

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

ONTARIO HEALTH COALITION AND ADVOCACY CENTRE FOR THE ELDERLY

Applicants

-and-

HIS MAJESTY THE KING IN RIGHT OF ONTARIO AS REPRESENTED BY THE
ATTORNEY GENERAL OF ONTARIO, THE MINISTER OF HEALTH, and THE MINISTER
OF LONG-TERM CARE

Respondents

**AFFIDAVIT OF DR. RHONDA CROCKER ELLACOTT
(Affirmed February 23, 2024)**

I, DR. RHONDA CROCKER ELLACOTT, of the City of Thunder Bay, in the Province of Ontario,
MAKE OATH AND SAY:

1. I am the President and Chief Executive Officer of the Thunder Bay Regional Health Sciences Centre (TBRHSC), an academic and tertiary acute care hospital in Northwestern Ontario. TBRHSC is the only tertiary acute care hospital in Northwestern Ontario and is responsible for providing comprehensive care to more than 245,000 people living in largely rural communities over a region that covers fifty-eight percent (58%) of Ontario's land mass. TBRHSC offers an expansive range of specialist services and, as a designated academic health sciences centre, TBRHSC is affiliated with Lakehead University, Confederation College, and NOSM University, and hosts students for training from many medical schools and institutions.

2. I am a Registered Nurse and hold a Doctor of Education Degree in Administration. I have more than 30 years of experience in acute care hospitals and 25 years working in administration, including system level and regional oversight responsibilities. My CV is attached as **Exhibit “A”**.
3. I have been asked by the Government of Ontario to address the following questions:
 - a) What is patient flow and is it important to your hospital and the community it serves?
 - b) How has Bill 7 impacted patient flow at your hospital?
 - c) How should acute care beds be prioritized?

A) Patient Flow

4. As the only tertiary acute care hospital in Northwestern Ontario (a region larger than France), patient flow is essential to meeting the unique health care needs of the patients we care for. Well managed patient flow allows us to provide the essentials of patient care that are foundational to optimal outcomes in an acute care setting. This requires assessing and attending to the care of patients presenting to the Emergency Department (ED) such as trauma patients, cardiac patients, septic patients, and other critical illnesses requiring care. As the regional referral hospital for all of Northwestern Ontario, it also requires accepting patient transfers from throughout the region.
5. If patient flow is not managed efficiently, acute care beds in the hospital are occupied by patients who no longer require the services of an acute care hospital. That means those needing acute care are not able to receive care in the right setting or have to wait for the appropriate care. This has impacts on the system as a whole and can often lead to poor patient outcomes, especially if a patient is awaiting a transfer.

6. Effective patient flow allows us to support the transition of patients who no longer require hospitalization into more appropriate care spaces. It also assists us in better meeting the needs of the community and region by freeing up hospital beds and easing pressures on the emergency department. This helps us to provide the best possible care for patients and get them a bed when acute care services are required.

B) The Impact of Bill 7

7. In my experience, there is no single solution to improve patient flow and support optimal patient care; instead, hospitals require a number of strategies. If patient flow is not supported, there remains the potential to back up emergency department wait times, reduce access to acute care beds and services, and not provide the services and care needed by many vulnerable patients. Adequate patient flow is a balance; it means supporting all patients to receive the right care, in the right place, and at the right time.
8. Recognizing that there have been several strategies that have come into effect in hospitals to improve patient flow, at TBRHSC, Bill 7 provides opportunity to initiate conversations and work with our partners, patients and families to identify alternative and appropriate spaces for patients who do not require the level of care provided in an acute care hospital.
9. Prior to COVID-19 and the implementation of Bill 7, we had a higher percentage of ALC patients, the vast majority of whom were waiting for long-term care (LTC) placement. **Since the implementation of Bill 7, the number of ALC patients waiting in hospital have decreased.**
10. We have also seen improvements in patient length of stay (LOS) related to improved flow out of the emergency department, **where overall LOS for admitted patients has been significantly reduced as compared to the situation before Bill 7.**

