IN SEARCH OF DISRUPTIVE INNOVATION

Dr. Michael Apkon believes we have a unique opportunity to create new models of care

THE EMBODIMENT OF CHOICE

Elyse Banham of the Ottawa Birth and Wellness Centre looks toward partnerships, community outreach and growth

A CHAMPION FOR FAIRNESS

The Office of the Patient Ombudsman releases its first report
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Credits:

Cover photo courtesy of The Hospital for Sick Children (SickKids)
Birth centre photo (p 9) by Christine Crook
“Progress is impossible without change...”

By Catherine Gaulton

Being a change maker is no easy task – especially in healthcare. On any given day it can be trying, to say the least. But even with its challenges, this role is one that so many of you wear proudly on your sleeves because on the best days, the result of the work you do is brilliant and life-changing. You have impact.

I recently found myself reflecting on my first year at HIROC. As I sat and thought about my experience working with HIROC’s engaged Board of Directors, our staff and our dedicated subscribers, two words circled in my mind: change and resilience.

In healthcare – like most industries – these two words go hand-in-hand. As George Bernard Shaw put it so well, “Progress is impossible without change. Those who cannot change their minds cannot change anything.” In healthcare, our minds must constantly be open to change, to new strategies, to innovation.

But we must also be resilient. In these uncertain times I’ve been amazed by your resiliency, your ability to wake up every morning and navigate the many changes and stresses on the system while keeping safety top of mind.

These two words were the thread woven through many of the events of 2017. Healthcare organizations experienced financial stresses, regulatory changes, and increasing pressures from risks related to cyber and privacy (to name a few).

In the midst of all these stresses and changes, we found new ways to partner and come together for a common cause. And I believe we’ll see even more of this in 2018.

This year’s HIROC Conference – Leadership Matters: A Focus on Risk and Safety – will certainly follow this same thread. Our goal is to bring change makers together to spark knowledge-sharing, conversation, and innovation. We want to be a part of the dialogue and work with you to find a path forward. It is my sincere wish that you will join us for the event on April 30, either online or at the Toronto Congress Centre.

I look forward to connecting with all of you throughout the year. Let’s drive change together.

Catherine Gaulton is HIROC’s CEO.
Follow Catherine on Twitter @CaGaulton.
Some days it might feel like we’re there, but The Hospital for Sick Children (SickKids) President and CEO Dr. Michael Apkon says we have some work to do before we see the kinds of patient-driven experiences that have disrupted many other industries.

At a Breakfast with the Chiefs talk in November, Apkon took a surprising and interesting leap into the past, giving delegates a quick lesson on the evolution of our healthcare system. We shouldn’t even try to predict where we’re going, he says, if we don’t appreciate how and why our system has evolved.

As he sees it, healthcare has developed through a series of stages – Healthcare 1.0 where we treated relatively simple episodes of care to Healthcare 2.0, treating very complex, but still few, episodes of care. The real changes started happening in the Healthcare 3.0 era – the era we’re in now in Canada – where care is a continuous service that addresses everything from prevention through disease management and rehabilitation in a coordinated way.

This might look like progress, but to Apkon, the pace of healthcare evolution is accelerating. “We have barely scratched the surface of the kinds of empowerment and
engagement that other industries have achieved through digitization and other approaches,” he says. “That will be something completely different – a Healthcare 4.0.”

A need for different models

Apkon traces the path to today – a time characterized by specialization and “a march towards greater value” – in a hopeful and somewhat nostalgic way. “With every evolution in healthcare, the importance of the prior pieces don’t go away. They very much remain but they are no longer sufficient in meeting people’s expectations,” he says.

As a physician, healthcare administrator and engineer, Apkon is trained to cast his gaze to other countries, other industries and other disciplines in the process of developing strategies for care delivery at SickKids. He sees his role and that of his leader colleagues as examining current models and looking for new ones - “That’s the engineer in me,” he says. If you want to have different outcomes, you need to build different models.

