ORDRE DU JOUR
RÉUNION ANNUELLE D'INFORMATION PUBLIQUE
DU CONSEIL D'ADMINISTRATION

Le jeudi 14 septembre 2017 à 17 h 30
Jardin Gilberte-Paquette, 6e étage, Hôpital Élisabeth-Bruyère
43, rue Bruyère, Ottawa (Ontario)

Heure	Sujet		Responsable	Résultat
17 h 30	1.0 Prière		D. Parker-Taillon	Réflexion
	2.0 Adoption de l'ordre du jour	X	B. Kieley	Motion
17 h 35	3.0 Rapport de la présidente du conseil d'administration pour 2017	X	J. Riddle	Information
17 h 40	4.0 Rapport du président-directeur général pour 2017	X	G. Chartrand	Information
17 h 45	5.0 Rapport du médecin-chef pour 2017	X	Le Dr S. McGuire	Information
17 h 50	6.0 Rapport du trésorier 6.1 Présentation du rapport du vérificateur et des états financiers vérifiés 6.2 La nomination du vérificateur pour 2017-18	X	B. Kieley	Information
17 h 55	7.0 Les dirigeants, des administrateurs et des membres communautaires pour 2017-18	X	B. Kieley/L. Savoie	Information
18 h	8.0 Levée de la séance		B. Kieley	MOTION

AGENDA
BRUYÈRE BOARD OF DIRECTORS
ANNUAL PUBLIC INFORMATION MEETING

Thursday, September 14, 2017 at 5:30 p.m.
Gilberte Paquette Garden, 6th Floor, Élisabeth Bruyère Hospital,
43 Bruyère Street, Ottawa, Ontario

Time	Item		Responsible	Outcome
5:30 p.m.	1.0 Opening Prayer		D. Parker-Taillon	Reflection
	2.0 Approve Agenda	X	B. Kieley	Motion
5:35 p.m.	3.0 Board Chair Report for 2017	X	J. Riddle	Information
5:40 p.m.	4.0 President & CEO Report for 2017	X	G. Chartrand	Information
5:45 p.m.	5.0 Chief of Staff Report for 2017	X	Dr. S. McGuire	Information
5:50 p.m.	6.0 Treasurer's Report 6.1 Presentation of auditor's report and audited financial statements 6.2 Announcement of appointment of auditor for 2017-18	X	B. Kieley	Information
5:55 p.m.	7.0 Announcement of officers, directors, and community members for 2017-18	X	B. Kieley/L. Savoie	Information
6 p.m.	8.0 Adjournment		B. Kieley	MOTION

ITEM 3

Board of Directors
Board Chair's Report for 2016-17

(Presented by John Riddle)

Enhancing Lives. Transforming Care.

This past year, Bruyère has faced challenges and opportunities as it continued to build on its strong foundation of Catholic healthcare and mission to provide quality and evidence-based healthcare to the vulnerable and medically complex in our community. This report gives a high level overview of the Board's accomplishments in providing oversight and stewardship to ensure sustainability of Bruyère's programs with a focus on delivering programs and services as set out in our strategic plan for those who require sub-acute care, rehabilitation, geriatrics and palliative care.

This year, the board's attention centered on addressing financial and funding issues, implementation of the recommendations of the Champlain sub-acute review, a refresh of the 2016-2021 strategic plan, succession planning and recruitment of a new President & CEO, stewardship of the transfer of the properties from the Sisters of Charity of Ottawa, and recruitment of new directors to fill vacancies for 2017-18. Overall, it was a demanding year at the committee level where the majority of the board's work is done. Every success can be attributed to the hard work and collaboration of our committee chairs, vice-chairs, committee members, and senior leadership team members.

Looking ahead to the next five years and beyond, the aging demographics and the regional planning for sub-acute care, Bruyère's programs and services will be a significant factor in providing quality of care for individuals in this region. Bruyère recognizes the importance of working with its partners to strategically positioning itself and its programs in order to continue to enhance lives and transform care as an academic health care organization. Bruyère will realize this vision when recognized for its unique role in sub-acute and rehabilitation, integrated seniors health and geriatrics and palliative care.

1 Strategic and Fiscal Oversight

a) Strategic Plan 2016-2021

The Board received a progress report including financial resource updates on the strategic plan in September 2016. Based on this review, the board identified a number changes which had taken place both inside and outside the organization since the initial exercise to develop the strategic plan:

- Release of the Champlain LHIN sub-acute capacity review and recommendations;
- Decreased revenues (co-payment, base funding) and constant funding adjustments through Hospital Based Allocation Model (HBAM);
- Limited flexibility/dollars and no cash reserves;
- Challenging fundraising environment;
- Impetus from Champlain LHIN to look at integration opportunities;
- Patient's First legislation;
- Enhanced focus on patient and family engagement (i.e. Accreditation Canada).
- Leadership role changes at Bruyère, Bruyère Research Institute and the Bruyère Foundation.

Given this environment and changes expected in the next six to 18 months, the Board conducted an exercise in conjunction with the senior leadership team to refresh the strategic plan and outline major areas to be addressed by 2021. This exercise resulted in a 'realignment and reprioritization' of directions and goals with the revised strategic plan approved by the board in May 2017.

b) Planning for sub-acute care in the Champlain region

With the release of the report on a capacity plan for sub-acute care in the Champlain LHIN in summer 2016, Bruyère is now moving forward to implement recommendations contained in the report. Of the 875 beds in the region designated as complex continuing care, 48% are located at Bruyère. Findings of the review indicate that should sub-acute services continue as currently delivered to accommodate an older and larger population in the region, the number of beds would need to increase by 18%. Plans are now underway to optimize and restructure the current system. The board is cognizant that implementation of these strategies (i.e. decreasing lengths of stay in chronic beds, moving patients to specialized rehab, reducing alternate level of care, and expanding community hospice) will mean our Saint-Vincent Hospital site will adapt from a complex continuing care hospital to a rehabilitation hospital. The overall goal is to ensure that the Champlain region is well equipped to meet the rehabilitation and complex care demands in years to come. The board will continue to receive reports on progress towards implementation and impact on current services.

c) Performance monitoring

Bruyère has delivered on the elements of the Performance Improvement Plan (PIP) requested by the Champlain LHIN in 2015-16. Measures have been put into place to balance operations. Year 2016-17 closed with a $3.8M surplus from operations before capital and interest on long-term debt, compared to a $160K deficit in 2015-16. Taking into account capital and interest transactions will result in a $298K deficit, compared to $7.9M in 2015-16. Also, plans are now in place to achieve our Hospital Service Accountability Agreement (H-SAA) mandated Current Ratio target of 0.8 by 2023-24. At the end of May 2017, the Ontario government announced that Bruyère would be receiving an additional $1.8 million of which $1 million is one-time funding. This funding will be designated to ensure that eight stroke rehabilitation beds remain open for the remainder of 2017/18 and to improve Bruyère's overall financial health. For 2017-18, Bruyère is forecasting a balanced budget.

A special ceremony was held on March 24, 2017, to mark the donation to Bruyère by the Sisters of Charity of Ottawa (SCO) of the lands and buildings where we operate our programs and services. These assets had been leased to us for a nominal amount since 1993 when the Sisters relinquished the management of hospital and long-term care operations to Bruyère (SCO Health Services at the time). We are proud to carry on the mission and legacy of Mother Bruyère and the Sisters to provide quality healthcare services to meet the needs of the most vulnerable in our community. This property donation by the Sisters of Charity of Ottawa will ensure the continuation of our Catholic mission and improve our financial position in the long term.

The Board continues to closely monitor overall financial status and major projects to ensure approaches reflect sound fiscal management and provide optimum quality of care for all who seek our services.

d) Integration of Mission and Values

Based on the importance of our mission to serve the vulnerable and to ensure the day-to-day living of our values, a "mission" dashboard was developed in 2016. This dashboard will enhance regular reporting to the Board and its quality committee and guide discussions on how the mission and values are lived at Bruyère. Indicators have been developed for activities relating to mission including orientation for new directors, revision of the "Living our Values Guide", mission statement review, board

member survey on understanding and support for mission, ethics education, and employee recognition for living the mission. Quantitative and qualitative results are presented bi-annually to the quality committee with data used to identify and address areas for improvement.

2 Quality Oversight

Quality of care and patient safety are central to Bruyère's mission with "Commitment to Excellence in Care" being one of the four directions in the 2016-2021 strategic plan. The Board, through its Quality Management and Mission Effectiveness Committee, receives timely reports on quality (i.e. annual balanced scorecard, quarterly dashboard performance reports and biannual reports on critical incidents). A mini-education session on "Quality at Bruyère" was presented in March 2017, providing an overview of legislative requirements and standards, details of Bruyère's corporate quality framework, and components of quality reporting. Significant time at Board meetings is dedicated to patient safety and quality including the "patient perspective", regular updates on critical incidents, and data reported by the quality committee.

In March 2017, the Board reviewed indicator results for the 2016-17 Quality Improvement Plan (QIP) and approved new indicators for 2017-18. An equal weighting of the four priority indicators tied to executive compensation (hand hygiene, medication reconciliation on discharge, patient satisfaction and falls) was recommended for 2017-18.