11. The measures implemented by Bill 7 have also allowed for a better system flow from our hospital to our partner rehabilitation sites. Where previously our experience would be about 1-2 patients transferred daily, we now see anywhere between 4-10 patients transferred daily. This is a direct result of our partner hospitals' ability to move patients to LTC and create capacity for patients requiring rehabilitation.
12. Since TBRHSC is the only tertiary acute care hospital in the entire region, a lack of acute care beds creates access issues for the regional and remote areas and impacts timely care and the health system as a whole.
13. Our system has a significant shortage of LTC beds for the size and population needs in Northwestern Ontario. This is a systems issue, and it requires a systems approach. The ripple effect of not having good patient flow across the system and utilizing all available beds and services has the potential to exacerbate the use of hallway medicine in emergency departments across the region and limit access to timely emergency care.
14. At TBRHSC, our experience has been that the measures provided for in Bill 7 provide opportunity for patients to wait in a non-acute alternative living space until their first choice of LTC facility becomes available. This has the potential to benefit both patients waiting for LTC and those acute care patients waiting for care in our hospital, as well as our hospital and health system partners.

C) Prioritization of hospital beds

15. Prioritization of hospital beds takes a multipronged approach to ensure supply and demand are adequately balanced. Patient and family centred care is always key and guides a compassionate and respectful discussion with each patient and family, no matter the setting. It is essential that

patients and families are supported to ensure there is access to the right care, at the right place and time for all patients.

16. Allocation of hospital beds is an ongoing challenge and requires system level supports to ensure bed availability meets an acuity level. Consider a patient who needs access to emergency or hospital services for an acute need and the hospital cannot accommodate their acute need due to capacity and flow challenges resulting from patients waiting for other levels of care that are available but not their choice. There are no available options for the acute care patient waiting to be admitted to hospital. This can have catastrophic implications on that acute care patient and lead to poor outcomes.

AFFIRMED BEFORE ME in the City of
Thunder Bay by Dr. Rhonda Crocker
Ellacott at the City of Toronto before me
on February 23, 2024 in accordance
with O. Reg. 431/20, Administering Oath
or Declaration Remotely.



.....
Commissioner for the Taking of Affidavits
Emily Owens 80144G



.....
DR. RHONDA CROCKER ELLACOTT

This is Exhibit "A" to the Affidavit of
Dr. Rhonda Crocker Ellacott affirmed before me at
the City of Toronto, in the Province of Ontario
on this **23rd day of February 2024**



A Commissioner for Taking Affidavits, etc.

Emily Owens 80144G
A Commissioner, etc.,

DR. RHONDA CROCKER ELLACOTT

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Ellacott4@hotmail.com

PROFILE

A strategic and visionary Health Systems Leader, known as collaborative, innovative, and results oriented. A trusted and respected individual, capable of challenging complex issues, building strategic partnerships, and inspiring a shared vision. A committed, passionate and trusted executive, energized by new challenges, passionate about patients and families at the centre of care, and driven to accomplish high level results. A highly engaged, values driven Chief Executive Officer with proven abilities to build partnerships, promote systems integration and lead people and teams to the next level of performance necessary to a build high performing organization.

SIGNIFICANT ACCOMPLISHMENTS

Creating and Operationalizing Vision

- Led the development, integration and transition process to Ontario Health North team from NE and NW Local Health Integration Networks (LHIN)
- Planned and transitioned staff into a newly inspired Ontario Health North team, advancing programs, systems and quality to better patient care outcomes
- Led the development of a new Strategic Plan for the Northwest Region LHIN 2019 / 2020 in keeping with the Integrated Health Services Plan for the Northwest.
- Integrated and streamlined Home and Community Care / LHIN operations into one fully integrated cross functional organization
- Redeveloped sub-region planning and regional blueprint for health across the Northwest through focused engagement with system partners
- Inspired a model and vision for "integration" of the Nipigon District Memorial Hospital (NDMH) and Nipigon District Family Health Team (NDFHT) with physician / staff engagement and support
- Developed and integrated the NDMH and NDFHT Board and operational leadership in support of a seamless health systems plan for the community
- Led the creation of a new Mission, Vision, Values and Philosophy of Care for NDMH
- Collaborated to create a new 3 year Strategic Plan for NDMH – engaging the community, systems leaders, and partners
- Responsible for the development and implementation of the Patient and Family Centred Care (PFCC) Strategy / Vision at Thunder Bay Regional Health Sciences Centre (TBRHSC) - Board, Senior Team, and entire organization
- Inspired and implemented a new Professional Practice Model / best practices for each discipline at TBRHSC from 2 legacy sites and vastly different practice environments to one integrated model / structure
- Rationalized services from multi-site operation to two rationalized single sites and then to one comprehensive single site - integrating cultures / care
- Experienced Board Member, Chief Executive Officer (CEO), and Senior Clinical Executive – advancing and leading the development of corporate strategy and vision

