

# THE HIROC CONNECTION

ISSUE 34 | WINTER 2015

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**HIROC launches a unique tool to manage key organizational risks**

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## WELCOME TO OUR NEW SUBSCRIBERS!



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### Toronto

4711 Yonge Street, Suite 1600  
Toronto, Ontario M2N 6K8

Phone 416.733.2773  
Toll-free Phone 1.800.465.7357  
Fax 416.733.2438  
Toll-free Fax 1.800.668.6277

### Western Region

1200 Rothesay Street  
Winnipeg, Manitoba R2G 1T7

Phone 204.943.4125  
Toll-free Phone 1.800.442.7751  
Fax 204.949.0250

## SUBMISSIONS

We welcome submissions to The HIROC Connection. Please contact: Ellen Gardner or Philip De Souza, Communications & Marketing

[egardner@hiroc.com](mailto:egardner@hiroc.com)  
[pdesouza@hiroc.com](mailto:pdesouza@hiroc.com)

Please visit our website, [hiroc.com](http://hiroc.com) to see back issues of The HIROC Connection.

## Oh, What a Year!



## Your stories keep us motivated

Each year, around this time, many of us get caught up in the excitement and anticipation of the holiday season. For us, part of that excitement is looking back at the many exciting and interesting encounters we had this year with our subscribers and business partners.

Meeting with you and hearing your stories teaches us a lot. It keeps us motivated to continue striving for excellence and on the path to an even safer healthcare system.

In this issue, you'll read and learn about some of those fantastic stories.

For example, how two Ontario hospitals, Markham Stouffville and Trillium Health Partners were recent winners of the Association of Ontario Midwives' Hospital Integration Awards. Their willingness to listen to midwives and have them participate in planning and policy development allowed for greater openness and healthy dialogue.

And speaking of healthy dialogues, you'll also read about how The Ottawa Hospital came up with a structured plan on how to deal with difficult encounters. Their valuable toolkit and guidelines empower staff to problem-solve and effectively mediate volatile situations through simple communication.

Traversing the many challenges of operating a healthcare organization, your drive and determination inspire us to dream big - just read about HIROC's game-changing IRM tool being launched this Fall.

The rollout of the Risk Register is a direct result of your expressed need for help in effectively tracking and managing key organizational risks.

Thank you for sharing your stories and we hope you enjoy reading how your peers are helping transform the healthcare landscape across our nation. Best wishes for a safe, restful and joyous holiday season and we look forward to connecting with you next year!

**Peter Flattery, HIROC CEO**  
**Cathy Szabo, HIROC Board Chair**



# Midwives Matter

AOM awards two hospitals for their longtime integration efforts

By Juana Berinstein



**A DEEP AND SOLID HISTORY** of integrating midwives into their maternity care teams has earned two Ontario hospitals the inaugural Hospital Integration Awards from the Association of Ontario Midwives (AOM).

Midwives have been well-integrated at Markham Stouffville since 1994 when Carol Cameron became the first midwife to provide primary care at a hospital birth under regulation. Cameron was head midwife at the hospital for 18 years, before becoming the clinical manager of the hospital's childbirth centre, and the first midwife in Ontario to run a birth unit.

The midwives were still two years away from regulation in Ontario when Cameron and a number of other midwives formed an interdisciplinary hospital integration committee at Markham Stouffville. To this day, she says she's grateful for the support of Dr. Jim MacLean (the hospital's Chief of Staff 22 years ago and then President and CEO), who was very supportive of midwives and midwifery.

Midwives at Markham Stouffville work to their full scope of practice including managing oxytocin and monitoring epidurals. They have also had an impact on the way physicians and nurses at the hospital practice.

"We've got other care providers using birthing stools and there are policies on water birth, delayed cord clamping and skin-to-skin. All these things were midwifery-led and now everybody's doing it," says Cameron.



With midwives as integral partners, the hospital has been able to offer more birth options, meet the needs of a diverse population and enhance the patient experience. "They have a vital role to play as we continue to expand our program," says Elaine Gouldbourne, Patient Care Director of Surgical and Maternal Child Services.

## Attuned to the voice of midwives

For Trillium Health Partners, supporting midwives to work to their full scope of practice (in 1994) was just the beginning. They have since created midwifery-specific protocols and a Division of Midwifery. Their Head Midwife, Remi Ejiwunmi (Midwifery Care of Peel and Halton Hills), receives a stipend for her work. Their role is so integral, midwives are involved in hospital planning, policy development and maternity-care decision-making.

Ejiwunmi says the positive work environment that midwives have always enjoyed at Trillium is built on a foundation of mutual respect between the administrators, midwives and other healthcare providers.

“

**They have a vital role to play as we continue to expand our program.**”

She also attributes the integration success to the fact that the hospital has always believed that the midwives should speak for themselves.

"If there was a conflict or challenge or misunderstanding, people were encouraged to speak directly to the midwives and the midwives were supported to explain their own scope of practice, their own approach to care and their own rationale for whatever it was that was being questioned," says Ejiwunmi.

In the late 1990s, Trillium was one of the pilot sites for MORE<sup>OB</sup> (Managing Obstetrical Risk Efficiently), a performance improvement program that creates a culture of patient safety in obstetrical units. According to Ejiwunmi, participating in this program helped strengthen inter-professional relationships.

"Members of the maternity care team became more aware of each profession's clinical knowledge and it gave the midwives, obstetricians and other participants an opportunity to develop social relationships that fostered teamwork."

"I think midwifery has opened up our minds in many ways to augmenting the way that we provide healthcare to women having babies," says Dr. Peter Scheufler, the Program Chief and Medical Director of Women's Health at Trillium Health Partners. ●



**Juana Berinstein is the AOM's Director of Policy & Communications.**

### Left

Midwife Carol Cameron (left) and Elaine Gouldbourne (right), Patient Care Director, Surgical and Maternal Child Services at MSH, received the award from AOM president Lisa M. Weston.

## Let's Talk with HIROC @ CAM

The Canadian Association of Midwives (CAM) held their annual conference from November 5 - 7 in Saskatoon.

More than 200 midwives from across the country gathered to learn, network and share stories and successes of how their everyday role helping women is changing lives.

The HIROC 'Let's Talk Lounge' was an inviting space hosting midwives, new moms and their babies, professors, doctors, nurses, other exhibitors and even CTV News!

"How nice is this," said Lisa Weston, CAM Board Member, "A place for midwives to connect with HIROC but also a lounge area for midwives to sit down and chat with one another."

The other new feature of the conference was the CAMtalks. These short, bite-sized sessions were supported by HIROC as well.

"I loved these CAMtalks," said Kelly Stadelbauer, AOM Executive Director, "Hearing the journeys and lessons learned was really eye-opening and thought provoking." ●





# 25 Years Together

The roads in this fair province may be flat but HIROC's journey to becoming a national organization definitely had a few bumps.

By Ellen Gardner



**LIVING IN MANITOBA** - where the golden prairie and wide open sky seem to stretch forever, and the people are unbelievably hospitable and friendly - you can't help but have big ideas. And it's those big ideas that inspired a few adventurous healthcare organizations in this province to join a young reciprocal called HIROC 25 years ago. That daring move would transform the entire organization.

At a celebration to mark this momentous milestone, HIROC CEO Peter Flattery, HIROC's underwriter at the time, reflected on his travels around the province in 1989. "I remember presenting to healthcare boards on why they should join HIROC," he says. "It was a bit of a tough sell since HIROC did not have a lengthy track record - only 2 years old." It all came down to September of '89, waiting by the fax machine in Toronto. "The first fax arrived from a Personal Care Home stating they are joining HIROC. Our first subscriber outside of Ontario - we were becoming national! There was jubilation and high fives around the office," he recalled.