This year, several board members participated in a regional session offered by the Ontario Hospital Association on "Effective Governance for Quality and Patient Safety". The session included key governance practices to support a quality and patient safety agenda, legislative requirements under the *Quality of Care and Information Protection Act* (QCIPA), and the board's role relating to critical incident review and disclosure.

3 Executive Performance Oversight and Succession Planning

a) CEO Recruitment and Succession Planning

One of the Board's most important functions is to ensure effective leadership to manage the organization. In August 2016, following the announcement the retirement of the CEO (effective June 30, 2017), the Board established a selection committee and developed a work plan including engagement of a recruitment firm to guide the process to ensure continuity of leadership and strong stewardship to advance Bruyère's Catholic mission. This executive search process was comprehensive and thorough involving a number of stakeholders at specified steps in the process. A report and recommendation was presented by members of the Executive Committee to our sponsor, Catholic Health Sponsors of Ontario (CHSO), with final approval received on May 5, 2017. We look forward to welcoming our new President and CEO and holding a missioning ceremony in fall 2017 to welcome him to Bruyère.

b) Executive Performance Review

The Board's Executive Committee, including Catholic Health Sponsors of Ontario (CHSO) Designate met to review the progress reports and accomplishments of both the President and CEO and the Chief of Staff. A report was presented to the Board in June 2016 including discussions around specific objectives for 2017-18 aligned to the 2016-2021 strategic plan.

c) Executive Compensation Framework

The board has received regular updates on the legislative requirements for implementation of an Executive Compensation Framework that applies to all broader public sector employers in Ontario,

including hospitals. Each hospital board will need to submit its draft framework to the Minister of Health and Long-Term Care for review by September 29, 2017, in compliance with the most recent change to the regulations. A third party consultant who has been working with other hospitals in the region has been engaged to finalize the framework with presentations to the Executive Committee scheduled over the summer months to meet the new timelines in compliance with the legislative requirements.

4 Governance (Board structure and functions)

The Board held a total of eight regular meetings throughout the year. Each meeting agenda includes standing items – financial and quality of care updates; reports from the CEO, Chief of Staff and Chief Nursing Executive, CHSO designate, Bruyère Foundation and Bruyère Research Institute; education sessions; and updates on key transformative projects and in camera sessions (as required).

(a) Director Recruitment, Selection and Education

The Board has policies and a strategy for selection, nomination and succession of new directors to meet the specific needs of the Board and attract the right skill set to address current challenges and required competencies aligned to the 2016-2021 strategic plan. Directors are appointed for two-year terms. All new directors complete an application form which includes a skills matrix and other questions relating to their experience and commitment to the mission. Based on the results of interviews held in April and May 2017, three new directors and three community members were selected to join the board and its committees. For the first time, one community member was selected as a patient/family representative as part of Bruyère's commitment to putting patient and family-centered care.

(b) Assessment and evaluation

Regular self-assessment surveys are conducted for the Board and its committees. This year, the Board of Directors, Governance and Nominating Committee, Medical Advisory Committee and Research Ethics Board completed self-assessment surveys. Survey results are used to measure Board Chair and committee effectiveness, optimize engagement and performance, and ensure compliance with governance best practices and will be shared with committee chairs and the full Board for discussion in fall 2017.

(c) Bylaws

The corporate bylaws were last revised in 2011, and a full review had been postponed pending the coming into force of the *Not-for-Profit Corporations Act*, which will replace the current *Corporations Act*. Despite having received Royal Assent on October 25, 2010, this legislation has been delayed further until the Ontario government passes technical amendments to align with the new legislation. In order to avoid governance issues arising from outdated bylaws, the Board's Governance and Nominating Committee is taking steps to conduct a full bylaw review in fall 2017.

(d) Compliance with legislation

The Board receives regular reports on compliance with legislative requirements through its Audit and Resource Management Committee (QMME), the Quality Management and Mission Effectiveness Committee (QMME) and the Governance and Nominating Committee (GNC).

5 Enterprise Risk Management

Now in the fifth year of its Enterprise Risk Management framework, Bruyère has adopted the Healthcare Insurance Reciprocal of Canada Integrated Risk Management program which will allow it to leverage a unique Canadian Database for aggregate analysis of organizational risks across the healthcare system.

Internally, risks are identified and assessed by operational working groups in 9 areas:

- Patient Experience
- Residential Programs
- Financial Health,
- Infrastructure
- Human Resources
- Strategic Integration
- Academic/Scientific
- Reputation
- Physicians

As part of its role to identify and manage risk, the Board monitors the status of the risk management strategies through its committees, with the Audit and Resource Management Committee taking an oversight role for the ERM program. In February 2017, the annual risk register was presented to the Board and included an update on priority risks for 2017-18 identifying 12 priority risks to address which range from financial and funding risks to strategic and evolving role regionally. T

The Board encourages management to continue its efforts to develop and mature its risk management practices, an important area of oversight by the Board.

6 Looking to the Future

As we look back on our challenges and accomplishments this past year, we are grateful for the support of the Sisters of Charity of Ottawa who, through the transfer of properties, have officially handed Bruyère the torch to provide compassionate care to the vulnerable and those most in need in our community.

With the implementation of the new *Patients First Act*, the rollout of the plan for sub-acute care in our region, and funding announcements in the recent provincial budget, we will continue to explore opportunities and partnerships to deliver care in a better way to serve patients and families in our community. We have set the course to be leaders in memory and brain health, integrated seniors health and rehabilitation. We will be relentless in our advocacy for a national affordable and supportive housing strategy for seniors.

I would like to extend my sincere appreciation to all members of the Senior Leadership team and to my Board colleagues who generously give their time to serve on the Board and its various committees and worked together to address challenging situations and adapt to ever-changing realities.

As I end my term as Board Chair, I am confident the board is in a good place – with a full slate of talented and committed directors and community members for 2017-18 and a competent senior management team. We look forward to welcoming our new President and CEO at the end of July 2017, to guide Bruyère into the future towards its vision of E*nhancing Lives. Transforming Care.*

ITEM 4

President & CEO Report 2016-17

Enhancing Lives. Transforming Care.

1 Introduction

Bruyère's mission is to provide top quality and evidence based care to the most vulnerable and medically complex in our community. Four strategic directions are identified in the plan – commitment to excellence in care, commitment to our people, commitment to research, education and innovation and commitment to partnerships and as such, this report is structured with updates per direction. As part of any planning process, it is prudent to review the current environment and make adjustments to the strategic plan to make sure that it remains relevant and current. That was one of the exercises that the board and leadership undertook. It results in a strategic plan that is more focused.

The plan calls for a fundamental transformation of the patient care experience. This transformation includes the "who, what, when, where, how and why and how" of care delivery. It also means putting patients and families first by providing person-centered, compassionate care. Patients and families are at the heart of the design of Bruyère's care whether they are suffering from complex and chronic medical conditions, the frail elderly, or those who need palliative or end of life care. Bruyère also values its staff as they are a major component that makes Bruyère work, which is why commitment to our people has its own direction. Bruyère is also intentional about building capacity for teaching, research and innovation on our areas of care. Finally, we are working hard to form key partnerships with others who have a shared understanding and common interests to meet the needs of the vulnerable and medically complex in our community. Significant progress has been made over the last year in strengthening linkages with the Champlain LHIN, the Ottawa Hospital, Montfort Hospital and Queensway Carleton Hospital. Below is a summary of all of the excellent work that has been done towards achieving our vision of enhancing lives and transforming care.

2 Commitment to Excellence in Care

Bruyère is committed to enhancing the quality of care and to ensure patient-centered care. Our plan calls for us to put the patient and their families first, by providing person-centered compassionate care.

2.1 Quality Improvement Priorities (QIP) for 2016/17

For the 2016/17 QIP, priority objectives fall under the dimensions of patient-centeredness and safety and identify four key areas:

- Improve patient satisfaction;
- Reduce the number of falls;
- Increase staff compliance with hand hygiene; and
- Increase proportion of patients receiving medication reconciliation upon admission.

Hospital Programs		
Indicator	**2016-17 Target**	**2016-17 Performance**
Hand Hygiene	90.00%	81.30%
Medication Reconciliation	100.00%	99.30%
Patient Satisfaction (Hospital Programs)	95.00%	92.90%
Falls (per 1000 pt days)	3.51	3.98
Long Term Care Programs		
Indicator	**2016-17 Target**	**2016-17 Performance**
Hand Hygiene	90%	88.5%
Medication Reconciliation	Not Available	Not Available
Resident Satisfaction	90%	66%
Falls (% of resident who fell during last 30 days)	10.8	17.34
Family Health Team		
Indicator	**2016-17 Target**	**2016-17 Performance**
Hand Hygiene	90%	100%
Medication Reconciliation	100%	100%
Resident Satisfaction	90%	66%
Falls (per 1000 pt days)	0	0

In 2017/18, as part of our commitment to quality, Bruyère has identified sector specific quality indicators and goals for Hospital Programs (Elisabeth Bruyère Hospital and Saint Vincent Hospital), its Long Term Care Homes (Elisabeth Bruyère Residence and Saint-Louis Residence) and the Family Health Team. This is all part of our public reporting to Health Quality Ontario as elements of our organizational Quality Improvement Plan and is a requirement set by the Ministry of Health and Long-term Care.