Along with his leadership team, Apkon has been dedicated to building on SickKids’ reputation as an iconic, field-shaping organization. “With the focus of our strategic plan, Building Connections and Accelerating Impact, it’s all about investing in two things - talent and integration.”

Predictably, not all of SickKids’ partnerships are within healthcare, a move Apkon says eases the friction between the larger system and local providers. “Technology is the great enabler,” he says. The Hospital is now working on an initiative with the SickKids Foundation called Technology for SickKids and is implementing a sophisticated electronic health record (EHR) for sharing patient data across the organization and with partners.

Where a market opportunity exists, someone will go after it

Before coming to Canada, Apkon was Chief Medical Officer for the Children’s Hospital of Philadelphia (CHOP) and prior to that held several senior executive roles at Yale New Haven Health System. He continues to be impressed with the pace of change south of the border. “In the U.S. I’ve found they embrace a philosophy of disruptive innovation because organizations know that where a market opportunity exists, someone is going to go after it.

That means if you aren’t part of the disruption, your own business may be disrupted by someone else.”

The challenge of unlocking data and overcoming regulatory restrictions has been a problem in several U.S. jurisdictions. Using a disruptive approach, their solution was to come together in clinically integrated systems that collaborate to care for large populations and deliver a wide range of services.

Apkon would love to see a similar evolution in Canada’s approach to reshaping healthcare. “We have a unique opportunity in Ontario to create new models of care,” he says. “Unlike other provinces that have more centralized systems, our organizations are fairly autonomous and that creates greater freedom to innovate as well as more sparks for innovation. We should be taking advantage of that freedom.”

That philosophy is guiding the way some of the most powerful healthcare systems in the U.S. are reaching down into local systems. Apkon admits he was skeptical when he saw Cincinnati Children’s Hospital creating a plan for tackling paediatric health issues in the city’s socio-economically challenged areas using a population health approach – leveraging school clinics, fire departments, and many other community agencies. “I wondered, how could they have an impact?”

But the results have been impressive – particularly with children suffering from asthma. “The quality of their work in addressing the social determinants of care is very high,” he says. “It shows what can happen if an organization takes on a broader mandate.”

The evolutionary path we are on in healthcare is inevitable, says Apkon. “If we don’t go there, someone else will innovate around you. People will simply not settle for less in healthcare than they expect in other industries.”

Ellen Gardner is Senior Specialist, Communications and Marketing, HIROC
Staying cool during a freeze-up

Frozen pipes: why they occur and how to avoid them

By Michelle Holden

Wind, rain, extreme heat, frigid temperatures... for better or worse, Canadians seem to experience it all. The variability of our climate is such that we have to adapt and prepare for anything.

For HIROC subscribers, year-round preparedness is paramount, yet property incidents can still follow seasonal trends, especially when we are faced with winter cold snaps and deep freezes. During these colder months we tend to see higher numbers of cases of weather-related incidents like frozen or burst pipes - a common yet potentially very costly event.

Why do freeze-ups occur?

While our healthcare facilities are normally built with climate in mind, freeze incidents typically result from changes in the facility, such as a water heater breaking down or simply a window left open.

Pipes or sprinklers near doors and windows are frequently at risk. If there is frozen water in the piping it can expand, causing a weak point in the pipe to crack or to give way at a joint. Any unfrozen water will start leaking out.

How to avoid freeze-ups:

- For idle or vacant buildings, ensure temperature monitoring is in place at all times.
- Have emergency heaters and back-up power ready to go.
- Assess the quality of sprinkler lines and pipes near doorways.
- Ensure the building alarm is connected to a security service or by a continuously touring watch service.
- Account for human error such as windows and doors left ajar.
- Arrange frequent meetings with facility staff to assess the facility as well as freeze plans.

The most important thing is to keep freeze hazards top of mind in winter months. In areas where freezing temperatures are common it’s easy to overlook the small areas that can make a difference. Make sure all staff are trained to know the signs and how to act in the event of a freeze-up.