Leadership Operations and Innovation

- CEO and Senior Executive with over 30 years experience in complex health care environments, from inspiring innovation and vision, to leading health care systems planning, design and delivery to the management of clinical / strategic operations to advancing strategic and corporate functions including business, planning, finance and human resources
- Administratively managed in excess of 2.3 Billion in operational funding, with 545 services accountability agreements across over 233 health services providers, including 37 hospitals
- Leader in design concept to program delivery – developing innovative solutions to complex challenges in full North Lab Design to Critical Care i.e. Regional Critical Care Response Program

(bringing Medical Emergency Team concept to all regional hospitals throughout NWO- standardizing practice, streamlining transfers, and enhancing care outcomes), Cataract Monitoring Nurse; Regional Orthopedics

- Developed strategy to engage and innovate with teams (Paediatric Interprofessional Rounding) to improve interprofessional collaboration, communication, and quality, while decreasing lengths of stay, and creating systems to engage patients and families while supporting improved transitions of care
- Facilitated the development of a Closed Board Model – for NDMH
- Led the engagement, integration of bylaws, and operationalization of a joint integrated Board of Directors for NDMH and NDFHT
- Developed the first Patient and Family Advisory Team for TBRHSC
- Led Corporate Plan to integrate Patient and Family Advisors throughout TBRHSC
- Created corporate PFCC strategy, corporate roll out, scorecard, accountability, and organizational resource and support plan for PFCC
- Led Patient Flow Improvement across Emergency, Medicine and Surgery - decreasing Emergency LOS and improving length of stay
- Developed first Bariatric Surgical Program and Clinic serving Northwest Ontario with initial funding support to TBRHSC of 1.96 million
- Developed Paediatric Bariatric program supporting the needs of children / youth in NWO
- Experienced Regional Systems Corporate Command Lead – leading the Full North Team in the COVID-19 response across acute care, Long term care, supply chain, to Indigenous response

Developing Strategic Partnerships / Health Systems Planning

- Developed and advanced and delivered an integrated health systems response structure for COVID-19 for the full Northern Region – from the Manitoba to Quebec Borders.
- Established a Lab Services Testing and Response Plan for the Full North, collaborating with ORNGE, PHO, Ontario Health as well as health services providers
- Developed and implemented a fully engaged Indigenous Health Services Director Response system to promote, engage and respond to First Nations Community Needs initiated through COVID-19.
- Engaged Indigenous Leaders in a Northern Indigenous Council – leading and facilitating health system response and planning across the region
- Implemented a Health System Capacity Plan for Acute care, and Critical Care across the North in preparation for COVID-19
- Established and deployed a Long Term Care Response Strategy for all Northern LTC facilities – in collaboration and with the support of PHU and Acute care hospitals and home care providers
- Developed / Implemented first in class, Best Practice Spotlight Organization (BPSO) Host Organization status for the NW LHIN – advancing best practice guidelines across the NW region – including into First Nation Communities
- Achieved from inception to declaration - RAO BPSO Status for TBRHSC, NDMH (LTC)
- Provincial Executive Mentor BPSO partner
- Advanced Indigenous Health Council Strategy across the NW LHIN – leveraging and building community partnerships across Treaty areas to advise current and future Ontario Health / Ontario Health Teams in the NW
- Led Regional Child and Adolescent Mental Health (CAMH) Program Review - building community / regional partnerships, collaborating with physicians, staff - improving care, realigning overall program mandates and adapting care / systems to meet the needs of children and youth in the community and region
- Collaborated with rural / remote indigenous communities, system partners and the region to lead the development of overcapacity proposal / regional crisis response plan for CAMH – securing health equity funding to improve access to care for regional indigenous community youth, regional hospitals and remote northern communities
- Executive Lead to Council of Academic Hospitals (CAHO) / ARTIC research study implementation – facilitating partnerships with academic health sciences centres to advance the adoption of best practices i.e. enhanced recovery after surgery program to create better outcomes for colorectal surgery patients; ED cervical spine protocol; Patient oriented discharge summaries etc.