Minutes later another fax arrived - from the same PCH. It stated, please disregard our previous announcement, we have decided to not join HIROC. "You can imagine how we felt after that," he says. "It was a real low point." Fortunately, the despair was short-lived and a few moments later Ste. Rose General Hospital became HIROC's first Manitoba subscriber. Many more would follow over the next few days. ➔



## SPOTLIGHT ON MANITOBA

"This was a new frontier for HIROC and the Manitoba Health Organization played a critical role," Peter remembers. "Getting their endorsement was key. They wanted to ensure that everything was done with Manitoba's experience in mind, not Ontario's."

Friendly people aside, HIROC staff worked hard over the years to earn the trust of subscribers working in every size and kind of healthcare facility and have also learned how to work effectively within the regionalized model of healthcare that reshaped the delivery of care in the province more than 14 years ago.

As it turns out 2014 is a year for anniversaries; longtime HIROC partner MIPS (Manitoba Institute of Patient Safety) is marking its tenth anniversary. In her tribute to HIROC, MIPS Executive Director Laurie Thompson said her organization "knew a good thing when they saw it" and from day one has admired HIROC for its "unique and powerful messages of cooperation, partnership and continual improvement".

"HIROC has made a point of celebrating change agents throughout Canada for many years," said Thompson. "And now, we celebrate you as a change agent."



**Above**  
Laurie Thompson (left) with HIROC's VP, Western Region Susan Bowen and HIROC CEO Peter Flattery.



**Above**  
Peter Flattery personally welcoming Art Millette, Director of Finance at Ste. Rose General Hospital, as the first Manitoba subscriber.

The partnership has not just endured but deepened over the years because, as Thompson and her MIPS colleagues see it, HIROC has stayed true to its core philosophy of supporting others. "'No' is a word I rarely hear from Susan Bowen (VP, Western Region) when MIPS approaches HIROC with a good idea that has the potential to reach out to our healthcare organizations to support their work in patient safety and quality," she said.

One of those ideas was an initiative by MIPS, HIROC and other provincial partners to work together to support building the capacity of healthcare organization boards. Boards across the province are now actively engaged in this six-year education plan.

The event was a rare opportunity for subscribers from diverse organizations like the Manitoba Chiropractors' Association and West Park Manor Personal Care Home to meet and mingle with adjusters, Risk Managers, CFOs and VPs of Patient Safety and Quality from the different health



**Above**  
The team from QA Adjusting taking in the anniversary festivities at the Children's Museum.

**"I've been here for ten years and what this company is doing for subscribers and for this province makes me so proud."**

authorities. Also on hand to meet with subscribers and celebrate the occasion were HIROC Board Members Elizabeth Martin, John Stinson and Bruce Thompson and Western Region's trailblazing first employee, Bob Stewart.

Peter Flattery's face still lights up when he remembers those long, often lonely days on the road 25 years ago. "We achieved something we never thought would happen," he says. Today they might talk on the phone or share emails with subscribers, but HIROC's Western Region staff - Susan Bowen, Trina Davidson, Telmo Reis and Karen Delorme along with their colleagues from head office - frequently continue the tradition of

travelling down the highway to provide education, share risk tools and resources, and talk about contracts and claims.

"It's so nice to work in a business where your clients feel like your friends," said Susan. "Like MIPS, I've been here for ten years and what this company is doing for subscribers and for this province makes me so proud. Thank you for your support and on your way out, take a moment from your busy lives and play!"

As his team from QA Adjusting looked on, long-time friend and HIROC supporter Russell Malkoske couldn't resist getting on the kid's backhoe. "When we were approached by HIROC 25 years ago to provide adjusting services, I didn't have much experience with medical malpractice insurance," he says. "But, the fact that they asked us gave me confidence and we're honoured to be affiliated with such a unique organization." ●





# Training Day

Get ready, they're here: a new contingent of Patient Safety Leaders at Prairie Mountain Health  
By Ellen Gardner



**LESS THAN TWO YEARS** after a massive restructuring of healthcare organizations in Manitoba, healthcare workers are still adjusting to new roles and testing the boundaries of a completely new landscape. How, one wonders, could you take 11 quite large health regions and reduce them to 5, without a few headaches?

"We received our PSEP (Patient Safety Education Program) training and certification at the time of Manitoba's regional amalgamations. This made progress in advancing PSEP education within newly

formed regions a challenge," says Diana Kokorudz, a Patient Safety and Quality Improvement Coordinator at PMH since 2011. "Fortunately we were able to advance quality and patient safety education without delays."

The newly formed team of seven forged ahead with an ambitious plan that drew on their own resourcefulness and the inspiration of their leader, Kristi Chorney, Regional Manager, Patient Safety, Quality and Risk Department. What they chose to focus on was a PSEP that could be delivered throughout the region.

## "I thought she was crazy!"

With more than a few reservations about plunging into such a big project, Diana (based in Brandon) headed to Winnipeg to take the training that would qualify her to be a PSEP trainer. "This was just weeks after coming into the job and I thought Kristi was crazy to have so much faith in me," she says. Her initial skepticism evaporated after taking the course. "I suddenly understood why we're doing what we're doing."

That didn't mean that the project was a simple task. "Pulling everything together for the program was a huge amount of work," says Diana. "We definitely had our down moments, but Kristi was so motivating. She kept saying, 'You can do it!' - and having the support of all levels in the organization really helped."

On the day I'm visiting Brandon, 35 people are in a classroom attending Day 2 of the four day PSEP training. This is the second time they're delivering the entire module. Students listen attentively as Patient Safety and Quality Improvement Coordinator, Tonia Barwick delivers a module on teamwork.

There is a wide assortment of people in the room - an OT, a few people from the ICU, public health nurses, a Diagnostic Imaging tech, administrative staff and someone from the haemodialysis team.

Diana explains that the PSEP training framework has four key goals:

- Equipping the teams with a protocol-based method for preventing treatment errors in the hospital environment
- Minimizing the impact of adverse events
- Preventing accidental injury
- Increasing the likelihood of desired health outcomes

A nurse (she still maintains her certification) on the frontlines for 18 years, Diana saw a lot and admits that she and her colleagues didn't always believe they could do much to prevent adverse events. "I don't think I really got it," she says, "that patient safety has to be embedded in everything we do. A lot of us take it for granted that patients are safe." Being away from the frontlines has given her the insight to know that "perspective is priceless".



***Our focus is on looking at the underlying issue or problem and thinking about how to improve it.*** ”

## Becoming Patient Safety Ambassadors

If there is one overriding message from the PSEP training, it's that workers need to own the process. On Day 1, the students form groups; each group identifies their biggest safety challenge and develops a project around a solution. On the afternoon of Day 4, they present their projects and for their efforts are awarded the Lean White Belt Six Sigma designation. It's the beginning of their journey as Patient Safety Ambassadors.

"From that point on, they go back to their units and departments as patient safety leaders," says Diana.

Since the first PSEP course, she's heard back from several people how they've made changes in their own facilities - at the Rideau Park Personal Care Home, for example, system improvements have improved the rate of falls by 50 per cent.

"What we're trying to implement is a 'fair and just culture' when it comes to incidents," says Diana. "What happens to one person can happen to anyone and so we want the review process to be non-punitive. Our focus is on looking at the underlying issue or problem and thinking about how to improve it."

Welcome to a new era of patient safety enlightenment in Manitoba. This group of fiercely dedicated ambassadors and educators know that upheaval is unavoidable in this freshly formed health region, but they are forging ahead. "We work in a complex and continuously changing environment," says Diana earnestly. "We have to support one another." ●

# Fact Finder

Heather Vanteeling is ready and excited to roll out the Risk Assessment Checklists

By Ellen Gardner



**THREE OF THE FOUR WALLS** of Heather Vanteeling's bright office looking out on 7th Street in Brandon, Manitoba are lined with poster-sized sheets of paper populated with charts, visuals and bold black headlines that read, "What to Measure?", "Why Measure?", "Integrated Risk Management Plan" and "PMH Falls Prevention Strategy".