Above are just a few of the common tips to avoid frozen pipes. For a more extensive list, review FM Global’s Freeze-up Emergency Checklist. Also refer to HIROC’s Risk Reference Sheet on Water Damage.

Subscribers with questions about freeze-ups and property coverage can reach out to Shahbaz Haque, HIROC’s Manager, Brokerage Operations at shaque@hiroc.com.

Michelle Holden is Communications and Marketing Specialist, HIROC
A new podcast from HIROC

Honest and meaningful conversations with Canada’s healthcare leaders

Imagine you could step inside the minds of Canada’s healthcare leaders, glimpse their greatest fears, strongest drivers, and what makes them tick. Welcome to Healthcare Change Makers, a podcast from HIROC where we talk to those leaders about the joys and challenges of driving change in our complex and demanding healthcare organizations.

Healthcare Change Makers is being launched in early March. You can listen to it on iTunes, Stitcher, TuneIn, Google Play, and Spotify. In our first episode, we’ll be talking to Sarah Downey, President and CEO of Michael Garron Hospital. In just three years, Sarah has overseen the rebranding of the hospital, a massive and ongoing redevelopment project, and with her own special blend of strength and compassion is inspiring the MGH community to change the face of health in East Toronto and beyond.

Here is a preview of our conversation:

HIROC: What was it that motivated you to get into healthcare?

Sarah: My dad reminds me that from a very young age, I used to say that I wanted to run something. I liked the idea of health – when I was finishing my undergraduate degree, I went to the careers office and saw a pamphlet for the Masters in Health Administration program at U of Ottawa. It’s a business but it’s a health business and so it’s a business with purpose. It started me on a path towards healthcare administration that I’ve never looked back on.

The people and the purpose of healthcare is incredibly strong. I can tell you after 25 years in this business no two days have felt the same, or presented me with the same challenge and opportunity. To serve the people who work so hard in healthcare and serve the patients and families who need a strong healthcare system has provided me the immense motivation to keep trying to make it all better. ●
“She sounded like Wonder Woman,” said Elyse Banham, Executive Director of the Ottawa Birth and Wellness Centre. Banham was describing a friend – a midwife – who inadvertently put her on a new career path when she received a call from a patient in labour. “I heard her walk through the birth over the phone and then she sped off to deliver a baby.” It was in that moment, Banham says, that her friend’s empathy, clinical expertise and immediate control of the situation really struck her. “I thought – that’s how I want to deliver healthcare.”

In March of 2012 the Government of Ontario approved the funding of two new birth centres in Ontario (Toronto and Ottawa), both opening in early 2014 and joining HIROC as subscribers. At that time, Banham who was in training to become a midwife, attended the first birth at the Toronto Birth Centre as a Clerk.

“Birth centres are the embodiment of choice,” says Banham. “Having the option to birth in a place that provides comfort, accessibility and dignity is what midwives were fighting for.” Perhaps it was fate that brought Banham to the Ottawa Birth and Wellness Centre as Executive Director in the fall of 2017.

But Banham’s road to the Centre wasn’t a straight shot. After training and practicing as a midwife, she was offered a job in government which would see her working on files like gender policy and sexual misconduct in the military. “I wanted to use my background in political sciences and midwifery to help inform those policy discussions.”

When Banham read the posting for Executive Director of the Centre, she hesitated at first. “I had spent the last two years strategizing how to get women into leadership and there I was finding reasons not to apply.” Ultimately Banham saw it as another way to marry her two passions – healthcare advocacy and government work.

Running an Independent Health Facility

Today – at the helm of one of Ontario’s two birth centres under the Independent Health Facilities (IHF) legislation – Banham spends her days bringing together the partners that make the Centre run smoothly. As a part of their funding agreement, the Centre reports to the IHF on a quarterly and annual basis.