- Collaborated to develop Cardiovascular Surgery proposal – University Health Network / TBRHSC / MOHLTC
- Partnered with Life Labs to create strategic relationship to better optimize care and testing both within TB / District – supporting right time / place for community lab patients, while maintaining/improving services for hospital patients
- Partnered with St. Josephs Care Group (SJCG) / Community Care Access Centre (CCAC) to develop a coordinated wound care strategy for community
- Partnered with regional hospitals, community partners, to develop responsive systems overcapacity strategy
- Developed Corridor of Service Agreement with Hamilton Health Sciences Centre for Neurosurgical care
- Developed Partnerships and Shared Service Agreements for the delivery of Rehabilitation Services, DI, Lab, CR (SJCG); utilization of diagnostic equipment for mixed research use (Thunder Bay Regional Research Institute); and, independent/ partner agency access
- Developed and led the first regional Chief Nurse Executive (CNE) Network for LHIN 14
- Actualized the integration of NDMH and NDFHT into one joint Board of Directors, with joint bylaws
- Led the development of shared services agreements to integrate and operate health, and business operations between NDMH / NDFHT

Inspiring / Improving Quality, Access to Care and Best Outcomes

- Improved quality metrics and care outcomes in Home Care – addressing referral acceptance, missed visits, and quality outcomes.
- Focused Improvement Strategies across the North to advance regional Diabetes Strategy in Home Care, Mental Health and Addictions planning, and Regional Wound Care
- Established a Mental Health Strategy across the North – advancing needs based system of care for planning and implementation in collaboration with the Centre for Addictions and mental health
- Led local health system planning to integrate and align provincial strategies with unique requirements of the Nipigon / Red Rock area
- Collaborated with Red Rock Indian Band to advance pre-planning for renal care within the health service and local area
- Engaged the community leaders / council partners in the Nipigon area to address and move forward local health system planning – engaging and advancing leaders to resolve local health systems issues
- Collaborated with physicians, interprofessional teams to reduce time to surgery for fractured hips to within 48 hour time to surgery - improving access and outcomes for patients
- Achieved RPNAO Employer Award of Excellence for innovation/ creativity in designing optimal health care environments- implementing new scope of practice / optimize care roles
- Developed a Provincially Modeled Nursing Sustainability Plan responding to the MOHLTC 70% Full Time Nurses initiative to successfully bring about a shift from 47% full time to 71% full time: known by the MOHLTC as a leading practices 70/30 site
- Researched the role of Nurse Interns in general and specialty nursing units: leveraging annualized funding to support the study outcomes of increased recruitment, and retention at a 20% improvement rate after 3 years (80 vs. 100%)
- Advanced Clinical tactics in care -reinvesting time to care– improving communications, safety and quality
- Instituted Best Practice Innovations to improve care i.e. Leader Rounding, Interprofessional Rounding, DC call backs, NOD
- Reducing inequities across the LHIN through the development of Regional Programs: Orthopedic Program, Regional Critical Care Response, Endoscopy, Pharmacy, Human Resources etc.

Promoting a Performance Culture

- Improved Home Care assessment / reassessment rates establishing the NW LHIN as leaders in the province for care coordination reassessment
- Led the development of efficiency management strategy within NW LHIN operations, reducing costs by 18.9 % and 2.5 M. while conserving jobs and effectively creating cross functional teams to manage operations

- Engaged staff in transparent and engaging leadership staff sessions, leading to staff retention and satisfaction in an environment of constant change and uncertainty
- Created Overtime Reduction Strategy saving over \$1 million annually
- Recognized provincial leader – ED performance - lowest ED ambulance offload delay times – implemented strategy to reduce delays from >30 minutes to within 6 minutes
- Leveraged approximately 2 million in funding to support Pay For Results Performance Corporately – driving performance improvement and creating performance improvement strategies to optimize wait times, patient experience and flow
- Led the development of a nursing human resource strategy to optimize care and workflow – resulting in the initiation of the Nurse Resource Management saving \$871,000 annually
- Improved “all dimensions” patient satisfaction 11-21% during first 18 months of PFCC introduction
- Developed Patient Family Advisory Program - now recognized as a leading practice by Accreditation Canada
- Reduced Ventilator acquired pneumonia rates to zero through strategies aimed to streamline and create consistent paths for insertion processes