"I'm a very visual person!" laughs Prairie Mountain's Manager of Risk and Accreditation, and then launches into an enthusiastic explanation of one poster. "What you're seeing is the health region's plan to operationalize Accreditation."

Accreditation isn't happening until 2016, but the region has a bigger purpose behind the planning - they want staff to think about safety all the time, not just every four years.

Part of the PMH plan to operationalize Accreditation involves linking HIROC and the Risk Assessment Checklists (RAC) to the Accreditation standard sets. The Checklists are being implemented in January and Heather can't wait. "This is going to be amazing for us," she says. "There is going to be so much value in that data."

Heather is eager to see the risk tool permeate through all layers in the health facilities in the region and to ensure that happens, she and her colleagues plan on going to staff meetings and completing the checklists with them. "When we committed to RAC, we decided that we wanted it to be a visible and participatory process."



And then she makes a confession. "I know that Risk Management and Accreditation go together, but I definitely prefer the risk side," she says quietly. "It's more interesting and more personal." It's also a wonderful fit for someone with an eye for detail (friends say she is definitely not a rule-breaker) and a passion for safety.

They have a lot of miles to travel, both literally and figuratively. Prairie Mountain Health is a big region, encompassing 66,000 sq. kilometres and 65 sites, most of them in small, rural communities with names like Carberry, Killarney, Ste. Rose du Lac and Elkhorn. She enjoys travelling to those small towns, reminiscent of her 22 years spent as an acute care and public health nurse.

PMH Administrators are conscious of the growing pains still being felt by staff from the relatively recent amalgamation of the health regions and are working carefully with staff to lessen change fatigue.

The Patient Safety, Quality and Risk staff are well aware that being safety leaders also means creating an environment that is safe and non-threatening for staff. "The philosophy we're embedding is 'no blame'," says Heather. "Mistakes are ok and we're glad you reported. If it can happen to you, it can happen to me and what we need to focus on is fact-finding." ●

# Small Changes Big Impact

When they graduate from PSEP training, frontline healthcare staff often develop a take-charge approach to improving safety in their own facilities.

By Ellen Gardner

**RIDEAU PARK PERSONAL CARE HOME** was experiencing a high incidence of falls. A 'pit group' was formed with representation from all walks of the facility - housekeeping, nursing, and OT among others. Drawing on their experience, and doing some research and innovative thinking, they made some small and significant improvements:

## Vision Screening

Two members of their staff are now trained on how to do vision screening on residents; previously, screening had been done sporadically and was often dependent on the intervention of family.

## Colour Change

White toilet seats reflect the light and can be disorienting to residents; the seats were changed to black and the glare was eliminated.

## Height Adjustment

A mere height adjustment - keeping beds at their lowest level - has reduced the incidence of people falling out of their beds.

It didn't take long for the pit team to see the impact of these changes. At Rideau Park, falls have been reduced by 50 per cent. "Although falls are still a risk, these improvements have enabled the staff to analyze each incident separately and look at what we can change in the care plan to reduce the incidence of falls even more," says Patient Safety and Quality Improvement Coordinator, Diana Kokorudz.

# The Client ID Project

"We were tasked by Accreditation to develop a process for the ROP (Required Organizational Practice)," says Heather Vanteeling, Prairie Mountain's Manager of Risk and Accreditation. "Client Identification was a follow-up for part of our former region, so we decided to make this a regional program." In their community and long term-care settings, there are no wristbands on the clients, which can be a contributing factor to errors with medication administration and treatment.

With a series of simple and well-planned steps, the caregivers, families and clients are now validating personal health information.

## The steps involved:

- 1) A cognizant client is asked for their date of birth, first and last names
- 2) They are asked to provide a current photograph
- 3) Family and staff may collaborate to witness the client's identity

"Mistakes with client ID are a contributing risk factor in our facilities and we needed a program to reduce errors prior to clinical intervention," says Heather.

"We plan to measure our occurrence data to determine our progress after six months." ●





“  
**I enjoy being with women  
as they come to understand  
more about themselves.**”

The 31-year-old from Toronto was a natural fit for midwifery, even before she knew what it was. When she was a teen, her mom became pregnant and she “started devouring prenatal books about pregnancy and birth. I wanted to know what I would need to do if my mom started to give birth and I was the only one home!”

Ali graduated from the Midwifery Education Program at Ryerson University in 2008, and for the next four years she worked at Sage-Femme Renaissance Midwifery in Welland, Ontario.

“I enjoy being with women as they come to understand more about themselves, their bodies, their preferences, and learn to use their own voice regarding their childbearing choices,” Ali says. “Being in the room, there are four of you...then there are five of you. That never gets old!”

She says she enjoys working with midwives – women who are passionate about what they do, not just working with women, but also keen to be involved with public policy and advocacy. “Every day is different, you never know what’s going to come your way. I always feel like I’m making a difference.”

Settled as she was, however, Ali felt she needed a change.

### How the year of locums began

She gave notice at the practice and spent the next few months thinking through her next steps. Any time a practice needs relief, they seek out a locum. Through job postings on the Association of Ontario Midwives (AOM) website, Ali patched together a series of short-term locums in Ontario – spending time in Temiskaming, Beamsville, Attawapiskat, Kingston, and St. Catharines – as well as one in Comox, B.C.

Her first position was a maternity leave; the second covered someone’s holidays. “Particularly up north, midwives don’t get a break unless they hire a locum. There’s nobody else who can step in.”

Just when you think you know it all, McCallum says, the curtain lifts and you realize just how narrow your view has been. “Every practice, community and hospital does the same thing, but the way they do it fluctuates greatly,” she says.

As Ali moved around, she learned new techniques and particularly in rural areas, had the opportunity to share her own knowledge and experience. “I was used to working with on-site obstetricians and pediatricians, or with an anesthetist. Up north, you’re lucky to have a family doctor nearby.”

As a result, she was regarded as the local expert on childbearing and accorded a high level of respect. But that trust wasn’t always a given. “Everywhere I went, I had to prove myself all over again,” she says. “I was always the new person, and I came to really appreciate the amount of experience I already had.”

An added challenge is creating a positive experience with pregnant women you’ve never met before. “Often, you’ll see people who’ve gone to the same midwife for all five of their children – and you’ve barely been there for a month.”

Change can be humbling, and it requires give and take. “You need to let the community show you how

they do things, but have the skills to know what you’re doing and adjust as needed.”

Being constantly in learning mode opened her eyes to the importance of focusing on a woman’s needs. “You’re in a new community where everything is different, with a woman you’ve hopefully met once before she goes into labour,” she says. “When so much is new, it’s more important than ever to make sure she remains the primary decision maker.”

### How to create your own locum experience

In addition to travel costs, Ali had to cover her own personal health insurance costs and in B.C., pay to write the provincial college exam and ensure her CPR and neonatal resuscitation certifications were in line with provincial standards. In hindsight, she says, it would have been easier to stay on at the practice in Welland as a “member on leave”.

As well, Ali always had to ensure she was affiliated with a practice on June 1, when the liability insurance premiums are paid.

Ali admits that doing locums doesn’t work for everyone. The ideal time is when you have no dependents or large financial obligations. “Post-graduation seems like the right time of life to go, but it’s not necessarily the right midwifery time since I know I really benefitted from working full time for four years before going to more remote areas,” she says, and quickly adds that you benefit at whatever time of life you decide to do it. “The midwifery locum experience I had was invaluable, both for the work and building relationships in each new community.”