2.2 Transforming the Patient Care Experience

Bruyère has worked diligently over the last three years to transform the patient experience. The patient experience is much more than the clinical experience. It speaks to the ease of access to our sites (including parking once arrived), how people are greeted, cleanliness of the organization, the quality of food, how safe people feel when they are with us and how they are treated.This has included major changes to the way we provide care and integrate patients and families into planning and decision making. It is the second year that the Bruyère Patient and Family Advisory Council has been in place and it is functioning well. The purpose of the committee is to ensure that the voice of the patient is heard and influences planning and decision making on issues that affect patient care. The committee is very engaged and includes patients currently admitted and those that have been discharged in the last year. The committee is currently working on a project called “What Stuff Patients Want” which involves the reformulating of the patient handbook. Another major project this year was to introduce the path to home in rehabilitation which is now fully implemented. In addition, we have put a focus in meeting on sharing stories around the patient experience. Finally, towards this end, there will be a family representative as a member of the board of directors in 2017/18.

2.3 LHIN Direction to Increase Occupancy

We continued to maintain very high occupancy in our programs in 2016/17. We have done this by maintaining our throughput and by opening temporary beds when the acute centres were in surge mode. In particular, we added 8 temporary beds to address stroke wait lists which we will maintain in 2017/18. This is aligned with the future changes that are required to ensure appropriate capacity across the Champlain LHIN in sub-acute care.

2.4 Medical Assistance in Dying (MAID)
The MAID policy is now fully rolled out and posted on the Bruyère internal and external websites. It has been reviewed with physicians, clinical directors and the nursing practice group. Bruyère has worked hard to ensure smooth transitions with our partners to provide the necessary information around MAID alternatives. Additionally, conversational videos with Bruyère experts have been created and shared as a training tool to help support staff in having these conversations. In 2016/17, some requests for MAID were made and referred to our external partners for assessment. We are currently linking with both the TOH team and the MOHLTC referral line.

2.5 LTC Compliance
2016/17 has been a year where the teams in LTC have worked very hard to address MOHLTC written notices, voluntary plans of correction and orders. The teams are well on their way to being in compliance.

2.6 Electronic Patient Record (EPR)
Bruyère will be participating, with a limited scope, in the next Phase for EPR along with CHAMP partners. This will allow Bruyère to respect its obligations under the CHAMP partnership and Vendor Agreements by doing the minimum required to not prevent our partners to proceed as planned, within our existing financial capacity and the funding already secured – i.e., $2.1 million. Bruyère's scope in the next phase will focus on the following three areas:

- Upgrade current modules to 6.1
- PCS Optimization and Methodology Changes
- Minimal participation in the ACS project, primarily related to requirements gathering, and understanding that Bruyère will not be designing, building, or implementing ACS.

Work is currently underway focused on workflows. The Clinical Leadership Committee is now active and engaged in the decision-making required for changes to documentation, regional standards of care and assessments. End user education material and communication will be collaboratively developed by CHAMP partner sites. Education and go live for this phase of the Optimization project will be in the June 2017 timeframe.

2.7 Bruyère Village occupancy and refinancing
Bruyère Village's occupancy has been steadily improving. In March, the village was refinanced with certain conditions. With this advantageous interest rate and the termination of the forward rate contract, we will save around $20M over the life of the project financing agreement.

A vision for hospital operations on one site
Bruyère has put together a vision document which outlines high level plans for all of Bruyère's hospital operations co-located on one site. In recent years, our mission has evolved and those for whom we care have changed dramatically. Our hospital programs focus on getting people back on their feet so they can return to the community by offering supports to help keep them there. That is what the new one-site will help Bruyère to provide.

2.7 Fire at Residence Saint-Louis
A fire occurred at RSL on the 3rd floor on January 30th at 12:12 a.m. The fire started in a resident's room. Residents were evacuated to the auditorium of RSL. The quick response from the monitoring system, staff and the fire department prevented the fire from spreading. One resident was treated on site but did not need hospitalization. RSL has an automated sprinkler system and is up to date in

terms of emergency procedures. Smoke and water damaged occurred, with the later permeating on the 2nd and main floors of the wing where the fire occurred. Twenty two residents were displaced on the first night. We were able to accommodate them by using vacant beds including convalescent care beds and setting up temporary accommodation in the Day Program area in the basement. The investigation showed that the fire started because of items stacked on top of a resident's wardrobe located under a pot light. As a result, we have changed the light bulbs to non-heating ones where pot lights exist over cabinets. Finally, we will be reviewing storage protocols with residents and families.

3 Commitment to our People

Bruyère is committed to attracting, developing, engaging and aligning its people and capabilities.

3.1 Internal Communications

As a result of the 2015 Employee Feedback Survey, a corporate priority was to improve internal communications. As a result, Bruyère's communications team did a survey of staff to evaluate its current communication mechanisms to determine the preferred methods of communication and to get a sense of the type of topics that staff are interested in hearing about. Over 325 people responded to the survey. Future staff communications will be through cascading communications, dialogue and email messages and improvement of InfoNet.

3.2 Improving safety, wellness and services to our people

Bruyère is committed to providing a safe environment for its staff, patients and visitors. Working with our CHAMP partners, we developed a proactive approach to identify and communicate through the electronic patient record any patient or visitor that poses a potential risk of workplace violence in order to better manage and reduce the risk of harm while still providing the best possible patient care.

Bruyère is committed to enhancing services for staff. As such, we are redesigning online services such as the Employee Corner on InfoNet and we have introduced the Quadrant Self-Service Portal on InfoNet which allows staff to easily and securely access and update their personal information and view their work schedules at any time.

Our commitment to wellness included a comprehensive review and implementation of a variety of enhanced fitness membership options to better reflect the needs and preference of staff. The review also resulted in the upgrading of some fitness equipment and optimizing the use of the fitness studios and fitness rooms

3.3 People and leadership development

Our commitment to people and leadership development resulted in a number of initiatives including:

A workshop designed with feedback from the Patient Advisory Committee on "Responding to Patient and Family Concerns" that was delivered on all clinical units on all shifts to enhance staff skills and confidence in dealing with difficult situations and to increase patient and family satisfaction.

Bruyère provided its leaders with the important skills and knowledge to help support our people and offered various sessions throughout the year, including effective recruiting, attendance management and a training program that included a series of 5 videos, tools and a half day interactive workshop regarding mental health awareness.

3.4 Recognizing our People

One of Bruyère's numerous recognition initiatives is the Partners in Excellence peer recognition program that encourages employees, physicians and volunteers to recognize the efforts and contributions of their colleagues with a peer-to-peer nomination process. In 2017, a record number of 408 nominations were received in 12 award categories. The names of the 46 winners and 50 finalists have been released and will be displayed on our wall of excellence.

3.5 Engage our volunteers and leverage their strengths

Bruyère engaged its volunteers and leveraged their expertise by creating a unique unit based volunteer model that has already been implemented in several units across Bruyère. The introduction of the volunteer ambassador component of this unit model, a recognized leading practice, continued in 2016-17. Feedback from patients, residents, families, staff and volunteers indicate the model has a positive impact on the overall patient and family experience from new admission through until discharge. Our people appreciate the extra support on the unit and our volunteers feel engaged in meaningful activity. All new admissions to both hospitals should be greeted by a Volunteer Ambassador by the end of 2017.

3.6 Sharing Best Practices – Bruyère hosts International Conference in 2017

Planning began in 2016 for Bruyère to host the Humanizing Healthcare International Conference in October 2017. Hosting this conference is an excellent opportunity for Bruyère to share its expertise on an international stage and to learn from others from around the globe. The conference program created by Bruyère will allow health care professionals and care givers to share dialogue on important subjects including reconciliation and medical assistance in dying and will bring together students and faculty, community members, health care practitioners and administrators from around the world to share innovative practices designed to enhance the patients and residents experience.

4 Commitment to Education, Research and Innovation

Bruyère is committed to promoting a culture of learning, research and innovation. The strategic plan includes opportunities for the organization to explore its full value as a research and teaching organization. In November 2016, Dr. Heidi Sveistrup joined Bruyère as the VP Academic and Research position and CEO of the Research Institute. Below are examples of work already underway.

4.1 Bruyère Research Institute's Best Evidence Reviews (BERGs)

Bruyère Research Institute (BRI) is taking the lead in the development and use of rapid reviews to improve the quality of care and quality of life of its patients and residents. The BBERGs are systematic and rapid reviews that provide analysis and summaries of the best evidence for clinical care. In 2016/17, four reviews were completed and have shown their value and having an impact on quality of care. The senior team regular reviews progress on the rapid review and implementation within Bruyère.

4.2 Bruyère as Experts

Bruyère has had a year of unprecedented requests to share our innovations. We presented at provincial, Canadian and international conferences and forums. Several of our poster presentations were also featured at key regional forums. A new database is being implemented to track various data from teaching and research and will be ready in 2017/18.

4.3 De-Capitalized Endowed Chair

BRI continues to work with the University to decapitalize the endowed chair held at the University. Terms of reference for the funds that will be used to support two scientists are being revised. Position descriptions have been approved and will be posted once the terms of reference are signed. Discussions

are underway with the University regarding who will hold the funding once the endowment is decapitalized.

