health system does not have sufficient capacity to meet the needs of our population, inside or outside of hospitals.

As thousands wait in hospital beds for more appropriate care elsewhere, and with our population aged 75+ expected to double in the next 20 years, we must urgently plan to meet growing demand.

Only by improving access to primary care, home and community care, and mental health supports, among others – as well as truly addressing the social determinants of health – can we reduce over-reliance on institutionalization and give patients the care they deserve. The OHA will advance a vision in which the hospital sector serves as an anchor and ally to system partners as we pivot away from an exclusive focus on efficiency and toward increasing capacity across the continuum. We are also committed to enhancing our work in hospital and health system governance, funding and performance, hospital-physician relationships, and other areas where the OHA has specialized knowledge.

Guided by the attributes of a high-performing health care system, we will support the development of a needs-based capacity plan and play a key role in creating a better-connected system for our patients, health workforce, and communities.

PICTURED: Southlake Regional Health Centre staff transports patient.

Indigenous Health

We will work to become a trusted ally of Indigenous communities to address inequities in the health system and foster improved health access and outcomes for Indigenous Peoples.

Implementing the Truth and Reconciliation Commission of Canada's calls to action is central to reconciliation in health care. The OHA will respond to the calls to address health disparities and support the wellbeing of Indigenous Peoples. We are committed to confronting biases and barriers experienced by Indigenous Peoples. With urgency and compassion, we will invite other organizations across our health system to also do their part toward reconciliation.

We will listen, learn, and reflect as we work to establish respectful relationships with Indigenous communities and leaders.

Through collaboration, the OHA is ready to act, holding ourselves accountable in support of concrete efforts to recognize Indigenous sovereignty over health care and opportunities to improve access, delivery, and outcomes.

We are also committed to building the capacity of our own team, enriching their knowledge and awareness, while encouraging thoughtful engagement in Indigenous health matters. For our members, we will leverage our core services to foster collaboration and learning among hospitals as they pursue their own journeys in Indigenous Health.

PICTURED: Smudging ceremony for staff and attendees during a National Indigenous Peoples Day celebration at Thunder Bay Regional Health Sciences Centre.

Hospital-Enabled Research and Education

We will elevate Ontario's health system by more deeply integrating hospital-enabled research and education.

Hospital-enabled research and education positively impact health outcomes and health system improvement. Hospitals undertake research that will enable new, life-changing innovations in patient care and prepare us for the future by training and cultivating the next generation of health care professionals.

In 2020, the OHA embedded a focus on academic matters into its core functions to support members in a new way – sector-wide collaboration in health research and education. Over the next few years, this important work will be grounded in forward-thinking, actionable visions:

Research

A fully integrated health research and care delivery system across Ontario that drives sustainable and transformational science, clinical excellence, health equity, and an agile, diverse workforce of scientists and innovators.

Education

Collaborate inside and outside hospital walls to educate and train health professionals that Ontario needs to deliver exceptional patient care and build a high-performing health care system.

Well-integrated and networked research and learning environments across Ontario's hospitals will support the development of globally influential science and transformative health outcomes. They will also help future health care professionals acquire the knowledge, skills and experiences required to work within new models of care.

PICTURED: Post-doctoral research fellow in a Princess Margaret Cancer Research Tower lab at University Health Network.

Integrated Health Data

We will optimize the ways in which health data is shared and used by the health provider community to enable collaboration in support of integrated care solutions for patients.

Building a healthier Ontario requires that health care providers have access to reliable, timely health data across the care continuum. Integrated Decision Support (IDS) is Ontario's leading collaborative solution for sharing integrated health partner data. Governed by its user community, this highly responsive platform enables informed, system-level collaboration and shared-care analytics in pursuit of improving patient care journeys.

Enabling providers to proactively share data, collaborate, and plan for local community health needs moves us another step closer to building a high-performing, integrated health care system for Ontarians. We will optimize efficiencies for users, channeling our efforts into service delivery and maximizing value by building impactful solutions once, for many.