Her advice to midwives thinking about doing a locum is to just go ahead and do it! “I feel I am a much better midwife in so many ways because of my experience providing locums,” she says. ●

**Amy Sept is a freelance writer and social media pro, helping nonprofit organizations build their reputations online.**

## Locum Life

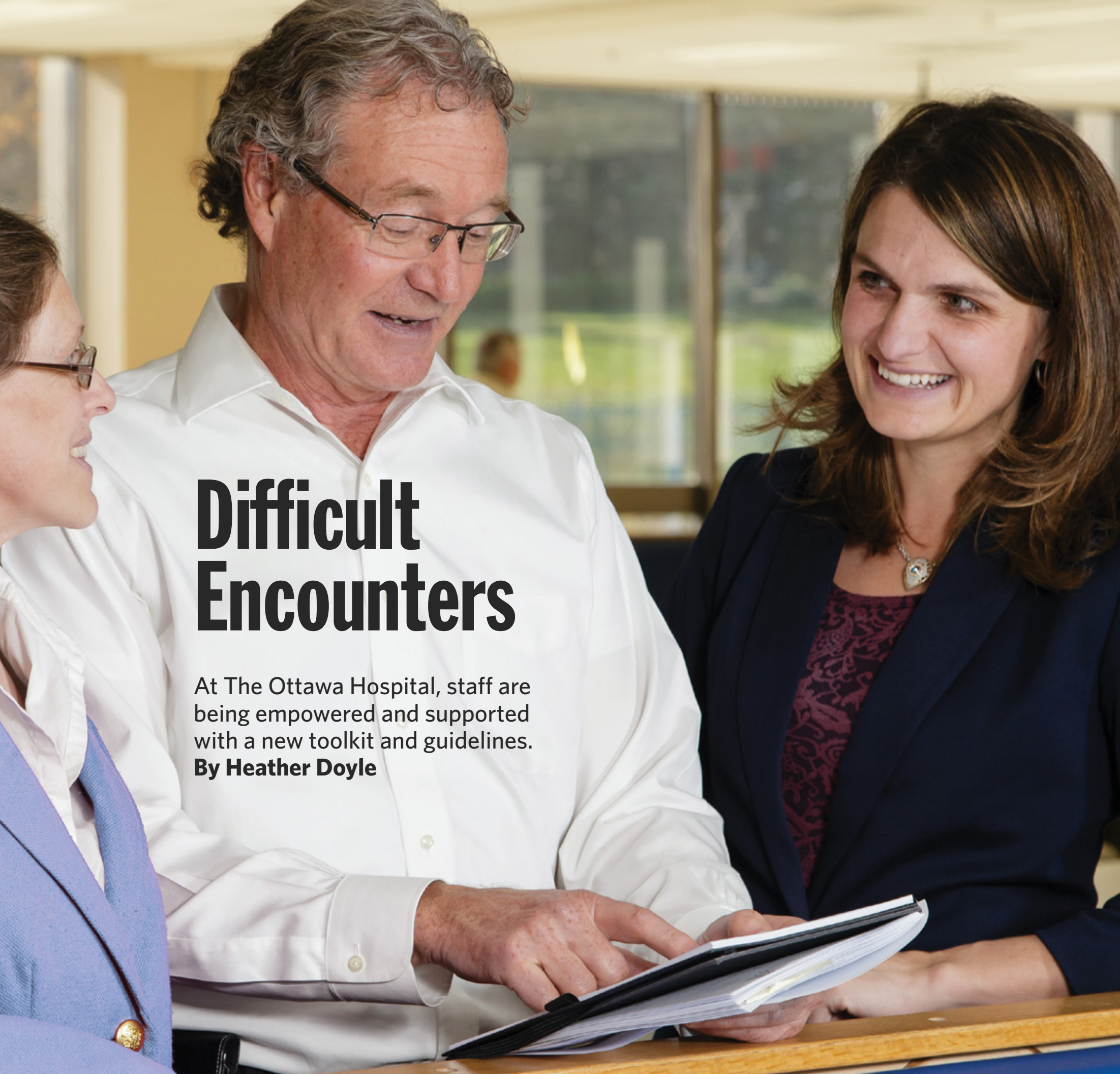
One midwife finds challenge and adventure through locums

By Amy Sept



**WHEN ALI MCCALLUM DECIDED TO BE A LOCUM MIDWIFE,** she had no idea it would take her from B.C. to northern Ontario. “I’m the only person I know who’s strung a series of short-term locums together into full-time work. People usually do one here or there,” she says of her travels, which lasted for two years. If Ali’s experience is unique, so is the knowledge she’s gained from it. “It’s been eye-opening,” she says. “It’s been an adventure – and I would definitely do it again.”





# Difficult Encounters

At The Ottawa Hospital, staff are being empowered and supported with a new toolkit and guidelines.  
**By Heather Doyle**



**ANYONE WHO WORKS IN A HOSPITAL** might recognize the following scenarios. A patient is ready to be discharged from the hospital, but refuses to leave. A family insists on tests the medical team feels are unnecessary for the patient. Multiple powers of attorney can't agree on a decision for a patient's care and a stalemate develops.

It is easy to see how conflict can escalate quickly in a hospital setting. Healthcare providers may feel stressed and powerless, while families can feel loss of trust and anger.

The Ottawa Hospital has come up with a structured plan to provide a path forward through challenging situations like these. "The Difficult Encounters Toolkit" and "Difficult Encounters Guidelines" detail ways to prevent or minimize conflict, and guidelines to follow if it does occur. The Ottawa Hospital also has a Resolution Team to provide options for the most intractable situations.

"Having guidelines or a framework won't make the difficult encounter go away but it provides consistency in the messaging, it provides support for all involved and it expands the accountability," says Melanie Henderson, The Ottawa Hospital's Manager of Patient Advocacy.

The program has had a "significant impact" at The Ottawa Hospital, says Chief of Staff, Dr. Jeff Turnbull. He says the research was critical in giving the organization a shared understanding of those difficult situations and opened the door for having a conversation. ➔



“

**We were able to move away from the notion of 'difficult people' to 'difficult encounters', moving us further towards patient and family-centred care.** ”

“That in itself is a big achievement,” he says. “We were able to move away from the notion of 'difficult people' to 'difficult encounters', taking us further along our journey toward patient and family-centred care.”

Difficult encounters burn up time and energy – and they cost. “While in the past, providers may have struggled for weeks, months or even a year without seeking help and support. Now they know they are not alone and tend to seek help earlier in the process,” says Henderson.

Turnbull sees firsthand how difficult encounters burn up time and energy, and how crucial it is to have a process for managing them. “I spend 75 per cent of my time on two per cent of our patients and two per cent of our physicians.”

It's hard to put a true value on the Difficult Encounters Toolkit and Guidelines, but Dr. Virginia Roth, The Ottawa Hospital's Director for Patient Advocacy and Medical Affairs, has observed that there are opportunity cost savings when difficult encounters are successfully managed.

In addition to giving staff a higher comfort level in dealing with these situations, it may mean a hospital faces fewer lawsuits, or fewer reports to the College of Physicians and Surgeons. Patients and families may feel less inclined to take their stories to the media, because they feel like they are not being heard. The program's creators are already seeing that investing in a system for managing difficult encounters is saving the hospital both time and money.



**Above**

Melanie Henderson, Dr. Jeff Turnbull and Dr. Virginia Roth: “When in doubt communicate and communicate again.”

The real predictor of success, says Turnbull, speaking at The Ottawa Hospital's Annual Risk Management Conference in June (sponsored by HIROC) is early intervention. “When you notice things are getting off the track a little bit, that's the time to say: ‘How are you feeling about this? Are things going the way you want them to go? Is there something we could be doing? Are we hearing you and responding?’”

Resolving, or even effectively mediating, a conflict becomes more difficult when people become entrenched in their positions. “Don't wait until there is an established conflict and everyone is in their corners,” says Turnbull. “Everyone is mad, there's no trust, and under those circumstances there are threats, sometimes physical or otherwise. Don't let it get to that point....Trust is very easy to lose and hard to regain.” When in doubt



communicate and communicate again. Ask “Do I truly understand your perspective?”

“Communication is not: ‘Are you not hearing what I am telling you?’ Communication is ‘Do I truly understand your perspective and do you truly understand our perspective?’”