4.4 Innovation in Hospitals

The Council of Academic Hospital in Ontario (CAHO) has set up a task force to advise the Ministry of Health and LTC on innovation opportunities in hospitals. This one year mandate includes representation from each teaching hospital. Our representative will be Dr. Sveistrup with back provided by Debbie Gravelle.

5 Commitment to Partnerships

Bruyère is committed to reshaping service delivery models through leadership and effective strategic partnerships.

5.1 Acute Care Partnerships

Bruyère has been working actively with The Ottawa Hospital, Queensway Carleton Hospital and Montfort Hospital on improving transitions and reducing alternate levels of care (ALC). In particular, Bruyère and The Ottawa Hospital Civic Campus are trialing a pilot project to improve transitions for older adults with hip fractures and timeliness of inpatient rehabilitation. The aim is to reduce the acute care length of stay for hip fracture patients over the age of 65 in acute care, to contribute to timely flow between programs and to facilitate admission to geriatric rehabilitation.

5.2 Orleans Health Hub

Another partnership that Bruyère has been actively involved in is the development of the Orleans Health Hub. This is a unique partnership designed to create an integrated, high-performing, client-centered organization to residents of Orleans and eastern Ottawa with complex or multiple interrelated conditions or who want more accessible services closer to home. Partners include Montfort Hospital, the Children's Hospital of Eastern Ontario, the Champlain Community Access Centre, Ottawa Public Health and many more. It is currently in Phase 3 planning of the project. Bruyère has been a member of the steering committee and several working groups. Bruyère involvement will be in the area of geriatrics and rehabilitation.

5.3 Public Affairs

Driven by the essential role Bruyère plays for patients and the overall health care system a proactive approach is required to target influencers and key decision-makers in addition to sharing stories with external audiences. Engagement strategies include ongoing meetings with Ministry officials, political representatives and the Champlain LHIN in an effort to communicate Bruyère's role and how it can support system change. The focus remains on ensuring quality care for our patients and residents and safety for our staff. We have also given a number of tours to elected officials and partner organizations across our three sites.

5.4 Bruyère's Perception

Bruyère updated its internal and external committee representation. In addition, in collaboration with BRI and the Foundation, it underwent a perception audit by BlueSky Strategy Group. The report was received in December and changes will focus on improving external relations, media relations and government relations. A comprehensive action plan has been created and will be rolled out in 2017/18.

5.5 Partnership with the City of Ottawa

Bruyère worked actively with the City of Ottawa to discuss the possibility of using the St. Luc property as a rooming house for families. If this moves forward, we could see between 100-150 people living in the

property and benefitting from the services of the Bruyère Family Health Team. Another potential partner has been identified and these discussions will continue into 2017/18.

5.6 Sub-Acute Care Review

Bruyère has been a very active member of the Champlain Subacute Capacity Implementation Steering Committee and its various sub-committees. The work plan is ambitious and will bring to completion the implementation of the sub-acute review recommendations over the next three years. The Regional structure has four working groups with varied involvement of Bruyère staff. All will influence Bruyère's own work plans in the coming months. Bruyère has working groups that mirror the LHIN planning structure. Our groups will review and make recommendations regarding admission criteria, targets for therapy intensity and length of stay, and what we need in order to provide therapy and admissions 7 days per week.

Bruyère has also engaged its partners in planning for the creation of a chronic ventilator strategy for the Champlain LHIN which has influenced the development of the LHIN Long-term Ventilation Working Group. This directly impacts our CCC patients, and is being co-chaired by Dr. Wiebe. The mandate of that group is to identify opportunities to improve the continuum of care for patients with ventilators and high respiratory care needs. Proposals from that working group will be made this year, including housing and community support recommendations that could permit several of our CCC patients to live in the community if implemented.

5.7 Champlain LHIN Sub Regions

In Bill 41, Patients First Act, 2016, one of the main components of the legislation is effective integration of services and greater equity. Each LHIN has been directed to establish geographic sub-regions for the purposes of planning, funding and service integration. The aim is that LHINs and sub-regions will assess local priorities, current performance and areas for improvement to achieve integrated, comprehensive care for patients, aligned with the LHIN's Integrated Health Service Plan. At its September 28, 2016 public meeting, the Champlain LHIN Board of Directors approved sub-regions as an important way to achieve the LHIN's mission of building a coordinated, integrated and accountable health system for people where and when they need it. These sub-region boundaries address a variety of perspectives and population-health dimensions, while considering existing community networks and partnerships. They were developed after reviewing data, including demographics and health service usage patterns, and receiving feedback from a stakeholder advisory group and community engagement sessions. Bruyère was a participant in the community engagement process. It will look forward to being engaged in sub-regional planning efforts in 2017/18 and beyond.

6 Conclusion

We are honoured by the ongoing support of the Sisters of Charity of Ottawa as we live the mission begun over 172 years ago by our founder, Mother Elisabeth Bruyère, to provide compassionate care to the most vulnerable in our community. *Enhancing Lives. Transforming Care* builds on this legacy moving forward with innovative and integrated programs and services for individuals who require sub-acute, geriatrics and palliative care.

I would like to extend my sincere appreciation to the members of the Senior Leadership Team, Bruyère physicians, staff, volunteers and members of the Bruyère Continuing Care Board of Directors for their dedication, courage, and hard work serving the healthcare needs of our community over the past year and for their continued support.

July 12, 2017

Daniel Levac
President & CEO
Bruyère Continuing Care
43 Bruyère Street
Ottawa, ON K1N 5C8

Dear Daniel:

RE: Annual General Meeting – Resolutions Passed by the Members

On behalf of the Board of Catholic Health Sponsors of Ontario, thank you for attending the Annual General Meeting of Bruyère Continuing Care on June 26th in Toronto. We very much appreciated the opportunity to dialogue with you, John Riddle and Dianne Parker-Taillon.

Catholic Health Sponsors of Ontario would like to confirm that the following resolutions were passed by the Members:

Receipt of Report from the Chair and CEO
THAT the Board of Catholic Health Sponsors of Ontario receives the Report from the Chair and CEO of Bruyère Continuing Care.

Slate of Officers for 2017/18
THAT, on the recommendation of the Board of Bruyère Continuing Care, the Board of Catholic Health Sponsors of Ontario, acting as the Members of Bruyère Continuing Care, approves the following Slate of Officers for the year 2017/18:

- Barbara Kieley – Chair
- Louis Savoie – First Vice-Chair and Treasurer

Appointment and Reappointment of Board Directors
THAT, on the recommendation of the Board of Bruyère Continuing Care, the Board of Catholic Health Sponsors of Ontario, acting as the Members of Bruyère Continuing Care, approves the following Director reappointments for the terms noted:

-	Fiona Gilfillan	2-year term	ending at the 2019 AGM
-	Barbara Kieley	2-year term	ending at the 2019 AGM
-	Carol Najm	2-year term	ending at the 2019 AGM
-	John Riddle	2-year term	ending at the 2019 AGM
-	Louis Savoie	2-year term	ending at the 2019 AGM

THAT, on the recommendation of the Board of Bruyère Continuing Care, the Board of Catholic Health Sponsors of Ontario, acting as the Members of Bruyère Continuing Care, approves the following new Director appointments for the terms noted:

- Deborah Lehman 2-year term ending at the 2019 AGM
- Alexander MacAngus 2-year term ending at the 2019 AGM
- Dinis Cabral 2-year term ending at the 2019 AGM

Receipt of Audited Financial Statements
THAT, on the recommendation of the Board of Bruyère Continuing Care, the Board of Catholic Health Sponsors of Ontario, acting as the Members of Bruyère Continuing Care, receives the Audited Financial Statements for the fiscal year ended March 31, 2017.

Appointment of the Auditors
THAT, on the recommendation of the Board of Bruyère Continuing Care, the Board of Catholic Health Sponsors of Ontario, acting as the Members of Bruyère Continuing Care, approves the appointment of the firm Deloitte LLP as auditors of Bruyère Continuing Care for the fiscal year 2017-18.

Congratulations on the many accomplishments for Bruyère over the last year. We note in particular the refreshed strategic plan, Bruyere's leadership role in the Champlain LHIN regarding sub-acute care, the relationship you have established with Archbishop Prendergast, the gains towards the working capital target, and the asset transfer completed with the Sisters of Charity.

CHSO notes the emphasis Bruyère places on quality indicators and the mission effectiveness dashboard. With regards to the dashboard, you are encouraged to have Kirby Kranabetter share this tool with mission leaders at other CHSO organizations; this may also aid in Bruyère's desire to benchmark with others.

Bruyère's leadership to sponsor a motion at the Canadian College of Health Leaders that led to endorsement of affordable housing as a high national priority is commendable. This is demonstrating excellent leadership in an area focused on the most vulnerable and also helps to highlight the mission of Catholic health care to a national audience.

We encourage you to connect with other CHSO organizations, perhaps through the CHSO Designates group, to create opportunities to share ideas and leading practice related to your goal for Board diversity. Your work in this area will be of interest to CHSO as we have identified this as a priority for our own Board recruitment.

Once you have completed a fulsome review of the Bruyère Bylaw against the CHSO Bylaw template, please share the results with CHSO so that we can collaborate on the approvals necessary to make any required changes.

