

STATEMENT OF COLLABORATION

BETWEEN

ECHO Coping with COVID

AND

Participating Spoke Provider

I. PURPOSE

ECHO Coping with COVID is a virtual education and capacity building program that aims to build a community of practice, promote resilience, provide skills and resources, and support overall mental wellbeing amongst healthcare providers and residents currently supporting the COVID pandemic. The purpose of this STATEMENT of COLLABORATION is to continue to develop and foster ongoing collaboration between ECHO Coping with COVID and each Spoke Participant. This collaboration is defined below.

Definitions

Hub: Our interdisciplinary CAMH /Affiliate Hospital health team.

Spoke: Care providers and residents who participate in ECHO Coping with COVID.

II. COMMITMENT TO COLLABORATION – THE HUB

In the spirit of collaboration ECHO Coping with COVID is committed to working with the Spokes. The Hub offers to do the following:

1. Offer didactic presentations via videoconference on a wide range of mental wellness topics that are relevant to health care providers from a wide range of disciplines, and residents, during the COVID-19 pandemic.
2. Discuss de-identified or fictitious cases presented by Spokes and provide timely suggestions for care.
3. Provide appropriate IT user support to facilitate connectivity and participation in ECHO.

III. COMMITMENT TO COLLABORATION – THE SPOKE

In the spirit of collaboration, you will be consenting to fully participating in the ECHO Coping with COVID. In order to be designated as an active participant, you agree to:

1. Providing comments and asking questions
2. Completing periodic surveys and other evaluation tools to help us improve our services.
3. Inform the ECHO Coping with COVID team if you plan to invite a guest to the session, to ensure appropriate confidentiality forms are signed.

IV. PATIENT/PROVIDER/RESIDENT RELATIONSHIP DISCLAIMER

Please note that any ECHO Coping with COVID content (e.g. case presentations, didactics, Q&A, discussions) do not create or otherwise establish a provider-patient/client relationship between any ECHO Coping with COVID Hub Clinician and any patient/client/provider/resident whose case is being presented/discussed in an ECHO Coping with COVID session (the “Session”). The Spoke understands that recommendations from the Hub do not in any way replace the diligence and professional expertise to be exercised by the Spoke sites with respect to their patients/colleagues and any clinical advice given thereto.

V. DE-IDENTIFIED INFORMATION NOTICE AND CONFIDENTIALITY

Please note that no patient/provider/resident identifiers are to be used within any ECHO Coping with COVID session, document, and communication correspondence. At no time shall any identifiable personal information or personal health information of patients/healthcare providers/residents be included in the documents or correspondence between the Hub and the Spoke or as part of the Sessions. **If, for whatever reason, personal information or personal health information of a patient is inadvertently disclosed in a Session, the disclosing Spoke clinician shall be responsible for ensuring that the privacy breach is addressed in accordance with the internal privacy policies and procedures of that Spoke.**

The parties understand and agree that any information (including, without limitation, case presentation forms and any other relevant documentation or information) received as part of the Sessions shall be kept confidential and only used in connection in the context of the ECHO Coping with COVID collaboration and for the purposes described in this statement of collaboration.

VI. DATA USE NOTICE

The Spoke understands that the following data will be collected for reporting purposes:

1. In order to meet our MOH funding deliverables, ECHO Coping with COVID collects participant data for quarterly and annual reports that are submitted directly to the MOH. Any public dissemination outside of the MOH is anonymized. If ECHO Coping with COVID shares any data/documentation for use outside of MOH reporting, participant name will be removed but

the name of the organization will be included. Those working independently will be identified as “Solo Practitioner”. Any quotes that may be shared outside of MOH reporting will be identified as “[Profession], [ECHO Name]”.

2. In order to support quality improvement and quality assurance, the ECHO Ontario Superhub collects participation data for each ECHO program in Ontario, including ECHO Coping with COVID. This data allows ECHO Ontario to measure, analyze, and report on the model’s reach within Ontario. Your data will be used in reports for evaluation, quality improvement and quality assurance purposes. If shared for use outside of Superhub reporting, participant name will be removed but the name of the organization will be included.

VII. RECORDING, PHOTOGRAPHS, AND GUESTS

The Spoke understands that the sessions will be recorded by the Hub for educational and/or evaluation purposes and agrees to ensure that all discussions regarding any cases and individuals are carried out in a manner that ensures anonymity and protection of privacy for the subjects of such discussions. For greater clarity, in the event that any personal information or personal health information is inadvertently disclosed as part of a Session, such information will be edited out of any recording. In addition, the Spoke understands that it shall not be permitted to record any Sessions.

The Spoke understands that from time to time the Sessions may be photographed, and such photos may be used by ECHO Coping with COVID internally, or may be shared externally on websites or with media outlets for the purposes of describing or otherwise promoting or profiling the work of the ECHO Coping with COVID initiative. Prior to joining the program, we request that you indicate your preferences around photo use: specifically, whether you wish to be visible in the photos shared, or not. **Please indicate your preference to the ECHO Operations Team in the registration form.** Those who do not share their preference will have their photographs blurred in group photographs shared externally.

From time to time guests may join an ECHO Session provided that they have obtained approval from the ECHO team, and provided that such guests sign off on a confidentiality agreement prior to the Session. If a guest attends multiple sessions, they will be contacted by a member of our team and asked to fully complete our registration process.

VIII. SIGNATURE

Signature: _____ Date: _____