The hospital setting isn't always conducive to bringing out the best in people – patients and family members may be reacting to the loss of control in an unfamiliar and stressful setting and acting out. Or they might just be difficult to begin with. Regardless, says Turnbull, “We have to look after them.”

Medical providers are encouraged to self-reflect and examine their own biases and reactions, which may be contributing to the problem. “Teams are hurried, they're stressed, they're so busy we have trouble providing high quality care to everybody and here's someone who's

inordinately demanding. Put that into the context of a hospital: an amazingly complex organization, few resources, too little of everything. It's the perfect set-up for very substantive conflicts,” says Turnbull.

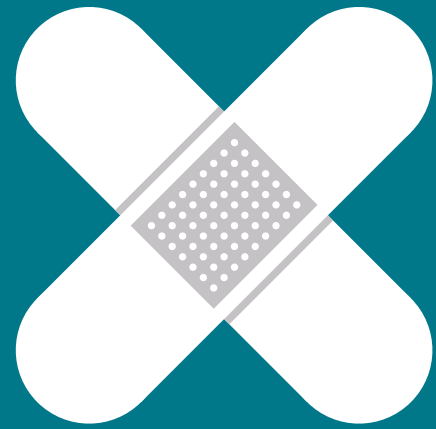
Patients who present with a mental illness or a drug and alcohol addiction create a different set of challenges. The Guidelines help by providing a consistent, solid message from all caregivers.

“With this approach, healthcare providers feel empowered and supported,” says Roth. “Ultimately this enables them to better empathize with the patients and their families, rather than feeling victimized during difficult encounters.”

*For additional information about the Difficult Encounters Guidelines, please contact Melanie Henderson, Manager of Patient Advocacy, mhenderson@toh.on.ca ●*

**Heather Doyle is a freelance writer in the Toronto area.**





# Preventative Measures

Risk Think gets top billing at GCE Health Care Governance Forum  
By Philip De Souza and Ellen Gardner



**FOR SEVERAL YEARS**, Ontario was a hesitant observer to the bigger and bolder moves by governments in the west. That status has shifted according to respected healthcare observer, critic, and longtime Globe & Mail reporter André Picard. "With Ontario's investment in infrastructure and improved relationship with doctors and hospitals, there has been a levelling of the healthcare playing field," he told delegates to a GCE Health Care Governance Forum in late September.

Ontario may be more of a player but he still expects the province to take a pause after its majority win in the summer election.

What Picard says the government will focus on – good governance and fiscal restraint – came as no surprise to the audience of board members who are helping their own hospitals and healthcare organizations

(many in small Ontario towns and communities) manage through cutbacks and restructuring. "They've promised to balance the budget," he said, adding that will definitely mean holding the line on healthcare, which consumes 40 per cent of the budget.

No shrinking violet when it comes to giving advice, Picard has narrowed his prescription for making improvements to a few strong words – patient-centred, evidence-based, innovation (not just in technology, but in customer service), and transition. "All bad things happen in healthcare when people in transition fall through the cracks," he said. "Adverse events kill thousands of people every year. We can do better on the quality side."

## Speaking of quality

As if on cue, the theme of reducing adverse events through better knowledge-sharing and risk management was highlighted later in the day by two HIROC staff and two representatives from Sunnybrook Health Sciences Centre (HIROC was a sponsor of the event).

The HIROC team consisted of VP, Finance Greg King, VP, Healthcare Risk Management Polly Stevens, HIROC and Sunnybrook Board Member Elizabeth Martin and VP, Quality and Patient Safety at Sunnybrook, Ru Taggar. Together they guided delegates through a seamless journey of understanding and pushing back risk.

Greg kicked it off with a short explanation of how HIROC partners with subscribers to create the safest healthcare system. "We're constantly looking at our data," he said, "and it's this information that tells us where we need to pay more attention." He provided a snapshot of HIROC's top claims costs and signalled some emerging risk areas. One that's high on the radar now – the unauthorized use or disclosure of personal health information. "As many of you have seen in the news lately, matters stemming from privacy breaches are a hot topic right now."

## Identifying the risks at every level

From there, the presentation shifted to a lively chat between Elizabeth and Ru who offered delegates an inside look into how Sunnybrook's board and management team collaborate. "We've taken the somewhat bold and unconventional approach of removing the silos and looking at risk from a holistic perspective," Elizabeth said. "In order to have accountability, everyone had to be on the same page."

Elizabeth's passion for helping organizations, particularly her own, get ahead of risk led her to create a word for it – Risk Think. The simple, yet catchy phrase has caught on.

"Debating and discussing each and every risk is something we enjoy doing," said Ru, "It demonstrates that staff at every level in our organization is engaged and wants to promote a culture of Risk Think."

"Awareness and dialogue have been created between senior leaders and board members – that's absolutely invaluable," added Elizabeth.

Polly offered delegates a glimpse of how HIROC, through the Risk Assessment Checklists (RAC) program, uses the rich data from its claims files to help subscribers improve patient safety.

"Effective risk management is now the most pressing business issue of our time," she said, quoting Paul

Moore from the National Health System, which underlies the sense of urgency HIROC brings to implementing an effective risk management strategy.

Polly provided a sneak preview of the soon-to-be launched Risk Register, an IRM tool that will help subscribers "cut through the clutter" of confusing IRM frameworks, and get on with reporting, analysis, and benchmarking of important



**All bad things happen in healthcare when people in transition fall through the cracks... Adverse events kill thousands of people every year. We can do better on the quality side.** ”

organizational risks. "It's going to revolutionize the way our subscribers manage risk," she said.

## Self-care is king

Healthcare of the future was explored by Dr. Joseph Cafazzo, biomedical engineer and Lead, Centre for Global eHealth Innovation at UHN. He shared news about apps he and his team are developing to help in the management of chronic illness. "Everything we're focussing on is about getting patients into self-care," he said.

An app called "30 days to a healthier heart" gives users small daily challenges that enable them to make small changes in their lives. So far, 60,000 people have done the 30 day challenge.

For Cafazzo, it's all about avoiding the rush to hospital later in life. "With new devices and health coaches, chronic disease management can be done in the home, in the pharmacy, in the school and in the community," he says. "It's taking self-care one giant step forward." ●

# Health Speaks

Cathy Szabo, President & CEO at Providence Care in Kingston and Board Chair at HIROC talks about what keeps her motivated and able to juggle multiple priorities that impact her team and Canadians across the nation.

By Philip De Souza



## What is it about being on a board that keeps you motivated?

I've been on the HIROC board for seven years now and what keeps me motivated is the camaraderie and being part of a team that works well together, and gives their time and expertise to enhancing an organization. It's quite the balancing act, and requires a fair amount of discipline to understand and be able to differentiate between individual responsibility and the collective authority of governance without wanting to wade into operations. Managing that balance is also very motivating!

## What would you say are your five rules for finding balance between your two roles?

1. Being completely open and transparent, but more importantly, asking questions when I need to
2. Remembering it's about the people first
3. Having great support from both my employer and the HIROC team
4. You need to listen to understand
5. Trust the staff

## How does it feel knowing decisions you and your fellow board members at HIROC make today are impacting Canadians across the country?

Wow! Big question there...being able to make a difference is very gratifying - the commitment to partnering for the safest healthcare system is evident at the board and demonstrated by the staff day in and day out. Keeping all that in mind grounds the decisions we make and allows HIROC to support its members. We hear it every day, "healthcare is complex and a high risk business," but knowing HIROC is there to provide



### Above

Cathy at the groundbreaking for the new Providence Care Hospital. The red and purple shovels are their corporate colours.

tools and resources that drive safe patient care reminds us of the value we're adding to the healthcare system. HIROC is more than an insurance company.

## What's your advice for a new board member?

Don't get overwhelmed. It takes at least a year for everything to make sense. Be sure to connect with the experts, ask the staff anything and everything. They are great!