When asked about their work with the College of Midwives of Ontario (CMO), Banham was very forthcoming: “We have a really strong relationship with the College.” Both she and Kelly Dobbin, CMO’s CEO and Registrar, are former midwives with experience in government. “We have a certain level of understanding as to where midwives and government come from on a number of issues.” The Centre reports to the CMO with regard to regulatory questions and safety standards and views them as an integral partner in its work.
While Banham wasn’t at the Centre during its early days, she has high praise for their inaugural Executive Director, Wendy Grimshaw. Coming from a financial and health administration background, Grimshaw put the policies, procedures and systems in place for a safe facility. “Wendy’s passion is in organizing chaos and growing organizations from the ground up – she is the best at it,” said Banham. “Without her, our operation would not be running as smoothly as it is today.”

In this next phase of the Centre’s existence, Banham says the focus will remain on safety, while looking toward partnerships, community outreach and growth.

Behind her, the Centre’s Board stands proud. “Our Board has been instrumental in the forming of a great many partnerships,” says Banham, one of the most important being the Champlain Maternal Newborn Regional Program (CMNRP). On a quarterly basis, this program brings the region’s big players in maternal health together, including area hospitals practicing obstetrics, Ottawa Public Health, and the Champlain LHIN. The Centre works closely with members of the CMNRP, which was instrumental in supporting Ottawa’s application to become one of Ontario’s birth centres. “The people at that table understand the region and what’s required,” said Banham.

**Strategic metrics**

Both the Ottawa and Toronto birth centres are judged on admission, meaning the government has set a target for the number of clients who give birth at each centre each fiscal. In Ottawa that target is 320. “The first year everything is new, it can take time to build awareness,” said Banham. “This is the first year we are on target to meet that number, which is exciting.”

But for Banham it’s not just about that one number; she has a plan for more strategic metrics on the horizon. “One of our goals is to implement a balanced score card model,” she said.

Clinical outcomes and client satisfaction (which go hand-in-hand) also play a big role in the Centre’s day-to-day work. A recent evaluation conducted by the Better Outcomes Registry & Network (BORN) found that 95% of the Centre’s clients would give birth there again.

While the Centre has received only positive feedback, Banham and the team aren’t resting on their laurels. “We can always be better,” she said.

For HIROC, this focus on striving for better, safer care is an incredible strength that both Ontario birth centres possess. “We are proud to partner with the Ottawa and Toronto centres,” says Joanna Noble, Supervisor, Healthcare Risk Management at HIROC. “They are helping shape their communities and are truly making an impact.”

**A lesson in passion**

Banham says that one of the biggest things she’s learned since starting as Executive Director is just how passionate people are about the Centre. And it’s not just the midwives and their partners; a client position on their Board recently opened up and Banham says the interest was overwhelming.

But perhaps one of the most passionate champions for birth centres and their work is Banham herself. “I believe we can be a hallmark in the Ottawa community and a hub for choice as a third birth option,” she says. And while the fight for more choice and greater accessibility around giving birth is most certainly not over, we can all be thankful to have someone like Banham and her passion for politics and maternal health on our side.

Michelle Holden is Communications and Marketing Specialist, HIROC
A champion for fairness

The Office of the Patient Ombudsman releases its first report

Although they received almost 2,000 complaints in their first year, the Office of the Patient Ombudsman insists health sector organizations should not be nervous. “Our role is to act as a bridge between patients and health sector organizations to drive positive change,” said general counsel for the Patient Ombudsman Genevieve Currie in a recent HIROC webinar.

That philosophy does bear out in the fact that of all those complaints, there have been only two investigations by the Patient Ombudsman. “One of the first things we discover is that the complaint is premature,” said Currie. “Our office is meant to be the office of last resort and the healthcare organization needs a meaningful opportunity to respond to the concern.”

In that capacity, the Patient Ombudsman is committed to listening and learning. “We are not an advocate of the patient,” Currie stressed. “The role of the Office of the Patient Ombudsman is to be impartial, independent and act in the public interest.”