IDS Integrated Decision Support

IDS is uniquely positioned to provide curated analysis and insights by collecting and linking standardized data sets in settings such as:

- Hospitals
- Home and Community Care
- Primary Care
- Community Health Centres
- Community Mental Health
- Long-Term Care
- Emergency Management Services

oha.com/IDS

READ ABOUT OUR OTHER DATA AND ANALYTICS SERVICES AND SUPPORTS TO HOSPITALS ON PAGE 13

PICTURED: Staff and student collaboration. Photo courtesy of Holland Bloorview Kids Rehabilitation Hospital.

Our Organization

Embedding equity, diversity, inclusion, and anti-racism into our core organizational strengths equips the OHA to deliver on our mandates most effectively.

PICTURED: Ontario Hospital Association staff celebrating the launch of their 2023-2027 strategic plan in December 2022.

GOAL

The OHA will ensure that our organization and culture remain inclusive, modern and relevant.

People

We will strengthen our highly engaged culture with a strong commitment to care for our people while fostering a positive employee experience.

The OHA is comprised of passionate, highly dedicated professionals focused on serving our members and improving Ontario's health system. We invest in our people, provide growth opportunities, and enable innovations in emerging talent management strategies.

As an organization, we are committed to fostering an environment where our people can explore new ideas and find strength in different ways of working together.

Our culture will adapt and grow to ensure that we are able to redefine long-standing cultural norms, remove barriers that limit inclusion, and recognize value in our unique perspectives. We will strive to eliminate all forms of racism in our workplace through dialogue and reflection, safe and progressive practices, and holding each other accountable.

The OHA remains steadfast in our commitment to actively listen to our people and respond to their needs with compassion and an enhanced focus on health and wellbeing.

Equity, Diversity, Inclusion, and Anti-Racism

During the pandemic, the OHA struck an internal Equity, Diversity, Inclusion, and Anti-Racism (EDI & AR) Committee charged with creating a uniquely positive work environment that embraces equity, diversity, and inclusion as strengths to foster through dialogue, reflection, and growth. Going forward, this committee will help guide where and how we embed EDI & AR in support of our team, as well as our member- and system-level priorities.

PICTURED: Ontario Hospital Association staff.

Practices

We will be responsive to the evolving work environment as we continue our relentless pursuit of business-planning excellence.

Building upon our foundation of excellence in core business-planning, we remain committed to providing value to members by delivering on our core strategic mandates through progressive and efficient methods. We will continue to be conscious of the social impacts of our decisions and therefore hold ourselves to high standards of responsible resource management.

The pandemic has transformed the ways we work and interact with one another, and we expect this evolution to continue in the years ahead. This change presents opportunities to encourage innovative ways of working within and across our teams, and to reach members with greater efficacy.

We will enhance our use of technology to mobilize collaborative opportunities, pursue highly inclusive approaches to complex projects and matrix programs, and better leverage our office space to strengthen our culture of teamwork.

PICTURED: Ontario Hospital Association staff in a hybrid meeting.

Relationships

We will continue to cultivate and nurture healthy relationships with our related entities and strategic partners.

For 100 years, the OHA has established and grown relationships across the health care system and beyond, building strong ties with government, other provider associations, and leaders across different policy spheres. Our success is built on a foundation of trust and shared visions for improving Ontario's health care system for the people it serves.

Throughout our history, the OHA has launched successful independent and related entities in support of building a better health system.

Today, we remain committed to fostering healthy, mutually respectful, and constructive relationships with three related organizations – Healthcare of Ontario Pension Plan (HOOPP), Proximity Institute, and the OHA Legacy Fund. The OHA and our Board of Directors are committed to exercising our duties and obligations to ensure these very important organizations thrive into the future.

PROXIMITY

Proximity Institute

Proximity Institute is an independent charitable organization founded by the OHA. Dedicated to enabling effective leadership at the most senior level in Ontario hospitals, Proximity works in partnership with CEOs and their leadership teams on the priorities that matter most. Its long-term ambition is to work collaboratively with hospitals to identify, develop and ready a quality pipeline of emerging CEO talent.

proximityinstitute.com

PICTURED: Ontario Hospital Association and Proximity Institute staff working together.

For more information about the OHA's strategic plan visit oha.com/strategicplan.

200 Front Street West, Suite 2800
Toronto, Ontario M5V 3L1
oha.com

Ontario Hospital Association