## Why is it important for board members to think outside the box and challenge traditional norms?

Being a "norm disruptor" allows us to keep HIROC moving forward to meet our subscribers' needs. Our subscribers are who we are and their world is constantly shifting, so we look to them to determine where improvements need to be made and what we should continue doing, while always keeping an eye on costs. Because the HIROC board is comprised of subscribers, we are fortunate to be able to leverage our personal experiences, and we often see and experience changes before HIROC sees them. Having this collective insight allows us to stay current and anticipate the various needs of our subscribers.

## What do you do personally to spur creativity and innovation and then bring those ideas to your board?

I try to look for different opportunities to connect and meet with people who are doing interesting things in their work, not just those working in healthcare. Hearing about their successes and failures gets me energized and it actually helps me brainstorm ways to make improvements in my own organization. Creativity helps challenge the status quo and from that comes better, safer patient care. However, there is a balance between consistently delivering on standard operating procedures 80 per cent of the time and using creativity and innovation to manage the remaining 20 per cent. Communication is key.

## What book are you currently reading and has it taught you something?

I am reading Rick Mercer - *A Nation Worth Ranting About*, to keep me grounded in reality and balanced. From a work perspective, I am reading *Work with Me: The 8 Blind Spots Between Men and Women in Business*. This book has taught me that using men's and women's natural orientations, which are complementary in ways of thinking and reasoning, produces better results. Different is good!

## What keeps you up at night?

Succession plans...developing the next generation of leaders. ●



# Pipe Down

How the Juravinski Cancer Centre reacted and responded to a burst pipe in record time  
By Garry Wice



Chemo Suite on the second floor was deemed “severe” in the critical incident report that followed. There was also damage to the clinic area and medical records on the first floor.

## Time to get drying

There was no time to grieve over the damage; patients needed care and the centre had to resume operations. “My job is to take care of the hospital. You have to put your mind into the frame of ‘Let’s put this back together again,’” says Buxton.

Within the hour, AI-Care, a disaster clean-up/remediation contractor that had previously worked for Hamilton Health Sciences, was on the scene with Shop Vacs and dehumidifiers. A crew of 40 AI-Care workers began sucking up the water and trying to get things dry within 48 hours to avoid the possibility of mould.

Their top priority was cleaning up the Chemo Suite since it provides vital patient care.

Working alongside AI-Care, the clinical staff worked around the clock rescheduling patients and re-arranging the remaining part of the Chemo Suite to accommodate more patients. With all hands on deck, services were restored in an incredibly short period of time – within one day, the Chemo Suite was running at 90 per cent capacity, even though it had lost a third of its space. Within two weeks, the Chemo Suite was fully restored and 100 per cent



**LATE IN THE AFTERNOON OF JANUARY 7, 2014**, the Chemotherapy Suite at the Juravinski Cancer Centre in Hamilton was in full operation when water suddenly started gushing through the ceiling. One floor above, a sprinkler pipe had burst and was releasing a torrent of water. A two-inch sprinkler pipe can carry a lot of water. If it suddenly starts to flow without warning, the system assumes there is a fire and a fire booster pump kicks in, increasing the flow even more.

What followed was a heroic salvage effort involving nursing staff, cleaning staff and other hospital workers ushering patients to safety, wheeling out expensive equipment and moving furniture to dry areas. Other staff used towels and linens to create dams and direct the flow towards a stairwell.

Through their swift actions, no one was hurt and miraculously, nearly all the equipment and furnishings in the Chemo Suite were undamaged.

Alan Buxton, Facilities Manager for Hamilton Health Sciences (HHS), had just arrived home from work when he got the call. Within a half-hour, both he and Facilities Director Chuck Donohue, were on the scene. Side-by-side, they made their way up three flights of stairs as the water came cascading down the steps. By then the sprinkler line had been shut off, but a significant amount of water remained. “It was really shocking,” says Donohue. “I’ve been doing facilities management for 25 years and the size of this flood and extent of the damage made it one of the biggest I’ve seen.”

The facility did have some luck on its side – because the leak happened near a stairwell, about 80 per cent of the water ran down to the basement where it flowed into a drain.

The depressing reality remained that a quarter of the third floor - where hospital offices were located - had been flooded, and the damage to the



operational. It took six more weeks for all the damaged areas on the first and third floors to be fully restored and functioning. The final cost for the repairs, all covered by HIROC, was just over \$1 million.

### Looking for the vulnerabilities

Investigations by the facilities management team and IRC, an independent consultant, were also underway. It was quickly determined the sprinkler pipe, located close to an outside metal wall and an unheated stairwell, had cracked due to freezing. On the day it burst, the temperature outside was -24C and the wind was howling at 50 km/h, chilling things even more. Insufficient insulation had allowed the frigid air to penetrate the area where the pipe was, causing it to freeze due to the extreme conditions that day.

Adamant that they didn't want another flood, Donohue and Buxton had IRC do a thermo-graphic analysis of the outside of the Juravinski Cancer Centre on another cold day to see if there were other areas that were poorly insulated. "Now you know it happened, you have to make sure it's not going to happen again," says Buxton.

The analysis did, indeed, reveal a number of other vulnerable areas.

"We're now in the process of going in to make those areas a little safer, either by insulating them more or exposing them to heat," says Donohue. "We may even re-locate some pipes if needed."

Overall, Donohue was satisfied with how the clean-up and recovery was carried out. He credits the fast response and thorough restoration done by Al-Care and the caring, efficient response by Juravinski's dedicated staff. He and the facilities crew also learned a few lessons that they are eager to share with anyone who manages medical facilities:

“

**My job is to take care of the hospital. You have to put your mind into the frame of 'Let's put this back together again'.**”

**Have staff on-site who know where the water control valves are and who can shut down the sprinkler, fire hose or domestic water system if a leak occurs.** When the fire booster pump came on, staff from HHS's on-site co-generation facility was dispatched to the 3rd floor and quickly determined the cause was a sprinkler leak and not a fire. With that verified, they immediately shut off the flow and prevented greater damage. (A sprinkler line break at another area hospital during the same cold snap resulted in far more damage - and a much longer reconstruction phase, at least for several months - because the water flowed for an hour before workers arrived to shut it off.)

**Have a pre-existing relationship with a disaster/remediation contractor.** If disaster does strike, you don't want to waste valuable time searching for someone to call. It's not just about getting someone in fast - it's about bringing in someone who you know and trust.

**Take precautions** against extreme cold-weather events. Do a thermographic analysis of the outside of your building on a cold day and overlay the location of water pipes to determine if there are any vulnerable locations that could be a concern.

As Donohue notes, the best way to deal with a flood is to prevent it from happening in the first place. ●

**Garry Wice is a freelance writer and videographer in Toronto.**

## Ask a Lawyer

**I am a nurse employed by a hospital. Can the hospital force me to get a flu shot if I don't want to?**

The question as to whether a healthcare worker can be forced to take a flu shot has a long and contentious history which continues to the present time. In 2002, paramedics went to court to challenge the Ontario government's plan to amend the Ambulance Act to make flu shots mandatory.

It was the position of the paramedics that mandatory flu vaccinations constituted forced medical treatment and as such, represented a violation of section 7 of the Canadian Charter of Rights and Freedoms which guarantees security of the person. Ultimately the Ontario government backed down and the paramedics withdrew their constitutional challenge.

In recent years there have been some relevant labour arbitration rulings. Unfortunately, the rulings have been contradictory. In one case, a Board upheld the employer's right to insist upon mandatory flu shots for its employees while in another case, a Board ruled that a forced flu shot infringed on an employee's rights.

Most recently, a number of Ontario hospitals have required that healthcare workers either get the flu shot or wear a mask during flu season. The Ontario Nurses' Association (ONA) has filed grievances at hospitals with mandatory vaccinate-or-mask policies. It is ONA's position that forcing unvaccinated healthcare workers to wear masks punishes them and forces them to reveal private medical information.

Interestingly, the Canadian Nurses' Association (CNA) is in favour of mandatory vaccinations, stating that such policies are "congruent with the Code of Ethics for Registered Nurses in Canada and the obligation to act in the public interest".



