

Executive Report

October 26, 2006

Report from the OHA

OBAC Call for Participants in Working Groups

The Ontario Hospital Association (OHA) is a participating member of the Ontario Blood Advisory Committee (OBAC), providing advice to the Ministry of Health and Long-Term Care (MOHLTC) on blood system issues in Ontario. Two priorities have been identified by OBAC – an Information Technology (IT) Tracking System and Contingency Planning. The Blood Programs Coordinating Office is in the process of developing a working group for each issue area and is recruiting committee members for them. The IT Tracking System Working Group requires a hospital senior administrator and a representative from a small and medium sized blood transfusion program. The Contingency Planning Working Group requires a hospital transfusion service manager, a hospital senior administrator, a risk management professional and a person with experience in a perioperative blood conservation program.

If you would like to participate, email Karen Sequeira at ksequeira@oha.com before October 31, 2006, stating the position that you are interested in and providing a brief summary of your current position and past experience. For further information, contact Karen Sequeira at 416-205-1328.

Open Meeting Provisions in LHIN Legislation in Force as of October 31

On October 31, 2006, Subsections 9(3) and 9(4) of the Local Health System Integration Act, 2006 (LHSIA) will be proclaimed in force and will be law. Section 9 of the LHSIA sets out the meeting requirements for LHIN boards and their committees. Subsection 9(3) requires a LHIN to give reasonable notice to the public of the meetings of its board of directors and its committees. Subsection 9(4) requires all meetings of the board of directors of a LHIN and its committees to be open to the public.

For further information, contact Melissa Radolli at mradolli@oha.com or 416-205-1322.

WHIC Hospital Accountability Indicator Module to be Phased Out

Over the last year, the Joint Policy and Planning Committee (JPPC) has been working with the Hospital Report Research Collaborative (HRRC) to expand the suite of indicators in the Collaborative's Wizard for Hospital Indicator Calculation (WHIC) Tool.

A Hospital Accountability Agreement (HAA) indicator module was developed and piloted between October 2005 and June 2006. The completed module, released in August 2006, enables hospitals to use internal data to track their performance on indicators recommended by the JPPC for use in the 2005-07 HAA process.

Following discussions with the HRRC, the OHA and the JPPC, the MOHLTC have decided to phase out the WHIC Hospital Accountability Indicator Module. The MOHLTC is considering options for the future use of e-tools to support hospital performance improvement.

In the time ahead, the MOHLTC will provide indicator values on a quarterly basis through the Web-Enabled Reporting System (WERS). Hospitals wishing to calculate HAA indicator values or monitor their performance in-quarter are encouraged to use the Excel Tool available on the JPPC website (www.jppc.org/ha).

Currently, this Excel tool is capable of calculating six performance, monitoring and explanatory indicators approved for use in the 2007/08 HAA. Hospitals wishing to calculate unadjusted values for their Complex Continuing Care indicators, or other indicators in the 2005-07 HAA, may wish to continue using WHIC, which is available at www.hospitalreport.ca.

Report on Health Care

Rouge Valley Breaks Ground on Birthing Centre

The Regional Birthing and Newborn Centre, at Rouge Valley Centenary hospital, will celebrate a ground-breaking ceremony on October 27, 2006. The centre, expected to open to mothers, babies and families in 2008, will be the most advanced birthing facility in Scarborough and the only advanced Level II Neonatal Intensive Care Unit in the eastern Greater Toronto Area.

The birthing centre will include:

- 16 labour, delivery, recovery and postpartum rooms
- New Advanced Level II Neonatal Intensive Care Unit
- 21 additional postpartum beds for longer stays
- Four private care-by-parent rooms
- Family Lounge
- Two overnight hostel rooms

Funding for the \$20.5 million project has been provided by the Government of Ontario and through donations from the Rouge Valley Health System Foundation and Rouge Valley Centenary Volunteers.

New Telehealth Program Benefits Renfrew Cataract Patients

The Ottawa Hospital Eye Care Centre has teamed with the Renfrew Victoria Hospital to provide telehealth pre-admission consultations for patients awaiting cataract surgery. This is the first such program in Ontario and makes care more accessible to patients in outlying areas while reducing wait times for surgeries overall.

In the past, patients had to travel to The Ottawa Hospital for their pre-admission procedures. Using multi-disciplinary telehealth technology, The Ottawa Hospital's expertise is accessible to the Renfrew area and patients can now avoid spending the time and money of traveling into the city. About 1,000 of the Eye Care Centre's patients are from the Renfrew area. The program is led by the Eye Care Centre's Head of Ophthalmology, Dr. Brent MacInnis, who will use video-conferencing to pre-admit patients.

CHCA Releases Pan Canadian Report Million Donation

On October 19, 2006, the Canadian Home Care Association (CHCA) released a report summarizing its findings and recommendations on the current and future home care requirements for children with special needs. Children with special needs

have been identified as a unique population in need of support and as the home care sector continues to grow, governments are maintaining their focus on providing health care services "closer to home." The CHCA report clearly demonstrates that, while there is evidence of good work across Canada for children with special needs, there is still much that must be done. Many regions are striving to improve home care programs so that these children can be at home, attend school and maintain their bonds with their family, but the challenge of access to appropriate services continues to be a problem across all provinces and territories.

Through the findings of this report, *Home Care for Children with Special Needs: An Environmental Scan Across Canadian Provinces and Territories*, the CHCA has begun to identify the challenges and opportunities for home care for special needs children and is now able to recommend steps for policy makers and home care leaders.