Of nearly 2,000 complaints only 2 resulted in PO investigations

70.1% Public Hospitals

19.2% Home and Community Care

10.7% Long-term Care Homes

The Top 4 Themes

1. Lack of communication
Before the Office of the Patient Ombudsman even opened its phone lines, public consultations found that improving communications is the area 65% of people want addressed – “People want to be treated with greater compassion and dignity,” said Currie.

2. Inadequate patient relations process
In the throes of their anger or frustration, the patient or family is going directly to the Patient Ombudsman when they should be taking it up first with Patient Relations at the hospital. Education is needed on how to engage with Patient Relations.

3. Streaming the patient experience
For many patients, talking to the Patient Ombudsman is their first opportunity to tell the whole story. The PO wants to make the experience more streamlined for patients with complex complaints.

4. Inappropriate discharge
Solving the many challenges associated with discharge is beyond the power of the Patient Ombudsman, but with better communication and collaboration, they hope patients and caregivers will be given better information about their transitions across care settings.
Ask a Lawyer

Q. My hospital recently closed its designated smoking areas. We were told that all patients, visitors, staff, and physicians must leave hospital property if they wish to smoke. Is this legal? I am concerned for the safety of patients who are forced to leave the property to smoke (especially during the winter months).

A. The Smoke-Free Ontario Act prohibits smoking tobacco in all enclosed workplaces and public places, to protect workers and the public from the hazards of second-hand smoke. This includes hospitals and psychiatric facilities.

While outdoor designated smoking areas were previously permitted, the Act now requires (as of January 1, 2018) the outdoor grounds of hospitals and psychiatric facilities be completely smoke-free.

Further, under the Act hospitals and psychiatric facilities are not permitted to sell tobacco.

Local public health units will carry out inspections and respond to complaints regarding the sale of tobacco and smoking inside and on the outdoor grounds of hospitals and psychiatric facilities. Fines for noncompliance are significant. An individual found to be smoking (indoor or outdoor) at a hospital or psychiatric facility may be charged with an offence. If convicted they could face a maximum fine of $1,000 (for a first offence) or $5,000 (for any further offence).

An operator of a hospital or psychiatric facility that fails to fulfill their responsibility under the Act may be charged with an offence. If convicted they could face a maximum fine of:

- $1,000 (for an individual’s first offence) or $5,000 (for any further offence)
- $100,000 (for a corporation’s first offence) or $300,000 (for any further offence)

The restriction on smoking on the outdoor grounds of a hospital or a psychiatric facility does not apply to tobacco used for traditional Aboriginal cultural or spiritual purposes. At the request of an Aboriginal resident, a hospital or psychiatric facility must set aside an indoor area in the facility for the resident. Any operator of a hospital that fails to meet an Aboriginal resident’s request for an indoor area to use tobacco for traditional Aboriginal cultural or spiritual purposes may be charged with an offence. If convicted they could face a maximum fine of $1,000 (in the case of an individual) or $10,000 (in the case of a corporation).

You are not alone in your concerns for patient safety. Critics of smoke-free property policies observe that many patients wishing to smoke have limited mobility or may be connected to medical equipment. There are also concerns regarding the functioning of equipment such as IV lines and pumps in cold weather.

The best way to ensure patient safety is to manage nicotine withdrawal during admission. If patients are not experiencing nicotine withdrawal they will be less inclined to leave the property to smoke. Accordingly, hospitals and psychiatric facilities should screen for tobacco use on admission. Nicotine replacement therapy should be provided to patients who smoke and smoking cessation programs should be offered to patients (and staff) who want to quit smoking. Finally, patients should be directed to community smoking cessation programs on discharge.

Gordon Slemko is General Counsel for HIROC.
2018 Annual General Meeting & Conference

Leadership Matters

A Focus on Risk and Safety

Toronto Congress Centre - 650 Dixon Road, Etobicoke, ON
Monday, April 30, 2018 - 8:00 a.m. to 3:30 p.m.

Register online at hiroc.com