CAREER HISTORY

PRESIDENT & CHIEF EXECUTIVE OFFICER THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE CHIEF EXECUTIVE OFFICER

THUNDER BAY REGIONAL HEALTH RESEARCH INSTITUTE **Nov 2020 – Present**
PRESIDENT & CEO OF AN ACUTE CARE TEACHING HOSPITAL WITH A CAPACITY OF 425 BEDS, AN OPERATING BUDGET OF OVER \$400M, AND EMPLOYING OVER 3,000 STAFF. ALSO THE CEO OF THE HOSPITAL'S HEALTH RESEARCH INSTITUTE, FACILITATING CLINICAL RESEARCH SPECIFIC TO THE REGIONAL HEALTH NEEDS OF A REMOTE AND RURAL ENVIRONMENT.

CHIEF EXECUTIVE OFFICER

NORTHWEST / NORTHEAST LOCAL HEALTH INTEGRATION NETWORK **2019 – Nov, 2019**
RESPONSIBLE AS THE HEALTH AUTHORITY FOR THE FULL NORTH REGION PROVIDING THE REGIONAL ADMINISTRATION OF PUBLIC HEALTHCARE SERVICES SPANNING APPROXIMATELY 90% OF ONTARIO'S LAND MASS, SERVING A POPULATION OF 780,140. ACCOUNTABLE FOR THE ADMINISTRATION OF HEALTH SERVICES THROUGH 233 HEALTH SERVICE PROVIDERS WHILE DIRECTLY OPERATING 200 M IN DIRECT SERVICES INCLUDING HOME CARE WHILE FUNDING 2.3 BILLION IN TRANSFER PAYMENTS ACROSS 545 SERVICE ACCOUNTABILITY AGREEMENTS.

TRANSITIONAL REGIONAL LEAD ONTARIO HEALTH NORTH

2019 – Nov, 2019
RESPONSIBLE FOR HEALTH SYSTEM TRANSFORMATION, DESIGN AND THE DEVELOPMENT IN COLLABORATION WITH CORPORATE ONTARIO HEALTH, DEVELOPING AND INTEGRATING OPERATIONAL FUNCTIONS / SERVICES TO BETTER THE DELIVER SERVICES TO MEET THE NEEDS OF PATIENTS, FAMILIES AND PROVIDERS ACROSS THE NORTH.

CHIEF EXECUTIVE OFFICER NORTHWEST LHIN

2018 – 2019
RESPONSIBLE AS THE HEALTH AUTHORITY FOR THE NORTHWEST PROVIDING THE REGIONAL ADMINISTRATION OF PUBLIC HEALTHCARE SERVICES ACROSS 47% OF ONTARIO'S LAND MASS, SERVING A POPULATION OF 228,000 PEOPLE AND ADMINISTERING 706 M IN FUNDING ACROSS 89 HEALTH SERVICE PROVIDERS AND 20 SERVICE PROVIDER ORGANIZATIONS, WHILE DIRECTLY OPERATING 69 M IN DIRECT SERVICES INCLUDING HOME CARE OPERATIONS.