Bruyère is in a solid position to lead and participate in integration discussions, both locally and at a regional hub level, to identify opportunities to improve the patient experience. CHSO encourages you to continue these discussions, drawing from the experience of Guy Chartrand as he joins the organization as CEO.

Thank you, Daniel, and also John, for your exceptional leadership. Daniel, we wish you well in your retirement, and are pleased that John will remain on the Bruyère board as past Chair.

Best wishes for an enjoyable summer.

Sincerely,

John P. Ruetz
President and Chief Executive Officer

JR:lp

Copy to: Glen Wood, Chair, Catholic Health Sponsors of Ontario
Barbara Kieley, Chair, Bruyère Continuing Care
Dianne Parker-Taillon, CHSO Designate, Bruyère Continuing Care

ITEM 5

Chief of Staff Annual Report – September 2017

2016-2017 has been a year full of accomplishments and challenges for Bruyère's physicians. I would like to acknowledge the medical leadership team, consisting of Department Chiefs, chairs of committees and the Medical Staff executive. They have been instrumental in any success the physicians have enjoyed this year. Our physicians' collective goal is to provide the best possible quality of care to our vulnerable populations and further the practice of medicine through education of new learners and research.

As we continue to display our value of collaboration, physicians work closely with our acute care partners to optimize the use of our system's resources and joint planning initiatives.

Physician Human Resources:

The provision of excellent medical and clinical care requires a dedicated team of physician leaders and attending physicians. Several physicians have been recruited, continuing to demonstrate that Bruyère is an environment in which physicians feel engaged and connected, namely:

- Dr. Jean Chouinard was reappointed as Chief of Department, Complex Continuing Care for a three year term, from March 1, 2017 to February 28, 2010.
- Dr. Jay Mercer was reappointed as Chief of Department, Family Medicine for a 5 year term, from March 1, 2017 to February 28, 2022.
- The Palliative Care Chief/Chair selection committee continues to search for prospective candidates to replace Dr. Pereira who stepped down at the end of March 2016. Dr. Jill Rice was appointed as Interim Department Chief, Palliative Care.
- Palliative Care department has benefitted from locum support provided by several physicians, recent graduates of our Palliative Medicine residency program. These include: Dr. Adrienne Kwong, Dr. Andrew Mai, Dr. Daniel Vincent and Dr. Christine Whetter.
- After 25 years of dedicated service, Dr. Meena Acharya retired from the department of Physical Medicine and Rehabilitation.
- Dr. Chandra Martens was recruited to join the department of Physical Medicine & Rehabilitation.
- Dr. Sanjna John was recruited to join the department of Care of the Elderly and is now working as a locum physician.
- Dr. Carley Kirshen has taken on duties in dermatology in the Care of the Elderly department.
- Dr. Ruth Ellen was recruited to join the Care of the Elderly Department and is now taken on duties in the Bruyère Memory Program.
- Dr. Raphael Chan joined the Palliative Care Department in June.

The following physicians necessitated a Change of Status from that of Associate physician to Active physician:

- Dr. Charles Adamson – Family Medicine
- Dr. Dianne Delva – Family Medicine

- Dr. Marth Holt – Family Medicine
- Dr. Claire Kendall – Family Medicine
- Dr. Marc Lebeau – Family Medicine
- Dr. Margaret Thomson – Care of the Elderly
- Dr. Julie Lacroix – Care of the Elderly, Dermatology

The following physicians joined the organization as Consultants:
- Dr. Supneet Bismil – Psychiatry, Family Medicine
- Dr. Paula Walsh-Bergin – Psychiatry, Complex Continuing Care
- Dr. Catherine Smyth – Anesthesiology – Palliative Care

COMPLEX CONTINUING CARE (*Dr. Jean Chouinard, Chief*)

Clinical/Operational

- Length of stay continues to fall but has not reached average for Province Most demand (58.4%) is for restorative care.
- Proportion of discharges to home or a lower level of care (excluding LTC) continues to increase.
- Separations through death have increased largely due to Saint Vincent taking a number of lower-complexity patients from Palliative Care.
- The Alternate Level of Care rate remains a concern; the number of Alternate Level of Care cases at Saint Vincent would have fallen by 25 in Calendar year 2016 had we not kept filling these beds with Alternate Level of Care cases from Elizabeth Bruyère and acute care.
- We are working with The Ottawa Hospital to increase capacity in our inpatient dialysis programs.
- We are part of the LHIN working group exploring options for patients receiving chronic invasive mechanical ventilation.
- Average age at referral has increased by one year every year since 2001. To speak of Saint Vincent as a destination for younger patients is simply no longer relevant.
- Increasing the physician complement at Saint Vincent is contingent on changing the billing model for physicians; this cannot be done until we have more definite targets regarding bed numbers and type. Saint Vincent Associates have agreed, as a bridging measure, to hire an additional physician assistant (at their expense), as well as fund additional physician hours on a temporary basis.

Quality

- Over half the admissions to restorative care were initially admitted off-service because of lack of bed capacity on 4 North; this is far from optimal. The practice is being reviewed.
- The difficulties with admissions to restorative care have again highlighted the fact that Saint Vincent is not currently equipped to handle larger volumes of complex patients, without a major redesign and additional resources.
- Work on improving quality nevertheless continues; we have made some progress but a fully functional quality management process is still some time away

Academic

- Hiring of an academic coordinator for Saint Vincent has been put on hold until the issues around billing and funding models can be resolved. In the meantime, Saint Vincent continues to receive a number of undergraduate students, both for training in basic clinical medicine, and as part of the link blocks between second and third year. Feedback from the students is very positive.
- Saint Vincent has also undertaken two industry-sponsored studies; the first is complete and the second is just getting underway.
- Saint Vincent also supports a number of small clinical trials designed by Bruyère clinicians.

Strategic

- Saint Vincent is part of the relevant working groups at the LHIN that are developing implementation plans for recommendations of the Hay Group report. Admission criteria for Complex Continuing Care already map out very well to the different sub-acute populations identified in the RACA report.

Priorities for 2017

- Implement recommendations of LHIN in regards to the sub-acute planning process while ensuring adequate clinical capacity and resources are brought to the task.
- Redesign billing and funding model for physicians at Saint Vincent; proceed with hiring of an academic coordinator once this is achieved.
- Complete work on increasing capacity of patients receiving dialysis or chronic invasive ventilation.
- Address the Alternate Level of Care issue; an action plan has already been submitted by Bruyère to the LHIN.

PHYSICAL MEDICINE AND REHABILLITATION (Dr. Shawn Marshall, Chief)

Clinical

Inpatient Stroke Unit	**Out Patient Clinics**
Occupancy Rate: 125.5% Average Length of Stay: 34.29 Number of new admissions: 272 Median Days of Onset of stroke to Admit to Rehab: Decrease from 24 to 20 days from Q1 to Q3 (Q4 data not available) *explanation of stroke beds from 20 to 28 beds in July 2016 at direction of Champlain LHIN	Ambulatory Stroke Rehabilitation Program Admissions: 249 Discharges: 273 Physical Medicine and Rehabilitation Clinic Admissions: 532 Dovico data (Physician Reported Hours) Total Hours Teaching: 1063 Total hours Clinical: 6662 (Q4 date is estimated)

New Initiatives

- Process for accepting of rehabilitation admissions to stroke inpatient has changed. Patients are seen by triage nurses at acute care site who then confer with Physiatrists for consideration of admission to Stroke Unit.
- This process was successful and decreased admission times. Process now initiated for Queensway Carleton and Montfort sites.
- Opening of 8 additional new stroke inpatient rehabilitation beds, July 2016.

- Sub-acute LHIN stroke planning sub-committee, co-chaired by Dr. Christine Yang and Dr. Shawn Marshall participating as Rehabilitation Network of Champlain (RNOC) co-chair. Aim to determine stroke inpatient and ambulatory care resource allocation for Champlain region.

On-going Projects

- Dr. Campbell and Dr. Yang completing the Falls risk assessment project (Risk of falling on an inpatient stroke rehabilitation unit: Is the Stroke Assessment of Falls Risk tool the right one to use?). Patients recruited to date: 45. This is ongoing.
- Have incorporated regular metric review into monthly department meetings with aim to review quality improvement opportunities.

Education/Teaching Activities

- There were 24 trainees, from undergrad, postgrad and fellows who performed Physical Medicine & Rehabilitation rotations for a total of 308 Medical Training Days. The majority of elective students completed their rotations at TOHRC and CHEO. These numbers are only a small portion of the teaching activities of the entire Physical Medicine & Rehabilitation program.

Continuing Professional Development

- The EB Physiatrists attended and participated in the annual University of Ottawa Physiatry Day on January 18, 2016. Guest speaker, Dr. Nancy Dudek provided a workshop on "Guess what? Meridith was right and feedback is important". Following the workshop, all Physical Medicine & Rehabilitation trainees and the majority of Physiatrists provided an update on their scholarship projects.
- Faculty attended the weekly PM&R grand rounds and monthly journal clubs. The Stroke Physiatrists attend their Continuing Professional Development of choice. Dr. Finestone and Dr. Campbell attended the annual national Physical Medicine & Rehabilitation conference (London, May 2016).
- Dr. Campbell attended the Outcome Measures in Rheumatology conference OMERACT (Whistler, May 2016) and the International American College of Rheumatology Conference (Washington DC, November 2016). Some physiatrists participated in Faculty of Medicine Continuing Professional Development workshops.
- Dr. Shawn Marshall completed a Mentoring Course with the University of Ottawa, Faculty of Medicine in October 2016.
- Physicians continued to participate in research, presentation, peer reviews, publications and journals.