UHN VP Honoured

Kevin Empey, Executive Vice President of Clinical Support and



Corporate Services at University Health Network (UHN), received the Hospital Leadership Award at the Who's Who in Healthcare Awards on October 23, 2006. Mr Empey was congratulated for keeping a \$1.2-billion organization within a balanced budget and for his successful creation of UHN's warehouse/logistics company to streamline purchasing and reduce storage costs at the hospital.

HealthAchieve 2006 Session Location Changes

Due to the overwhelming demand for tickets to certain HealthAchieve2006 sessions, there have been a number of room changes.

On November 6, 2006, the Feature Breakfast will take place in Constitution Hall, Rooms 106 & 107.

Tickets will still be available online or on-site at the Metro Toronto Convention Centre until November 5, 2006 at the Delegate Registration Desk.

The Official Opening will take place at the John Bassett Theatre.

The Trustee Session will take place on Tuesday, November 7 in Room 106, Constitution Hall

The Green Health Care Session will take place in Room 107, Constitution Hall.

Report from Queen's Park

Government Strengthening Diabetes Care

The Ontario government is improving the health and quality of life for people living with diabetes by increasing access to drugs and insulin pumps and by funding more diabetes support programs, Minister of Health and Long-Term Care George Smitherman announced on October 20, 2006.

The government is adding a new drug, Actos, to the province's list of medicines that will be covered by the Ontario Drug Benefit Program under Bill 102's new conditional listing mechanism.

The government is also providing \$18.1 million to create 25 new community diabetes education programs, and to create new diabetes clinics as part of the government's chronic disease management strategy. This new funding represents an increase of more than 51 per cent over last year.

TCM Bill Passes Second Reading

The Ontario government's proposed legislation to regulate traditional Chinese medicine (TCM) and acupuncture has passed Second Reading and has been referred to the Standing Committee on

Social Policy of the Ontario Legislative Assembly. TCM is a holistic system of health care that originated in China several thousand years ago. TCM is currently an unregulated profession in Ontario, with no restrictions on who may call themselves a TCM practitioner or who may practise the profession. If passed, the legislation will make TCM the first new health profession to be regulated since 1991, and only the second province in Canada to regulate TCM.

Highlights of the proposed legislation include:

- Creating a self-governing regulatory college, which would have the authority to set standards of practice and entry to practice requirements for the profession
- Defining the scope of practice and restricted titles that only members of the profession may use, including the use of the "doctor" title by certain members of the profession
- Restricting the performance of acupuncture to members of regulated health professions and to persons who perform acupuncture as part of an addiction treatment program within a health facility.

TCM therapies include acupuncture, herbal therapy, tuina massage, and therapeutic exercise.



OHA Conferences

Applied Research Methods November 15 - 17, 2006 OHA Offices

Harness the power of your research data and enrich your professional and managerial skills through a basic knowledge of applied research methods. Participants will develop the skills needed to plan research projects, design opinion surveys, conduct practical experiments and effectively gather qualitative and quantitative data. Instructional feedback on a three-phase project will be tailored to the needs of your organization during this three-day event. The course will provide Members with tools to ensure future in-house research projects are on budget and are user-friendly.

For further information, contact Marisa Bavaro at mbavaro@oha.com or 416-205-1309.

Incident Management System for Health Care Facilities November 27 - 29, 2006 OHA Offices

This course is geared toward hospital staff directly involved in the development and operations of emergency management planning and procedures within their organization. The program will be of interest to individuals who have responsibility for safety, security and emergency procedures, including senior administrators,



200 Front Street West, Ste. 2800
Toronto, ON M5V 3L1
Tel: 416 205 1300
Fax: 416 205 1360
www.oha.com

risk managers, critical care providers, emergency department staff and clinical educators. For further information, contact Marisa Bavaro at mbavaro@oha.com or 416-205-1309.

Failure Mode and Effects Analysis Workshop November 30, 2006 Renaissance Toronto Downtown 1 Blue Jays Way, Toronto

The OHA, in conjunction with the Institute for Safe Medication Practices Canada, is hosting a one-day workshop for health care agencies. Failure Mode and Effects Analysis (FMEA) has been in use for many years in high-risk industries such as aerospace, aviation and nuclear power. This approach to improving health care safety recognizes that waiting until a patient is harmed is too late to make improvements. FMEA can be applied to processes at all levels of the health care system. Attendance is limited to 60 delegates. Early registration is recommended.

For further information, contact Shannon Byck Munday at sbyckmunday@oha.com or 416-205-1357.

HR Metrics and Indicators December 8, 2006 Holiday Inn on King, Toronto

While most organizations acknowledge that employees are their greatest assets, few would say that they find these assets easy to measure. In no other industry is this more true than in health care. Human capital costs may represent 65-85% of hospital operating budgets, but how do we know if our human resources efforts are making a difference?

Without Human Resource (HR) metrics, it is very difficult to assess what is working or not working with the people who make up the organization. Conversely, the proper use of metrics contributes to informed decision-making by executives and to a positive work environment. This program is designed to introduce the tools which can be employed to measure the effectiveness of human resources programs.

For further information, contact Shannon Byck Munday at sbyckmunday@oha.com or 416-205-1357.

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The Executive Report is a weekly publication of the OHA

Editor:
Aviva Klompas
416 205 1433
aklompas@oha.com