CHIEF EXECUTIVE OFFICER NIPIGON DISTRICT MEMORIAL HOSPITAL, NIPIGON, ON CEO NIPIGON DISTRICT MEMORIAL HOSPITAL PRESIDENT AND CEO OF REGIONAL 38 BED FACILITY PROVIDING HEALTH CARE SERVICES INCLUDING 24 HOUR EMERGENCY, CARDIAC CARE, INPATIENT ACUTE, PALLIATIVE, LONG TERM, CHRONIC CARE AND RESPITE SERVICES.	2015 – 2018
EXECUTIVE VICE PRESIDENT THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE, Thunder Bay, ON EXECUTIVE VICE PRESIDENT, PATIENT SERVICES & CHIEF NURSE EXECUTIVE SENIOR HEALTH CARE EXECUTIVE RESPONSIBLE FOR CLINICAL OPERATIONS OF CRITICAL CARE/ TRAUMA / EMERGENCY, WOMEN’S AND CHILDREN’S, SURGICAL AND AMBULATORY CARE, DIAGNOSTIC SERVICES, CORPORATE PROFESSIONAL PRACTICE AND NURSING. ANNUAL OPERATING BUDGET APPROX. \$135 MILLION.	2013 – 2018
THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE, Thunder Bay, ON EXECUTIVE VICE PRESIDENT, PATIENT CARE, HEALTH PROFESSIONS & CHIEF NURSE EXECUTIVE	2011 – 2013
THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE, Thunder Bay, ON VICE PRESIDENT & CHIEF NURSE EXECUTIVE	1996 – 2011
LAKEHEAD UNIVERSITY ADJUNCT FACULTY MPH / FACULTY OF GRADUATE STUDIES	April 2004– 2015
HOGARTH WESTMOUNT HOSPITAL CLINICAL NURSE SPECIALIST	1995 – 1996
LAKEHEAD UNIVERSITY CLINICAL INSTRUCTOR, NURSING	1994 – 1995
PORT ARTHUR GENERAL HOSPITAL / CANCER CENTRE REGISTERED NURSE – SURGERY, MEDICINE, PEDIATRICS, ONCOLOGY	1991 – 1995

COMMUNITY SERVICE

Member, Death Investigation Oversight Council – 2024 to present
Member, Board of Directors, Mohawk Medbuy Corporation - 2021
Ontario Health / Agency Executive Sponsor – Transition Team – 2019 to 2020
MOHLTC / LHIN Executive Leadership Team – 2018 - 2019
Co-Chair CEO Lead Home and Community Care - 2019- 2020
Co-Chair CEO Lead Pan-LHIN Communications – 2019 - 2020
Member, Board of Directors, NorthWest LHIN – 2018-2019
Ontario Hospital Association (OHA) Steering Committee – Patient Experience – 2016 – 2018
Critical Care Services Ontario (CCSO) Provincial Critical Care Executive NWLHIN – 2017 – 2018t
Member, Integrated Board of Directors NDMH / NDFHT – 2017 to 2018
Member, Board of Directors – Thunder Bay Regional Health Sciences Centre – 2011 –2018
Founding / Inaugural Chair – Northwest Regional CNE Network – 2010 - 2018
Member – ED/ Critical Care LHIN – Advisory, 2009 – 2018
Academic Hospitals of Ontario – CNE Executive 2008- 2010, 2014 - 2018
Member – CNE / AHO group 2007-2018
Member at Large, Nursing Administration – RNAO Board of Directors – 2015 – 2017
Chair, Finance Committee, RNAO BOD – 2015 – 2017
Member, NLN, Board of Directors – 2015 – 2017
Member, Board of Directors, Nipigon Family Health Team – 2015 – 2017
Member, Board of Directors, Nipigon District Memorial Hospital – 2015 - 2017

Provincial Child / Youth Mental Health Bed Registry Advisory – 2015 - 2017
 Member, CAHO Practice & Education Committee – 2010 - 2016
 Founding Board Member – Kinloch Manor Residential Hospice, 2005 – 2007
 Co-Chair – Clinical Practice Advisory: Kinloch Manor, 2005 – 2007
 Member – Clinical Placements in Nursing Advisory - CASN, 2005 – 2008
 Founding Board Member / Secretary – Northwestern Ontario Asthma Clinic, 2002 - 2006
 Board Member – Northwestern Ontario Pastoral Institute, 1996 – 2000
 Member, MOHLTC – Special Lab Advisory Committee, 1999 - 2001
 Member, Ontario Hospital Association Lab Advisory Committee, 1999 – 2001

OTHER ACTIVITIES AND ACHIEVEMENTS

Ministers Medal – Finalist – Patient Family Centred Care -2017
 Margaret Ruth Page Nursing Lectureship Award – Lakehead University, 2015
 Operations Leadership - Executive Intensive - Queens School of Business, 2013
 Accreditation Canada – Leading Practice in Patient Centered Care – 2013
 Founding Chair – Northwest Chief Nurse Executives Network 2010 – 2012
 MOHLTC Innovation Award Finalist – Improving Patient/Resident Centeredness, 2010
 RPNAO Employer Award of Excellence - 2006
 Co-Lecturer, National Nursing Recruitment & Retention Program, Federated Press, 2005-2006
 President's Award – TBRHSC – 2004