Priorities for 2017

- Continue to work with Bruyère and The Ottawa Hospital Senior Leadership Teams to implement the findings of the Champlain LHIN Sub-acute bed planning process.
- Work to establish Bruyère as the hub and clinical care leader resources for Stroke Rehabilitation in the Champlain LHIN.
- Continue to partner with the Ottawa Hospital and the Champlain Stroke Steering Chair, Dr. Stotts to establish seamless flow of patients with stroke between The Ottawa Hospital and Stroke Rehabilitation program.

- Integrate Stroke Rehabilitation on one-site to include low intensity, high intensity and outpatient stroke rehabilitation.
- Continue to develop and formalize the outpatient interprofessional stroke rehabilitation model of care. New outpatient datasets and metrics to be captured and reviewed.
- Continue to optimize inpatient stroke rehabilitation care to align with stroke rehabilitation Quality Based Procedures while ensuring appropriate care for our patients
- Ongoing teaching activities in the following areas: third and fourth year selective medical students from University of Ottawa; first and second year elective medical students, regular rotations for Physical Medicine & Rehabilitation, Neurology and Geriatric Medicine trainees in Stroke Rehabilitation.
- Continue to actively promote the scholarly activities of the Physical Medicine & Rehabilitation Department through a comprehensive and progressive practice plan which rewards traditional and innovative scholarly outputs for all career paths.
- Continue to implement nurse led chronic pain initiative, via use of Pain Exploration and Treatment diagram with Isabelle Leclerc, RN and Elizabeth Muggah MD, CCFP of Bruyère Academic Health Team.
- Align with new uOttawa promotions criteria for areas of focus in Clinical, Education and Research.
- Recruit, create and implement a most responsible physician hospitalist role to allow for more comprehensive and improved clinical care of patients on the stroke unit.
- To transition a general Physical Medicine & Rehabilitation outpatient clinic to an outpatient clinic focused on conservative management of osteoarthritis, led by Dr. Campbell.
- To further expand research in virtual reality for stroke patients in the inpatient and outpatient settings.
- Set up of a monthly Physical Medicine & Rehabilitation consultation clinic at St. Vincent for Saint Vincent inpatients.

CARE OF THE ELDERLY (*Dr. Veronique French Merkley, Chief*)

Clinical

Geriatric Rehabilitation	**Q4 - 2017**	**Q3 - 2016**	**Q2 - 2016**	**Q1 – 2016**
Average Wait Days from Accept to Admit	2.4	2.2	2.1	2.5
Total Admissions	150	141	151	152
Total Discharges	155	151	154	161
Occupancy	94.7%	98.7%	96.6%	98.1%
Average Length of Stay	28.4	30.2	28.1	28
Average Admission FIM	60.3	62.1	63.8	61.4
Average Discharge FIM	86.2	83.9	88.9	86.7
Average FIM Efficiency	0.97	0.74	0.93	0.91
Geriatric Day Hospital				
Average Wait Days from Referral to Accepted (Urgent)	16.04	21.1	20.14	23.6
Average Wait Days from Referral to Accepted (Regular)	35.56	64.86	80.66	79.37
Total Admission	78	92	81	81
Total Discharge	94	102	80	86
Occupancy Rate	85.13%	82.09%	65.97%	73.03%

Average Length of Stay	58.55	53.41	58.64	53.37
Median Length of Stay	64	63	66	61.33
Bruyère Memory Program				
Average Wait Days from Referral to Accepted	186	210	178.2	176.54
Total Admission	216	232	280	339
Total Discharge		204	182	255
Occupancy Rate	233	82.17 %	77.06%	94.87%
Average Length of Stay	393	237	335.59	329.43
Dermatology				
Average Wait Days from Referral to Accepted	126.4	153.4	141	184
Total Admission	684	177	170	331
Photoderm				
Average Wait Days from Accept	50.9	57.13	55.8	35.2
Total Admission	165	123	176	137
Total Discharge	143	135	109	159
Occupancy Rate	94.23	101.99	63.96%	96.7%
Average Length of Stay	72.5	72.1	97.9	74.97
Median Length of Stay	62.5	57.3	65	55.33

Quality

- Medical Quality Management continues to be largely integrated into the Unit-Based Quality Committees. The improvement written communication has become a focus in Geriatric Day Hospital now that the access issues have been addressed.
- The focus in Geriatric Rehabilitation Program has been on assessment of the "3 D's" (depression, delirium, and dementia) with a particular focus on delirium to date. An overview of the Quality work done in the Geriatric Day Hospital was presented in June 2016.
- Again, the addition of Physician Quality Champions is highlighted as being important in helping to foster a change in culture at the local level.
- At Bruyère Memory Program, wait times remain the focus, with Dr. Frank to be leading the implementation of a series of changes aimed at improving the intake process and supporting earlier discharges back to primary care providers.

Education/Teaching Activities

- Geriatric Rehabilitation and Geriatric Day Hospital - total number of learners was 66; total number of days was 786.5
- Care of the Elderly remains a core rotation for PGY-1 Family Medicine residents affiliated to both the Bruyère and Primrose Family Health Teams. Additional residents from the Riverside and Melrose sites were added to the schedule to address capacity issues at the Ottawa Hospital-Civic Campus. The Department also regularly receives 3rd year medical students during their Ambulatory Selective rotation. The PGY-3 Care of the Elderly trainee completes a minimum total of 12 weeks in department programs. In addition, demand for electives remains steady at all levels, both undergraduate and postgraduate. Finally, department physicians participate in training International Medical Graduates and in preparing medical students for their clinical clerkship during the Link Block.
- Care of the Elderly physicians continue to contribute to formal teaching at the Faculty of Medicine with involvement with: the geriatrics component of the 2nd year undergraduate Integration Block;

undergraduate professionalism modules; e-Portfolio coaching; Family Medicine Academic Day workshops; and Postgraduate in-unit teaching sessions.
- Bruyère Memory Program had a total of 50 individual clinics.
- Photoderm had a total of 107 individual clinics.

Continuing Professional Development

- Care of the Elderly department physicians were present at several Continuing Professional Development events throughout the year, including: the Annual CFPC Family Medicine Forum, the University of Ottawa's Department of Family Medicine Annual Retreat, and the Annual RGP Geriatric Refresher Day. Dr. Andrew Frank completed the Telfer Quality Improvement and Patient Safety Leadership Program. Dr. French Merkley completed the Champlain LHIN Senior Leadership Program.

Scholarship

- Department physicians have presented at various local, provincial, and national conferences this year, including: the Regional Geriatric Program Geriatric Refresher Day (A. Frank, V. French Merkley), the University of Ottawa Primary Care Update on Geriatrics (A. Harley, V. French Merkley), the Colloque Bal des Neiges de l'Association des médecins francophones du Canada (V. French Merkley),
- Work on two BAMO Ministry of Health-funded Innovation Projects is now complete:
  1. Institute-Wide Physician Learning Using Interactive Online Modules (V. French Merkley et al)
  2. Driving Signatures – Working towards improved clinical decision-making – Distinguishing between drivers of shared vehicles (F. Knoefel et al) Submissions for publication are currently in process.
- A Bruyère Research Institute Best Evidence Review on the model of care for inpatient geriatric rehabilitation is now complete (A. Harley et al). Again, submissions for publication are in process.

Priorities for 2017

- Now that processes aimed at ensuring that the department functions efficiently and meets its obligations have been re-established, the focus will now turn to driving innovation aimed at improving the patient experience and increasing academic productivity.
- Ongoing work will also be required to ensure that human resources remain stable.
- Implementation of the recommendations identified in the Frank report will also be ongoing.

PALLIATIVE CARE (*Dr. Jill Rice, Interim Chief*)

Clinical

Palliative Care Unit (PCU)

- Palliative Care Unit nursing, allied and physician staff continue providing excellent care under challenging conditions. Physician staffing on the Palliative Care Unit (PCU) remained at 2 during this period despite high clinical flows.
- Patient satisfaction levels remain high (100% and 89% on January and March surveys). "Always Practices" are well established and while we are not yet meeting the 100% target in all areas, most levels on the most recent patient satisfaction surveys (January and March 2017) were above 95%.
- Dedicated physiotherapy was cut from the Palliative Care Unit in April 2016, however efforts of nursing and other staff as well as access to consult physiotherapy in special cases has helped mitigate some of the impacts of this change.