It is unclear when ONA's grievances will be arbitrated, but it seems unlikely that the grievances will be dealt with before the start of flu season which is just around the corner.

It appears that the Ontario government is waiting for the outcome of ONA's grievances as Health Minister Eric Hoskins recently indicated that Ontario has no current plans to implement a province-wide vaccination or mask policy.

In summary, it is unclear at the moment whether your employer can force you to get a flu shot or wear a mask during flu season.

However, we should have answers in the next few months when this issue has been arbitrated. I will report further once the arbitration decisions have been released. ●



**Gord Slemko**  
Gord is General Counsel for HIROC



# Risk Rewards

HIROC launches a unique tool to manage key organizational risks.

**By Lois Hales and Arlene Kraft**

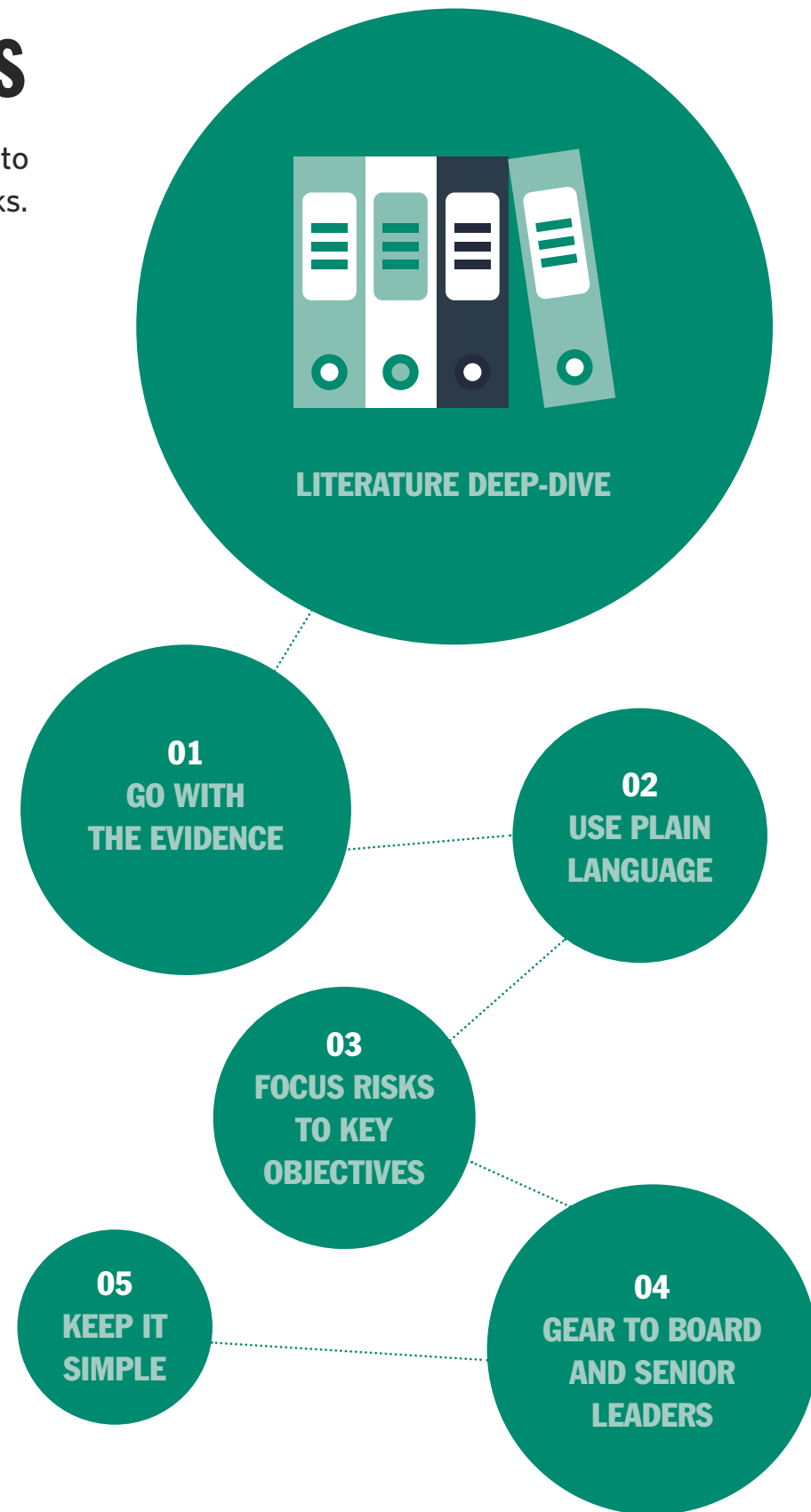


**HIROC'S HEALTHCARE RISK MANAGEMENT DEPARTMENT,** together with an energetic Integrated Risk Management (IRM) Steering Committee comprised of subscribers from across Canada, has been busy over the past few months developing a healthcare-oriented IRM Risk Register tool. This endeavour arose from subscriber feedback and the expressed need for help in effectively and efficiently tracking and managing key organizational risks.

The rollout of the Risk Register, a tool that will help subscribers achieve this goal, is an exciting development for HIROC.

The first step in developing the Risk Register was doing a deep dive into the literature to review published work on the topic of IRM. This detailed look at the landscape helped HIROC identify best practices for the project and formed the basis for an updated IRM Resource guide. "Ultimately, we landed on five key learnings from the literature review:

Go With the Evidence, Use Plain Language, Focus Risks To Key



**The resulting Taxonomy of Healthcare Organizational Risks is truly unique to Canada.**

Organizational Objectives, Gear To Board and Senior Leadership Needs, and most of all, Keep It Simple," says Polly Stevens, VP Healthcare Risk Management at HIROC.

With the help of the Steering Committee, HIROC collated common risks across organizations and grouped them into major categories based on common strategic objectives.

"The resulting Taxonomy of Healthcare Organizational Risks is truly unique to Canada," says Polly.

## Reporting tailored to each user's needs

To roll out the Risk Register application, HIROC partnered with the software company Datix. "This was an easy decision since HIROC's current Risk Assessment Checklists (RAC) program is already supported by Datix," says Arlene Kraft, HIROC's Manager of Healthcare Risk Management. Datix also maintains a strong presence in North America with clients like the Province of Alberta, the Province of British Columbia, the Province of Newfoundland and Labrador, and the United States Department of Defense Military Health System.

The Risk Register application has the capability to record and manage crucial information relevant to healthcare organizations including risk details, accountability, controls (mitigation strategies), gaps, risk rating and risk status. The application also offers powerful reporting and dashboard modules that can be tailored to meet each Risk Register user's needs.

All of the features in the system enable subscriber senior managers and board members to easily assess organization-wide top risks.

## Revolutionizing the way we look at risk

One of the greatest benefits for HIROC subscribers is that they will not have to create the tool themselves and can use it at no added cost. It will enable sharing of risk information across the organization - everyone from clinical staff to management to board members will be able to see the different types of risks.

"A very important spinoff for HIROC will be significant opportunities for aggregate analysis of risks across the system and the 'harvesting' of leading practices," says Polly. "We are looking forward to identifying solutions for healthcare risks while sharing and learning from the experiences of different organizations."

The launch of the Risk Register will be accompanied by training that incorporates a flexible approach, essential for effective knowledge and skills transfer. The fact that some organizations have already commenced the IRM journey while others have yet to begin has been taken into consideration. A HIROC Healthcare Risk Management Department customer service team will be available to field questions about the program.

HIROC started initial testing of the Risk Register in early October and the first rollouts will be completed by the end of December 2014. The majority of rollouts will be taking place throughout 2015.

HIROC is pleased to launch the new IRM Risk Register tool in response to subscriber's requests for assistance in developing best practices with IRM implementation and management. ●

For more information, contact [riskapplications@hiroc.com](mailto:riskapplications@hiroc.com), 416-733-2773 or 1-800-465-7357.