RELEVANT PROFESSIONAL PEER REVIEWED PUBLICATIONS & ADDRESSES

1. Transitions in Care and Services: 2nd Edition, Expert Panel Member (June, 2023)
2. "Health Human Resources Planning: Aligning Vision and Strategy for Best Outcomes" – with Denise Cole - Assistant Deputy Minister– Oral Presentation and Panelist: 6th Annual RNAO Nurse Executive Leadership Academy. Niagara on the Lake – March 2017
3. "Leading Cultural Transformation and Change: PFCC." Webinar / Oral Presentation: OHA. 2016
4. "Conversation on Championing Quality: Patient & Family Centred Care." Oral Presentation: OHA Driving Health Care System Transformation. Sudbury, April 2014.
5. "Leading the way with Patient Family Advisors." Oral Presentation: The Change Foundation. Regional Patient Engagement Forum: Nothing About Me Without Me. Thunder Bay, April 2014.
6. "Professional Comportment." Oral Presentation: Nursing Leadership Network- Learning from the Patient Experience. Toronto, March 2014.
7. Sutherland, L., Dampier, S., Sevean., Seeley, J., & Crocker Ellacott, R. (2013) "Professional Comportment: Nurses, Patients and Family Survey." Canadian Journal Of Nursing Leadership., 26(2), 44-58.
8. "Role of Nursing Leaders in Advancing ECFAA." Speaker and Panelist .Nursing Leadership Network of Ontario: Setting the bar for a high performing health care system. Toronto, March 2011.
9. "Nursing Uniforms: Attitudes and Beliefs." Presentation. Nursing Leadership Network of Ontario: Leading with Confidence & Creativity Conference, Toronto, March 2010.
10. "Engaging in Caring Together: An Integrated Best Practices Approach to Patient & Family Centred Care and Flow". OHA Health Achieve Innovations Expo Poster Presentation. Toronto, November, 2009.
11. "Bridging the Gap: Investing in Nurse Internships – Investing in Care" OHA Health Achieve Innovations Expo– Poster Presentation, Toronto, November 2009.
12. "Preventing Workplace Violence: Enabling a Culture of Respect." Panelist. OHA, Thunder Bay, June 2008.
13. "Nursing Recruitment & Retention." Presentation. Federated Press. National Nursing Recruitment & Retention Program. Toronto, 2005-2006.
14. "Creating Nursing Best Practice Councils / Shared Governance." RNAO: Healthy Workplaces Conference. Toronto, 2005.
15. "Model of Care Influences on Patient Care Outcomes." RNAO Nursing Leadership Conference. Toronto, 2000.
16. "Heparin vs. Saline for Intermittent Infusion Lock Irrigations." RNAO Nursing Research Forum Publication. Nursing Research Interest Group. Fall 1995.

EDUCATION

Executive Leadership Intensive

Queens University, Smith School of Business, 2015

**Doctor of Education: Human Services Administration
(minor Health Care Administration)**

University of Sarasota, FL 2001

Master of Arts Nursing: Clinical Nurse Specialist

The College of Saint Scholastica, Duluth, MN 1993

Honours Bachelor of Science in Nursing

Lakehead University, Thunder Bay, ON 1991

PROFESSIONAL AFFILIATIONS

Canadian College of Health Leaders

Sigma Theta Tau International Honour Society of Nursing

Registered Nurses Association of Ontario – Nurse Leadership Network

College of Nurses – Registered Nurse

REFERENCES

Available Upon Request

ONTARIO HEALTH COALITION AND
ADVOCACY CENTRE FOR THE
ELDERLY

(Applicants)

HIS MAJESTY THE KING IN RIGHT OF
ONTARIO AS REPRESENTED BY THE
ATTORNEY GENERAL OF ONTARIO,
THE MINISTER OF HEALTH, and THE
MINISTER OF LONG-TERM CARE

(Respondents)

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**ONTARIO
SUPERIOR COURT OF JUSTICE**

**AFFIDAVIT OF DR. RHONDA CROCKER
ELLACOTT**

Ministry of the Attorney General
Constitutional Law Branch
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Of Counsel for the Respondents