- The Champlain Local Health Integration Network (LHIN) Subacute review process continued during this period. A subcommittee to review the inpatient palliative care beds has been created. The 31 recognized beds are all currently on the Bruyère Continuing Care Palliative Care Unit and Bruyère Continuing Care has several representatives in the group. Dr, Barnes is strongly reinforcing the academic and educational importance of the Palliative Care Unit.
- Reviews of ketamine and methadone guidelines were completed by inter-professional committees of physicians and palliative care unit nursing and pharmacy staff. Committee members also served as external reviewers of the Palliative Sedation Therapy guidelines being revised by the Champlain Regional Hospice Palliative Care Program.
- In an effort to improve inter-organizational flows, The Ottawa Hospital (TOH) began a pilot project of a transitional coordinator for palliative care. This project will be reviewed in the spring to 2017.
- We continue to experience challenges getting patient admissions to the unit to occur earlier in the day when there are more resources. Work with partners to reduce delays due to transportation wait times is ongoing.
- Mean/median wait times for patients to be admitted to the unit (from time of referral to arrival on the unit) remained short at 1.7 and 1 day respectively (range: 0-14 days).
- While the number of admissions continued to climb, to 588 in 2016-17 from 528 in 2015-16 and 492 in 2014-15 overall occupancy rates remained a challenge. Though the occupancy rate in quarter 4 rose to 94.3%, occupancy below 90% in quarters 1-3 led to an overall occupancy rate of 89.2% for the year. Despite 7 day a week admissions, the unpredictable timing of palliative care admissions and discharges (including deaths that occur overnight) will make it difficult to raise the occupancy higher.

Regional Palliative Care Consultation Team (RPCT) (Bruyère and CCAC Collaboration)

- Referral and visit numbers continue to increase and effective integration of the team continues.
- The vacant position for the Nurse Practitioner (NP) for Hawkesbury remains unfilled. While another consultant began orientation during this fiscal year, her lack of background in palliative care proved difficult and she ultimately did not complete orientation. The NPs in the adjacent areas, assisted by Dr. Li who can also provide care in French have helped ensure patients in this area can continue to access services. It is hoped the position will be filled in the upcoming year. Drs. Jill Rice and Cecilia Li continue to provide support for the team, though the additional administrative duties adopted by Dr. Rice have created some added challenges. Physician support limitations are likely to increase if physician time needs to be diverted to support the planned transition back to a 3 wing Palliative Care Unit during the coming year.
- Efforts continue to develop standardized and integrated metrics for the Regional Palliative Consultation Team between the 2 arms of the team, complicated by different Ministry requirements for the Nurse Practitioners, with the MD contributions also assessed separately. Planning is also underway to transition to use of Client Health Related Information System (CHRIS), the EMR used by the Community Care Assess Centre (CCAC) in the upcoming fiscal year.
- All members of the team continue to support multiple educational initiatives, across the LHIN. Two additional Nurse Practitioners have completed facilitator training for Learning Essential Approaches in Palliative and End of Life Care education programs (LEAP), increasing the number to 7.
- Support of rural areas remains of particular concern, as we try to balance the consult role and capacity building with the need to meet immediate patient needs. Erin McCabe (NP) and Dr. Declan Rowan (Primary care lead for Cancer Care Ontario) have demonstrated particular success this year in

championing palliative care in Renfrew County this year. This has led to increased engagement in area.

- The team continues to have weekly rounds and include regular education sessions. Meetings between MDs and nurse consultants to address any issues continue.
- The number of learners with the team has continued to increase. A policy for orientation of medical learners is now in place, including assessment tools to increase the effectiveness of evaluation. Challenges continue to exist due to the realities of scheduling and geography etc.
- Regional Hospice Palliative Care Program has continued the work initiated by Dr. Justin Chopra, Dr. Jose Pereira and Dr. Christopher Klinger, and has created a survey to collect additional data on how/what palliative care is provided by family medicine physicians and explore barriers, educational needs and opportunities which impact on their ability to provide palliative care.

<u>Quality Improvement Projects</u>

Palliative Care Unit Transfers in an Efficient and Appropriate Manner (PCU TEAM)

- Dr. Cecilia Li has enrolled in the Telfer School of Management since September 2015 and is currently working on how to facilitate discharges from acute care hospitals to the PCU. We have made three major changes to the Central Referral and Triage in attempt to increase bed occupancy and number of referrals:
  - Admission criteria was revised in collaboration with Hospice Care Ottawa and Community Care Assess Centre (CCAC), effective March 7, 2016. The prognosis and functional status will no longer be criteria for PCU admission. Length of stay has also reduced to emphasize on the Home First Philosophy.
  - SMART E-Referral for online application was reprogrammed with improved accessibility, compatibility, and availability of beds open to access by a live system. Additional training at various sites throughout the Champlain region was arranged for users of SMART.
  - External palliative medicine consultation is not mandatory prior to referring patients who have clear goals of care to effectively decrease wait time as a barrier to transfer and to provide quality of time for dying patients to spend with their loved ones in an appropriate palliative setting.
- Delirium Clinical Practice Guideline Update
  - In order to successfully implement clinical practice guidelines (CPG), appropriate resources are crucial in addition to a ‘stable’ environment and timing, i.e. not too many other changes happening at the same time.
  - Over the last couple of years, there have been multiple and unpredictable changes to Palliative Care Unit staffing, work practices, and workload. The changing environment has contributed to a delay in the implementation of the Delirium Clinical Practice Guideline due to a focus on other corporate and education priorities for nursing staff, and frequent staff turnover. Implementation of Clinical Practice Guideline tools is ongoing as of April 2017. Within our next steps, we will initiate our evaluation strategy, assessing both pre- and post-CPG implementation conditions. We will compile the qualitative and quantitative results generated from the evaluation to more directly identify the specific facilitators and barriers that arise to improve the Palliative Care Unit Delirium Clinical Practice Guideline, while also helping to inform future Clinical Practice Guideline’s at EBH.

Education/Teaching Activities

- The Division of Palliative Care external review in early 2016 highlighted its education pillar as a major strength. The Department at Bruyère is the leadership and administrative hub of the Division's educational activities.
- Ottawa is a national leader in the amount of undergraduate medical education provided on palliative care. Department members lead and participate in teaching medical students during their "Integration Week" on palliative care in their second year. Various other lectures and group teaching sessions occur throughout the curriculum.
- The Department members are also coaches for medical student ePortfolio groups.
- The Department continues to provide a large amount of undergraduate (medical student) and postgraduate (resident and fellow) clinical teaching, including to our own residents and those from other training programs. Medical trainee days have increased overall, which adds to hospital funding.
- The Palliative Medicine Residency Program continues to be hosted at Bruyère, with Dr. Christopher Barnes as the Program Director. The Program trains approximately 3-4 new residents and fellows each year, including 3 new residents in 2015-2016. In 2015, the Department of Medicine recognized the Program for its innovation of the Verbatims Curriculum, which provides coaching to residents on communication, with the support of a social worker and spiritual care provider.
- Teaching of continuing professional development sessions is primarily provided through a partnership with Pallium Canada and their LEAP Curriculum. The total number of sessions and hours has held steady compared to last year.

Research

- Division Research Retreat was held Dec 10, 2016. The morning emphasized increasing collaboration with other departments (presentations by oncology, public health, pain, pragmatic trials, nephrology and geriatrics). The afternoon brought together members of the Division to focus on developing a vision and objectives in moving the research agenda forward. The Division's research priorities were updated from 2015.
- Despite the changes in leadership and administrative, the research productivity has remained steady. Dr. Lawlor continues as Research Lead for the Division of Palliative Care and Chair of the Research Committee. Following a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis, the Division's research priorities have been clarified and fall into three main streams: (1) clinical symptoms and syndromes; (2) health services research; and (3) educational research.
- The requirement to file for research ethics approval with both the Bruyère Continuing Care Research Ethics Board and the Ottawa Health Science Network Research Ethics Board remains a challenge. Research productivity of Department members could be improved significantly if this barrier were to be removed.
- The priorities for the coming year include the completion of existing projects continuing work on the priorities identified at the research retreat. The development of a research infrastructure that can provide sustained support for investigators has been recognized as a central need. Liesha Mayo-Bruinsma MD, MSc, BScH, who has been acting as our Clinical Research Coordinator since fall of 2016 will be leaving the Division to pursue a Family Medicine residency position at the end of April and finding an appropriate replacement will be a priority. It is imperative that external applications are made to secure funding for future projects in the main research streams.

FAMILY MEDICINE (Dr. Jay Mercer, Chief)

Clinical

- Over the past 12 months, the Bruyère Academic Family Health Team has continued to maintain a focus on its combined goals of providing high-quality patient care with a focus on vulnerable populations, education to postgraduate and undergraduate learners, and supporting the production of scholarly work.
- The primary work of the organization is in direct patient care which is also the cornerstone of our postgraduate and undergraduate teaching. Over the last fiscal year, the organization has continued to mature the care delivery model at both of our sites. This has included an effort to do as much as possible during each clinic visit, implementing a portal that permits secure electronic communication with our patients and working with the nursing team create an environment in which they can practice to the full extent of their skill set.
- The overall impact of these changes has been our ability to provide care to over 17,000 patients using fewer in clinic visits in the past fiscal year. The number of patients that we currently serve is now above the target set for the organization by the Ministry of Health and Long-Term Care.
- The Bruyère Academic Family Health Team continues to focus on providing accessibility and services to vulnerable populations. Team members continue to work at St. Mary's Home, Bethany Hope Centre, provide evening clinics and refugee clinic services for a total of 2,854 visits. This number is similar to the previous fiscal year and reflects our ongoing commitment to this type of care. We also continue to expand the services we deliver to frail elderly patients at Unitarian House. Team members continue to provide both medical care and palliative care extensively both in the home environment and at the Maycourt Hospice.
- We are continuing to work on maximizing the scope of the Registered Nurses, and have implemented services which target smoking cessation, chronic obstructive pulmonary disease (COPD), Hypertension, Bronchiectasis, chronic pain and arthritis education, well baby assessment and INR maintenance. We are implementing a high user protocol for nurses to provide individualized and proactive care to our most seriously ill patients. To permit this to take place, clerical staff is taking on some of the administrative duties previously carried out by nurses.
- Focused clinical activities for resident teaching continue to be carried out at both of the primary care sites. These include maternal health, women's health, musculoskeletal skills, surgical skills and well-baby care. In the past 12 months, we have continued to implement a shift in the goals of these clinics. Rather than trying to manage large volumes of consultations, they have shifted their emphasis to skills teaching. This change has been very successful in improving the confidence of our residents to carry out procedures in the context of their regular clinics. The result has been an increased service level across the entire organization.