**Lois Hales and Arlene Kraft work in the Healthcare Risk Management Department at HIROC.**



St. Joseph's Health Centre has implemented a new bedside peripherally-inserted central catheter (PICC) program.

# Travelling Treatment

Safety comes to the bedside at St. Joe's with PICC program  
By Lauren Pelley

➔ **THE INTENSIVE CARE UNIT (ICU)** at St. Joseph's Health Centre in Toronto is a safe haven for quality care. Machines beep faintly as clinicians do around-the-clock monitoring of the conditions of patients who are coping with serious illnesses or injuries. The last thing you want to do with a fragile patient is take them out of that acute care setting. With that in mind, St. Joe's has launched a bedside program in the ICU for the insertion of a special type of intravenous access.

“

**Staff say loud and clear that the new bedside program is safer for patients and provides better patient care and lower wait times.**

”

“We got the support of the hospital to implement a new bedside peripherally inserted central catheter (PICC) program,” explains Dr. Wendy Thurston, Chief of Diagnostic Imaging at St. Joe's. “So, instead of having sick patients come to Diagnostic Imaging to have this special intravenous inserted, we actually take our equipment to the patient.”

PICC lines are a type of intravenous access meant for long-term use. Each PICC line is a long, thin tube that is inserted by interventional radiology specialists through a vein in the upper arm. The tip of the tube is advanced through the vein until it ends in a large blood vessel near the heart. The lines are typically inserted using ultrasound and fluoroscopy (fluoroscopy is an imaging technique that uses x-rays to obtain real-time moving images of the patient's internal body).

Patients in areas such as the ICU have PICC lines inserted for reasons that include long-term intravenous access, nutrition, antibiotic usage or chemotherapy.

“If you're going for chemotherapy with a regular intravenous, the chemotherapy burns your veins,” explains Lori Debono, a Registered Nurse at St. Joe's who spearheaded the bedside PICC program alongside Dr. Thurston, and was the first staff member to insert PICCs at the bedside. “The PICC lines protect your veins.” The PICC lines can also provide nutrients when people have surgery and can't eat, adds Ms. Debono. “It acts as a substitute.”

The new bedside PICC program takes the hospital's safety focus one step further. Bringing the patients down to the interventional radiology room created delays in treatment and uncomfortable waiting times for the patient. Discomfort goes down as do the safety risks when the entire procedure is done in the patient's room. And, with the bedside program, it's just one nurse inserting the PICC. Previously, when ICU patients were shuttled down to DI, they'd often need a respiratory therapist on hand for the short trip to keep them breathing properly – since they wouldn't be hooked up to an ICU ventilator. Staff would also be lugging the patient's intravenous pole and other necessary equipment into an elevator. Overall, the medically necessary trip for a PICC line insertion was disruptive for the patient.

“When patients are sick and they have to be moved within the hospital, there's an increase in adverse events that happen,” says Dr. Thurston. “With the PICC lines being done at the bedside, it's a positive thing for everybody – the patients, the interventional suite, and our hospital.”

“Staff say loud and clear that (the new bedside program) is safer for patients and provides better patient care and lower wait times,” says Julie Ann Ninnis, Patient Care Manager for the ICU.

Eventually, Dr. Thurston and Ms. Debono would like to see the bedside program spread to other units in the health centre. But in the meantime, for some of the sickest patients in the ICU, the PICC program is already making a difference.

“I just can't explain how great it is that we no longer have to move patients out of (the ICU), an area with all the necessary services and safety nets,” says Ms. Ninnis. “It's much better to have the (PICC line) service come to the patient.” ●

*Lauren Pelley currently works for the Toronto Star.*





# Success Story

Innovation comes InHouse as HIROC recognized with Innovatio Award  
By Natalie Hamilton and Ellen Gardner

From Left  
HIROC and BLG accepting the Innovatio Award  
(back row): Gord Slemko, John Morris, Mike Boyce, Peter Flattery;  
(front row): Mary Lynn Gleason, Wendy Whelan and Cindy Clarke.

The Innovatio Awards program was launched by Canadian Lawyer InHouse last fall as a way of recognizing the innovative legal work being done in-house to address the demands of business.

“We thought HIROC should be recognized for its foresight and courage in implementing a groundbreaking approach to its relationship with its legal counsel,” said John Morris of Borden Ladner Gervais (BLG), National Leader - Health Law, who nominated HIROC for the award. “Change does not come easily, but because there is a strong bond of trust and a desire to work collaboratively for our mutual success, HIROC and BLG have been able to score a ‘win-win’ in the new and complex world of Alternative Fee Arrangements.”



**RECEIVING ANY AWARD IS APPRECIATED**, but that feeling is intensified when you are among the first group to receive the award. Such is the case for HIROC, recognized in early September by Canadian Lawyer InHouse, a Thomson Reuters magazine, for the Best Practices in Working with External Counsel - Small Department Award.

“

**Once I got over the initial surprise of winning, my reaction was one of immense pride in my HIROC colleagues.**”

”

Wearing the winner’s red rose in his lapel and smiling broadly, Mike Boyce, HIROC’s VP Claims, went up to accept the award. He gave credit to the people who were “instrumental in permitting and enacting what turned out to be a significant change in the work processes of the HIROC Group.”

“In terms that would be familiar to healthcare professionals, HIROC and BLG went from a “fee for service” payments system to a capitation model that used analytics to predict in-house and external staffing requirements, changed reporting systems and processes, and implemented a bonus system to encourage appropriate behavior and results,” said Mike.

In a note to HIROC, Canadian Lawyer InHouse editor, Jennifer Brown said the judges were impressed with HIROC’s “multi-dimensional approach” and “strategic use of in-house resources and variable compensation tied to performance and outcomes”.

The most significant business outcome of the arrangement has been a reduction in legal costs of over 20 per cent.

Gord Slemko, general counsel for HIROC, said the Reciprocal is honoured to receive the recognition. “Once I got over the initial surprise of winning, my reaction was one of immense pride in my HIROC colleagues, including Mike Boyce and my law department members and our external partners, BLG,” he says.

Gord says the arrangement owes a lot to the vision and leadership of Mike Boyce. “Boyce is responsible for the model on which HIROC’s law department is based and

is the architect behind the variable compensation agreement HIROC has with BLG.”

Gord hopes the award inspires others to be innovative.

“I think the best thing that could happen from this recognition is that it would encourage other in-house legal departments to think creatively when it comes to their external legal partners. Just because something has been done one way for a long time doesn’t mean it always has to be done that way.”

For Mike Boyce and his BLG partners this is far from the end of the

“

**I think the best thing that could happen from this recognition is that it would encourage other in-house legal departments to think creatively when it comes to their external legal partners.**”

”

story; they intend to continue the process of examining workflows and functions. “We view our approaches very much as a ‘work in progress’ because we are very aware that there are still areas we can improve upon,” said Mike. ●

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# Get Ready!

April 27, 2015 is HIROC's Annual General Meeting (AGM) and Healthcare Risk Management Conference

**Who should attend:**

CEOs, Board Members, CFOs, Risk Managers, Patient Safety and Quality Managers, Patient Relations Staff and those who manage claims and insurance. The detailed program and on-line registration information will be emailed to you in the new year and posted on our website: [www.hiroc.com](http://www.hiroc.com).

**Webcasting**

We will once again be simulcasting the Healthcare Risk Management Conference across the country. Why not make it an event at your organization as well? Gather your entire team and tune in to our informative sessions.

**Attention subscriber CEOs or your delegate:**

To ensure a quorum is present to conduct the business at the AGM (elect Directors, accept the year-end Financial Statements, etc.) it is very important that you or a delegate from your organization attend at 8:30 a.m. on April 27.

Should circumstances not allow a Subscriber representative to be present in person, a proxy form will need to be completed. The Proxies will be included in the "AGM Package" that will be sent to you in March 2015. ●