Quality

- The organization continues to run an extremely active quality management program. The cornerstone of the program is a multidisciplinary quality improvement meeting which is held every two weeks and permits the family health team to set and work towards large-scale organizational goals while at the same time providing a venue to do ongoing quality improvement activities impacting all levels of our operations.
- An ongoing goal of the Bruyère Academic Family Health Team is the creation of a patient's medical home. In this scenario, as many services as possible are offered within the family practice setting. This currently includes mental health services, care of the elderly, orthopedic surgery consultation, ambulatory gynecology consultation, child psychiatry, general pediatrics, and neurology. A total of 2,244 consultations were provided in the past fiscal year. This highly accessible service is very valuable for our patients and also results in expanding the skill set of the family physicians, nurses, and residents on our teams.

Academic/Teaching

- The two clinics of the Bruyère Academic Family Health Team continued to be active teaching sites in the University of Ottawa, Department of Family Medicine. In the previous fiscal year, 20 family medicine residents completed their training and entered independent practice. We currently have 42 first and second-year residents assigned to our units. We also have third-year family practice residents doing advanced training returning to the clinic to maintain their primary care skills. Postgraduate trainees from psychiatry, dermatology, and pathology also do primary care rotations with us. Finally, we also provide clinical experiences for students in nursing, dietetics, social work, pharmacy, and nurse practitioner programs. Undergraduate medical students receive family medicine exposure both as part of core clerkship rotations as well as shadowing opportunities offered by some of our providers.
- Bruyère physicians and allied health delivered a total of 35 posters and presentations at professional national and international conferences on a wide variety of subjects. They have had 26 publications in Canadian and international journals. Team members were also active participants in funded research projects totaling $8.6 million. One of the key changes that the organization has been working towards is including all members of the team in scholarly activities. In the past fiscal year, nursing, clerical, administrative and allied health professionals have been involved with their physician colleagues in the production of numerous academic papers and presentations.

Priorities for 2017

- In the next fiscal year, The Bruyère Academic Family Health Team will continue to maintain its strategic focus on patient care with a focus on vulnerable populations, teaching, and scholarly work. To accomplish this, we will continue to both increase the number of patients that we serve within our clinics as well as working to expand our outreach into areas of need which are geographically close to us. We will continue to mature all aspects of the organization through our embedded quality improvement processes. We will be restructuring the therapeutic lifestyle program to be a much more pervasive program serving a much wider group of patients. We will be working towards the implementation of a shared care pain management program. We will continue to work closely with our partners, fellow FHTs, Central Ottawa Health Link and the Champlain LHIN in planning for the changes through the Patients First Act. Finally, we will conduct a formal review of the FHT strategic plan to ensure that it continues to be aligned with the strategic plan of Bruyère Continuing Care, the University of Ottawa, and the goals laid out for the FHT by the Ministry of Health and Long-Term Care.

Submitted by: Dr. Shaun McGuire, Chief of Staff

ITEM 6

Treasurer's Report

Annual General Meeting

September 14, 2017

SOINS CONTINUS
Bruyère
CONTINUING CARE

Bruyère pour des soins continus.
Bruyère Is Continuing Care.

Independent Auditor's Report

Report on the Financial Statements:

Opinion

"In our opinion, the financial statements present fairly, in all material respects, the financial position of Bruyère Continuing Care Inc. as at March 31, 2017, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Report on Other Legal and Regulatory Requirements

As required by the Ontario Corporations Act, we report that, in our opinion, these principles have been applied on a basis consistent with that of the preceding year."

Highlights - Operations

- Surplus of $160K
  - $595K Hospital Operations (prior year deficit of $2.4M)
  - Élisabeth Bruyère Residence deficit of $51K (prior year deficit of $63K)
  - Résidence saint-Louis Surplus of $376K (prior year surplus of $47K)
  - Surplus of $2.9M Bruyère Village (prior year surplus of $2.2M)

Statement of Revenue and Expenses

(in 000's)	Hospitals	LTC & CSS	Village	Total 2017	Total 2016
Revenue	114,726	24,999	6,012	145,737	144,328
Expenses	114,131	24,673	3,050	141,854	144,488
Operating Surplus/(Deficit)	**595**	**326**	**2,962**	**3,883**	**(160)**
Building Amortization	(1,003)	(176)	(1,623)	(2,802)	(2,779)
Interest on LT Debt			(1,379)	(1,379)	(1,277)
Cancellation Cost	-	-	-	-	(3,679)
Total Surplus/(Deficit)	**(408)**	**150**	**(40)**	**(298)**	**(7,895)**

SOINS CONTINUS Bruyère CONTINUING CARE

Revenue $145.7M

Dépenses 141,9$M

Fournitures médicales et médicaments, $5.3, 4%

Amortissement du matériel, $3.7, 3%

Fournitures et autres dépenses, $22.2, 16%

Salaires et avantages, $110.7, 78%

Treasurer's Report

Financial Statements - March 31, 2017

As Chair of the Audit and Resource Management Committee, I am pleased to provide my report on the Financial and Capital Operations of the Corporation for the Fiscal period ended on March 31st, 2017.

Capital Operations:

In total the Capital Activities represent an investment of $9 million dollars mainly $3.5m in the Geriatric Day Hospital project and $2.4m in leasehold improvements (HIRF projects at Bruyère).

We have reflected the significant donation of buildings and lands from the Sisters of Charity of Ottawa in our books at the end of the fiscal period. The buildings and lands were appraised at $192,624,000. The accounting treatment resulted in a net donation of $141,829,923 of which $36,870,000 is an increase to the net asset position and the remaining $104,959,923 will be amortized over the remaining life of the buildings

Operating Activities:

We closed 2016-17 with a surplus of $3,882,781, compared to an operating deficit of $160,000 in 2015/16. This year's surplus is comprised of a surplus of $594,747 in hospital operations, a deficit of $51,213 at Elisabeth Bruyère residence, a surplus of $376,333 at Saint-Louis Residence and a surplus of $2,962,914 in the Village, thus surpassing our Accountability Agreements obligations in terms of total margin.

The Statement of revenue and Expenses include the net amortization of leasehold improvements and interest expense on long-term debt. As a result the total deficiency of expenses over revenues is $298,155, compared to $7,894,891 last year.

Financial Position

Inclusive of the Capital & Operating activities outlined above, Bruyère Continuing Care's closing Working Capital position is a negative $14.58 million, compared to a negative $22.47 million in 2015/16. Total Net Asset closed at $35.24 million compared to a deficiency of negative $1.34 million last year, reflecting the transfer of the properties.

We have modified our practice of segregating funds held for long term obligations to better reflect our cash position. This change aligns the disclosure in our financial statements with that of our peers. Our Current Ratio calculated at March 31, 2017 was 0.42, which is in line with our H-SAA obligation.

Reserved powers of the Members.

We have obtained the required approvals regarding:

- The appointment of Bruyère Board Officers;
- The receipt of the Audited Financial Statements for 2016/17; and
- The appointment of Deloitte LLP as auditors of Bruyère.

LOOKING AHEAD 2017-18

2017-18 Balanced Plan

To ensure the Hospitals return to a surplus position, we must monitor the various initiatives of the performance improvement plan.

VILLAGE

Village occupancy rates continue to grow and as at March 31, 2017 we are ahead of projections. We now have only 15 apartments available for rent out of 227.

Update on “Y” wing and Day Hospital renovations at EBH

This is a major project that has now been completed, and we should see the

commissioning of the space later in September 2017.

Barbara Kieley, Treasurer

Bruyère Board of Directors 2017-18

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Officers 2017-18

Barbara Kieley (Chair)

Louis Savoie (1st Vice-Chair and Treasurer)

Guy Chartrand (Secretary)

Bruyère Board of Directors 2017-18

Directors

Dinis Cabral
Dr. Nicole Dunlop
Fiona Gilfillan
Debbie Gravelle
John Hoyles
Melody-Ann Isinger
Sylvie Lalonde
Deborah Lehmann
Alexander MacAngus
Dr. Shaun McGuire
Carol Najm
Dianne Parker-Taillon
Jean Pruneau
Philippe Renaud
John Riddle
Dr. Phil Wells

Bruyère Board of Directors 2017-18

Community Members

Dylan McGuinty
Lee Wagner
Alan Wainwright

END OF PACKAGE FOR ANNUAL PUBLIC INFORMATION MEETING ON 2017-09-14